Triple Home Care Limited

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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

Overall summary

Triple Home Care Ltd is a domiciliary care agency which is registered to provide personal care to people living in their own homes. There were 22 people using the service when we inspected. Its main office is located on the outskirts of Huntingdon town centre.

This announced inspection took place on 28 and 29 April 2015.

At our previous inspection on 30 May 2014 the service was not meeting one of the regulations that we assessed. This was in relation to the safe recruitment of staff. The provider sent us an action plan telling us that they would make the necessary improvements by 13 June 2014. At this inspection of 28 and 29 April 2015 we found that the necessary improvements had been made.

The service had a registered manager in post. They had been in post since October 2012. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

There was a robust recruitment process in place. The registered manager only offered qualified staff permanent employment to those staff whose suitability had been confirmed. A sufficient number of staff were employed and they were supported with a comprehensive induction to their role.

Staff had been trained and their competency assessed in a range of subjects including medicines administration and safeguarding people from harm. They were knowledgeable about how to ensure people's safety.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that no applications to lawfully deprive people of their liberty were required. However, the registered manager and senior staff were aware of the action to take if this was required through the Court of Protection. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make.

People's care was provided in a way which ensured staff always respected their privacy and dignity. People were very appreciative of their care and the way that it was provided with compassion. People were always informed of their care staff and any reasons if there was the potential for any delays.

People's care records were up-to-date. People and their relatives, where required, were involved in the assessment and development of their care needs.

People were supported to access a range of health care professionals. This included GP and community nursing services. Risks to people's health were assessed and promptly acted upon according to each person's needs.

People were supported to eat a balanced and healthy diet which was in a format which met their needs safely. For example, soft food or pureed diets. People were supported to ensure they had access to sufficient quantities of food and drinks.

People, relatives and staff were provided with information on how to make a complaint or compliment the agency. Prompt action was taken to address people's concerns and to reduce the risk of any potential recurrence.

The registered manager had quality assurance processes and procedures in place. This included audits, spot checks and supervision meetings with staff to improve, the quality of people's support and care. However, these audits had not always identified the omissions we found. People were supported to raise concerns or comment positively on the quality of their care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by a sufficient number of trained staff. Staff were only employed after all appropriate checks had been satisfactorily completed.

Staff had a thorough understanding of how to ensure people were protected from harm.

Medicines were administered safely by staff whose competency to do so had been regularly assessed.

Good

Is the service effective?
The service was effective.

Trained and competent staff supported people in a way which respected people's choices and independence.

People were supported with their preferred meals and drinks and with a suitable diet according to their health conditions.

Staff adhered to the guidance and information from a range of health care professionals to meet people's health care needs.

Good

Is the service caring?
The service was caring.

Staff consistently showed concern for people's wellbeing.

People were provided with their care in a compassionate and sensitive manner.

Staff supported and encouraged people to see their friends, families and other visitors whenever they wanted.

Good

Is the service responsive?
The service was responsive.

People were supported and encouraged to provide feedback on their care.

Action was taken promptly where any changes or improvements to people's care had been identified.

People were confident and comfortable in contacting the office staff who responded positively to concerns and compliments.

Good

Is the service well-led?
The service was well-led.

Audits and checks completed by the provider were not always effective.

People were contacted or visited in their homes by the registered manager and other management staff who spent time ensuring people were as satisfied as possible about all their care provision.

Good

Summary of findings

Support to managers and staff in the form of supervision and mentoring ensured an open and honest culture was reliably maintained.

Triple Home Care Ltd

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 registered manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 28 and 29 April 2015 and was completed by two inspectors 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. Their area of expertise was in caring for older people and people living with dementia.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the registered person is required to tell us about by law. We also spoke with, and received information from, the service's commissioners and the community nursing team.

During the inspection we visited and spoke with three people and three relatives in people's homes. We also spoke with six other people on the second day of our inspection by telephone. We also spoke with the registered manager, assistant manager, two senior care workers and two care workers.

We looked at seven people's care and medicine administration records. We looked at records in relation to the management of the service such as staff meeting minutes and staffing levels. We also looked at staff recruitment, supervision and appraisal processes and training records, complaints and quality assurance records.

Good

Is the service safe?

