Trinity Care Services Limited

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Inspection report

1445 London Road
Norbury
SW16 4AQ

Date of inspection visit:
20 July 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The service is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing. It provides a service to older adults and younger disabled adults. There were 154 people using the service at the time of this inspection.

This inspection took place on 20 July 2018. We gave two days' notice to the provider to ensure someone was available to assist us with the inspection.

We last inspected the service in December 2016 and found the provider was meeting the fundamental standards. We rated the service 'Good' overall. At this inspection we found standards had deteriorated and we rated the service 'Requires improvement' in each key question and overall.

A registered manager was in post. 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.

Although staff numbers were sufficient, people did not always receive care at the agreed times and people raised concerns about lateness and staff rushing and finishing too early. The provider had an electronic system to monitor staff timekeeping but the provider told us this was unreliable at the time of our inspection.

The provider communicated poorly with people when staff were going to be late and also when people would receive a different care worker than usual.

People felt the provider did not always respond well to concerns they raised and did not always resolve issues they raised, such as those relating to timekeeping. People were unhappy with the replacement care workers when their usual care workers were on leave. They found the replacement care workers did not understand their needs and often experienced issues with timekeeping with them.

The provider did not always assess risks to people's care in line with best practice as part of doing all they could to reduce the risks. This meant written guidance for staff in reducing risks, such as those relating to medicines management, self-harm and aggression towards staff were lacking for some people.

Care plans did not always contain details of how people wanted to receive their care and what was important in relation to their care. However, care plans contained other information about people's needs and preferences to guide staff.

The provider had not always followed the Mental Capacity Act (2005) in caring for people. They had not always ensured they carried out assessments in a decision-specific way to ensure proper and fair

assessments of capacity.

The registered manager required more robust oversight of the service. The provider's governance systems were lacking as they had not identified and resolved the issues we found during our inspection. This was a breach of regulation. You can see the action we asked the provider to take at the back of our full-length report.

Besides the lack of medicines risk assessments and management plans staff administered medicines safely to people.

The provider had systems to safeguarding people from abuse and improper treatment. The provider checked staff were suitable to work with people through recruitment checks.

Staff received the support to understand their role. The provider trained new staff with a suitable induction and an annual training programme and staff received regular supervision.

The provider consulted people as part of assessing their needs and reviewed any professional reports.

Staff were caring and understood the people they cared for. People liked their usual care workers but were less positive about replacement staff who covered when their usual care workers were on leave. Staff treated people with respect and maintained their privacy and dignity and supported people to maintain their independence.

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. The provider did not always assess risks relating to people's care.

People's medicines were managed safely although medicines risk assessments required improvement.

Systems were in place to safeguard people from abuse or neglect.

The provider checked staff were suitable to work with people and there were enough staff to support people.

Is the service effective?

Requires Improvement

The service was not always effective. The provider had not always assessed people's mental capacity to make decisions in line with the MCA when they had reason to suspect people lacked capacity.

Staff received appropriate support with induction, training and supervision.

Staff supported people appropriately in relation to eating and drinking and their day to day healthcare needs.

People's care needs were assessed by the provider.

Is the service caring?

Requires Improvement

The service was not always caring. People were concerned at the lack of consistency from staff when their usual care workers were on leave as these staff did not understand their needs well.

Staff sometimes rushed while providing care.

People were positive about the usual staff who supported them.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Requires Improvement

The service was not always responsive. People did not have confidence in how the provider responded to concerns and complaints.

Care plans were in place to guide staff on people's needs and preferences although some improvements could be made.

People were not always supported to receive timely care and the technology used to monitor this was not robust.

Is the service well-led?

Requires Improvement

The service was not always well-led. People and relatives experienced poor communication from the provider.

The provider had poor governance systems in place to assess, monitor and improve the service.

The provider had systems to communicate with people and relatives but these were not always effective.

The provider had systems to motivate and encourage staff and communicated well with them.

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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.

The inspection was partly prompted by an incident which had a serious impact on a person using the service which indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks.

This inspection visit to the service took place on 20 July 2018 and was announced. We gave the provider two days' notice to give them time to become available for the inspection. It was undertaken by a single inspector and an expert by experience. An expert by experience is a person who has direct experience of care services.

Before our inspection we reviewed we information we held about the service such as statutory notifications and information from external professionals. Statutory notifications are used by the provider to inform us about information such as safeguarding allegations and police incidents, as required by law. We had not asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider.