Our findings

At our inspection on 30 May 2014 we found that people were not always protected against the risks associated with staff recruitment. This was because the provider had not always ensured that appropriate records of staff's good character were in place before they were offered permanent employment. During this inspection of we found that the necessary improvements to staff recruitment and associated records had been made.

Staff told us about their recruitment and induction to the service and updates to training they had received or had planned. Staff confirmed the checks they had been subjected to in order to confirm their suitability to work with people using the service. These included those for previous employment history with satisfactory explanations for any gaps, two written and corroborated references and confirmation of staff's health fitness to work. This ensured that only suitable staff were employed to provide care to people.

People told us they always felt safe with their care and the staff who provided this. One person said this was because, "[Name of staff member] is on time-within ten minutes." Another person said, "I feel safe as I have been with the service since it started a few years back."

Staff had received regular and refresher training on protecting people from harm. They were able to describe the various types of abuse and who they could report this to. The registered manager and senior staff had all completed management level qualifications in safeguarding people. People and staff were provided with guidance, in the form of a booklet, to help them and any relatives' access information on how to report concerns if they ever had any. One person we spoke with said, "Without them [staff], I wouldn't be able to manage. The staff are on time." Staff spoke confidently about reporting poor care (whistle-blowing) if ever they had to. Despite not having any concerns, all people we spoke with echoed the fact that they would be more than confident to speak to the registered manager or the assistant manager. This was about any form of abuse or harm if they had any concerns. This showed us that the registered manager took steps to help ensure people were kept as safe as possible.

Where people had been assessed to have health risks such as a risk of falls or choking, appropriate steps had been taken. These included people who were supported to eat a soft food diet to help reduce any adverse effects on their condition such as choking risks. We saw that medication risk assessments had been completed, and for one person we saw that the community nurses visited the person daily to administer their medicine. This was to help ensure that people's health risks were safely managed.

Staff had been trained and had their competency to safely administer medicines checked regularly. This was to ensure a consistent and safe standard was maintained. People's medicines administration records and daily care notes we looked at had been accurately completed. This was to reflect that the prescribed time intervals had been adhered to. One relative said, "It is an enormous help that they assist [family member] with medication. They do everything that they are supposed to do." However, we found there was no description recorded in people's care plans on what each medicine was intended to treat. This could put people at risk if staff were not aware of what each medication was for and if there were any potential side effects. Guidance was provided to staff on people's allergies and medicines that had to be taken at a particular time of day was clear and available to staff. The registered manager told us and staff confirmed that they would be able to support, and would prioritise, those people who required four - hourly medication if adverse weather occurred.

We found that risk assessments had been completed to ensure that appropriate measures were put in place. This included reminders to staff if a person's home environment had changed or new equipment had been put in place. Due to the number of people using the service, we found that the registered manager knew all the people well and when any incidents had occurred and if there were any trends to these. Actions and steps taken, included additional training for staff, to ensure the risk of recurrence was reduced or eliminated. Additional action had been taken to address those areas where staff's performance had not met the provider's required standard. We saw that plans had been put in place to support people's safety.

The registered manager told us that they only started to provide care for people when they were confident that they could provide sufficient staff at all times, including the weekends. We saw that staffing levels were based upon people's assessed needs. This also included staffing where people needed two care staff to assist them with their

Good

Is the service safe?

moving and handling in a safe way. Staff told us that staffing levels were generally good but that at times it was busy especially if there were unplanned staff absences. However, they all described how effectively they supported each other to ensure people received their care at the agreed timings. We found that there were sufficient staff employed at the agency.

People were informed wherever possible if their call was to be delayed and the reason for this. Staff told us that they had sufficient time to travel between each person's home and that any increases in allocated times were agreed with the office staff first. One relative said, "They [staff] are never late. If they have problems getting to my [family member] on time, they are genuine and they let us know."

We looked at the records for checks on the environment in people's homes including those for safe electrical appliances, equipment and tidiness. These showed us that regular checks had been completed to help ensure people were, as far as practicable, safely cared for in a place that was safe to work in.

Good

Is the service effective?

Our findings

People told us and we found that all care staff knew people well. Staff turnover was low and the same staff generally visited them and they felt that staff knew what they were doing. People we spoke with were complimentary about staff and their knowledge of people's needs.

People told us that staff always sought a valid consent to their care before offering any assistance. This could be a verbal or implied consent but always in a way which ensured people's wishes were respected. One member of staff said, "I generally know what people want when I visit them but I know when people mean 'no' or if they are happy with the care I provide." One relative said, "The carers ask for permission [consent] all the time. They really care for [my family member] very well." The registered manager told us, and staff confirmed, that wherever possible people were matched with staff who had a good understanding of people's needs. This helped ensure that people received a consistent level of care.

The provider's mandatory training included subjects such as moving and handling, safeguarding people from harm, dementia care, infection control and the Mental Capacity Act 2005 (MCA). One member of staff said, "We are supported when we start our induction and this continues through health care related training such as a diploma." Another member of staff told us that they had to complete a knowledge assessment and this checked their understanding of the training. Staff told us they were regularly provided with training and updates which were based on current practice. Training plans and records we viewed confirmed this was the case. As well as in-house training staff had access to external training providers including medicines administration and safeguarding training provided by the Local Authority in Cambridgeshire.

We found that the registered manager had recently completed a level five Diploma in adult social care. As a result they had a thorough understanding of clarifications in the law regarding when people may need to be considered for lawfully depriving them of their liberty (Deprivation of Liberty Safeguards (DoLS). Capacity assessments had been completed to ensure people agreed to their care and understood what this meant. Other care staff knew when, and who, to report changes in people's capacity to make informed decisions. Staff knew when to respect people's choices including refusal to accept aspects of their care. This showed us that staff, appropriate to their role, had a good understanding about what the implications of the MCA and DoLS meant or could mean for each person.

People were supported with their eating and drinking when required. Staff were aware of the place they liked to eat, what their preferences were and if they required any assistance with their nutritional needs. We saw that people's preferred time of day they wanted to eat and drink had been recorded. One relative said, "Oh yes, [family member] always tells them [staff] what she wants to eat and gets it." Another person said, "My [family member] takes care of things and makes them [staff] aware of all my food preferences." We saw and people told us that they were supported to eat healthy food options. Staff also respected people preferences to eat their favourite foods.

The registered manager told us and we saw that the support they offered to staff included shadowing shifts during induction. This also included supervision and support to further develop staff's understanding of their role. Staff told us that they had regular reviews of their performance and that these were an opportunity to put forward requests for training, additional support or if there were any issues which could affect their work. Staff told us that they found these sessions informative and this then enabled them to prioritise those areas of learning that were of the highest importance to them.

Staff also told us that their training needs were acted upon, especially if this was as a result of changes in people's care needs. The registered manager told us that they also regularly provided day to day support and mentoring to staff including working a night shift or weekend shift. This was not only to ensure staff were working to an acceptable standard but also to ensure that staff had sufficient skills to safely support people with their care needs. One person said, "The staff are very well trained. I used to think that they were nurses because of the quality of their service provision."

People told us, and we saw, that they were supported to access health care professionals including community nurses or a GP when needed. One person said, "I have my 'life line' which I can use to summon emergency help if needed. The staff remind me I need to always wear this." Where required, people at an increased risk were monitored to ensure their weight remained stable and if they were drinking and eating sufficient quantities. This

Good

Is the service effective?

also helped staff identify any need to refer the person to a health care professional. We saw that no one required intervention charts but that staff knew when these were required. Community nurses told us that staff always followed their advice and that requests for assistance were made in a way which supported people as promptly as possible.

People were kept informed about their health care needs and information was passed to relatives if people wanted this. One person told us, “Two days ago I had an accident and staff were at the centre of things to ensure I was cared for properly by the ambulance staff.” People were assured that staff would identify any changes in people’s health and report these to the appropriate person in a timely manner.

Good

Is the service caring?

Our findings

People were supported with all their care needs by staff who knew people's needs and how to meet them. Staff were knowledgeable about people and were able to tell us about people's dependency levels and types of support required. They supported people in a way that people wanted whilst respecting people's rights to independence. One person said "They [staff] are very caring and treat me as an individual." One relative said "They [staff] treat [my family member] with respect and dignity. There is no rush at all."

When visiting one person we saw that the assistant manager reminded and encouraged the person to use their walker and placed it within reach as they were unsteady on their feet. At another person's home we saw that care staff arrived on time. The person asked them if they could pick up a specific type of soup for them and staff were diligent to make sure they were clear about what the person wanted and confirmed that they would try to get it later that day.

One relative told us, "They [staff] treat [my family member] with dignity and yes they share a joke but this is in a way which is respectful and allows [my family member] to converse [with staff] comfortably." People told us that staff ensured that their dignity was respected. This was by ensuring curtains in their home were closed when care was being provided. This was also by providing care away from other family members. Each step of the personal care was explained so that the person was aware of what to expect. We saw that staff politely announced their arrival at people's homes and ensured that the person was in agreement to receiving care.

People's care plans contained information on people's preferences. This was for where they wanted their personal care to be provided, their preferred name and what support each person needed; this information was not always detailed to provide new or less experienced staff with sufficient guidance to meet people's care needs. This could increase the risk of people experiencing care that the person had not agreed to or was not aware of.

We received information from the community nursing team who told us that they had no concerns about Triple Home Care Ltd. Whenever support was requested this was done promptly to ensure the quality of people's care was maintained. For example, where practical action had been taken such as introducing improved pain management equipment.

The registered manager told us that the senior care staff and assistant manager were responsible for ensuring that people's care plans were kept up to date. We found these had been completed and updated every three months, or more urgently where this had been required. For example, if a person had just been discharged from hospital. This was to ensure that people's care was based upon their most up-to-date care needs. One relative said, "[Name of staff] went through my [family member's] care plan only recently to make sure that the care arrangements remained valid and if any changes were needed."

The advocacy arrangements for most people included relatives or friends. However, we saw that the service user guide offered people or their relatives' guidance on how this could be arranged. The registered manager told us, and we saw, that they would know if a person needed anyone to advocate for them as they knew each person so well. Relatives told us that when they wanted to take their family members out for the day care staff were always supportive of this.

Good

Is the service responsive?

Our findings

An assessment of people's planned needs was completed prior to people using the agency's services. This supported the registered manager's decisions in determining how each person's care would be provided. Relative's we spoke with said if they asked for changes to their family members care that this was done very quickly. One person said, "There is a three monthly review. It's useful. There has not been a lot of change." Another person said, "The service is flexible. They will accommodate changes. Sometimes they will stay longer."

People told us that they never had any concerns with their care. One person said, "I would know who to speak with in the office as I have known some staff for years." Where people requested changes to their care, or where staff had identified a need for this we saw that these had been acted upon. For example, one relative told us, "[My family member] has recently had a need for additional visits and these have been provided." Other examples included changing the time of when people's care was provided. On another occasion the agency had supported a person to live at home as long as possible. This was by working with their GP to review the person's medicines and the occupational therapist to identify appropriate equipment and adaptions to the person's home.

Care plans we looked at showed us that consideration was given to people's religious, spiritual beliefs and values. One person told us, "I am [name of religion] and staff respect this and don't discuss things that could be offensive to me. They are always respectful of my beliefs." Where relatives were also involved in their family member's care they were able to complete reviews of care at the agency's office. This was if discussions about people's care could cause the person anxieties.

The registered manager told us that staff knew people's preferences and would add anything significant to people's care records if required. One person told us, "The service is definitely flexible. For example, when I was ill they came at lunchtime as well." The assistant manager told us that the service had liaised with the district nurse team to put in a pressure care mattress for one person. This was because it was felt the person was more likely to be receptive to the agency's care staff. However, people's documented information was limited especially for those people who could display behaviours which could challenge others. This could place people and staff at risk in the way staff had to respond to each situation.

A complaints procedure and policies were in place and a copy of these were provided and available in people's homes. One person said, "Although I have a formal review [of their care] every 12 months, they [staff] send a list of questions to ask how we are getting on with the carers. All issues, if any, are addressed." People were supported to discuss or raise concerns before they ever became a complaint. This was through regular contact with the agency's staff and visits by them to people in their home. One person said, "If I had any concerns, which I don't, I would speak with staff or the [registered] manager. Records we looked at showed us that the registered manager had monitored the two minor complaints to the satisfaction of both complainants. Everyone we spoke with told us they would not have any problem in raising anything with the provider at any time. This showed us that views of people who use the service were sought regularly and that these were acted upon.

We saw that three feedback questionnaires had been received from relatives during 2015. A 'smiley face' system was used and each family had responded positively. One commented, "As a family we have been very happy with all the care that my [family member] has been given. Any queries we have are dealt with promptly."

Good

Is the service well-led?

Our findings

People told us that they were regularly contacted or visited by the registered manager who knew each person well. They told us that their feedback was used to drive improvements. We saw that the agency had received a much higher proportion of compliments than concerns. Compliments were used as a way of recognising good practice for which staff were offered rewards. People told us they knew who and how to contact at the agency's office if required.

Audits were used to drive improvement on subjects including medicines administration and staff supporting the provider's values of putting people first. However, these audits had not identified shortfalls in detail of people's care plans. In four out of seven people's care plans we looked at we found that people with hearing impairments required the use of hearing aids. None of these care plans contained information in people's 'daily tasks' to remind staff to ensure people were wearing their hearing aids before offering personal care. Another example was that a person could be 'resistive'. The care record did not explain what this was and what staff needed to do to ensure the person was supported in a way which reduced or prevented any anxieties. None of the seven care records contained any details of the reason people had been prescribed their medicines. This meant that where new staff used people's care plans there was a risk that people would receive care that was inappropriate or care that they were not aware of. Although staff knew people's needs, audits completed by the provider had not identified these omissions.

During our visit to the provider's office we found that there was a happy atmosphere and we observed information sharing during the day between the registered manager and assistant manager. This showed us that managers kept aware of current issues and that they responded accordingly.

The registered manager held formal staff meetings, including separate meetings for senior staff to discuss management level items. These meetings allowed the sharing of concerns, good practice and team building. They were also used to compliment staff and remind staff of the standard of care required. They were also used to identify where improvements were needed and the action to be taken if staff continually failed to achieve the required standard. Subjects covered included the accuracy of people's medication records and positive feedback from people about their satisfaction of the care provided. In addition, changes to people's care could be sent via text message or staff were informed when they visited the agency's office for details of their shifts, supervision and appraisal reviews. This showed us that the registered manager put people first to improve the quality of the care they received from the service.

People's views about the quality of their care were regularly sought using a variety of methods including one to one visits, survey questionnaires and by telephone. The registered manager told us that this enabled them to respond quickly to people's needs whilst obtaining feedback from people as soon as possible. As well as regular support, spot checks were completed to ensure staff were working to the right standard. This was also to identify if development or further shadowing opportunities were required.

People spoke positively about staff and we observed a good rapport between staff, people and relatives. The senior staff demonstrated a commitment to providing high quality care. For example, views of people who used the service, families and staff were regularly and routinely sought. Comments and feedback received was very positive. One person had recently written, "For an organisation to succeed they have to operate as a team and support each other, which they do so well." Another person said, "All the ladies that visit me look after to me to a high standard and are punctual, happy and industrious, and nothing is too much trouble." We saw feedback from staff, relatives and people and the majority of this was positive.

We saw and staff told us that they supported people to maintain links with the local community which included going to see, or be seen by, relatives or friends and going shopping. One person said, "I like to go out sometimes shopping and other times just for a walk. It's good to get out."

Staff told us that they were able to talk openly and freely about anything at all. They had 24 hour support from the management whenever this was required. One staff member said, "This service is hand over fist better than any others I have worked for." Another said, "I am absolutely confident that I would be supported by [name of registered

Good

Is the service well-led?

manager] if I ever had need to whistle blow on poor care." All staff confirmed that they supported each other and that the register manager was a team player in supporting all their roles.

The registered manager had notified the CQC of all events that they are, by law, required to do so. We found that they had done this correctly. Untoward incidents which affected people's safety such as falls had been investigated and effective action taken or planned to reduce the potential for further occurrences. This was confirmed by people and staff we spoke with and records we looked at.

All staff told us that they thoroughly enjoyed their work. One said, "I recently required additional support from the registered manager and their response was amazing. It really helped me manage." They said that management arrangements were there for the benefit of the whole team.