During the inspection we spoke with the registered manager and two care workers who visited the service. We looked at five people's care records to see how their care was planned, records relating to medicines management, three care staff files which contained recruitment supervision and appraisal documentation, training records and records relating to the management of the service.

After our inspection our expert by experience spoke with eight people using the service and 10 relatives. Our inspector contacted one professional to request their feedback on the service although we did not receive a response.

Requires Improvement

Is the service safe?

Our findings

The provider did not robustly manage risks relating to people's care. This was because the provider did not assess all known risks to people's care such as self-harm, aggression towards staff, mental health deterioration and pressure ulcers. The provider also did not assess risks relating to medicines management in line with guidance from the national institute for health and care excellence (NICE) for domiciliary care agencies. The lack of assessments meant the provider could not be sure they managed risks appropriately. The provider assessed the same limited range of risks for each person and did not always assess any other known risks. The risks the provider always assessed for people included the home environment, moving and handling, malnutrition and dehydration. When we raised our concerns with the provider they told us they would review their processes to ensure they assessed all known risks to people's care.

Besides the lack of thorough risk assessments staff generally administered medicines safely to people. However, one relative told us that poor staff timekeeping meant they once arrived too early to administer medicines safely recently. The relative raised this with the provider and the next day there was an improvement. One person told us they were "Very happy" with the way staff supported them with medicines. The provider collected medicines records and audited them to check recorded administration appropriately. The provider noted and investigated any discrepancies and supported staff to improve where necessary. Staff received annual medicines training during which the provider assessed their understanding of safe processes. The provider carried out some observations of staff administering medicines during spot checks although these were not always comprehensive so could be improved.

People were safeguarded from abuse because of systems the provider had in place. There had been several allegations of abuse and neglect since our last inspection. The provider had reviewed processes and provided staff with guidelines to reduce the risk of the incidents reoccurring. In addition, team meeting minutes showed the provider had discussed the incidents with staff and our discussions with staff showed they understood what had occurred and what they needed to do to keep people safe in similar situations. Staff received annual training in safeguarding and understood the signs people may be being abused and how to respond. The registered manager liaised openly with the local authority regarding any allegations of abuse.

Infection control procedures used when providing care were generally acceptable although one person raised concerns about hand washing during food preparation. However, people confirmed staff used personal protective equipment (PPE) when caring for them. Staff received training in infection control each year to keep their knowledge of good infection control practices current. Senior care workers were given responsibility to ensure staff had sufficient PPE at all times.

People were supported by staff who the provider checked were suitable to work with them. The provider ensured staff completed an application form detailing their employment history and reasons for wanting to care for people. In addition, the provider obtained references from former employers, carried out criminal records checks and checked candidates' identification and right to work in the UK.

People were supported by sufficient numbers of staff to keep them safe. People told us there were enough staff. The provider told us they had sufficient staff to care for people and they continually recruited to increase the number of people they could support.

Requires Improvement

Is the service effective?

Our findings

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. The registered manager told us there were three people who they suspected lacked capacity in relation to their care, however records showed the provider had not carried out mental capacity assessments for these people in accordance with the Act. This was because the provider had not ensured the assessments were decision specific and instead assessed capacity in a general way. This meant the provider may have incorrectly determined people lacked capacity in relation to areas of their care where they still had capacity. The registered manager told us they would complete refresher training in the MCA immediately and also book themselves on more advanced training. In addition, they told us they would review their processes to ensure they properly and fairly assessed people's capacity.

People were cared for by staff who were supported through induction, supervision and training. New staff completed two days of training in the office on topics relevant to their role. Then staff shadowed more experienced care workers before lone working. Staff were offered the care certificate to complete during their induction period. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received supervision with their line manager regularly and reviewed people's needs and their development plan. Staff also received annual appraisal during which they discussed their performance and set goals for the coming year with their line manager. Staff received annual refresher training in key topics including moving and handling, safeguarding, infection control and equality and diversity. The provider supported staff to complete diploma's in health and social care to increase their awareness of their roles and responsibilities.

People's needs and preferences were assessed by the provider. The registered manager told us they usually assessed people's needs prior to providing care, although for emergency referrals they would assess within the first 24 hours of beginning care, using information from social services to guide staff. The provider asked people about physical, mental health and social needs. The provider also reviewed any professional reports, such as those from social services, as part of their assessment. Each year, or more often if necessary, the provider met with people and their relatives to check their care continued to meet their needs.

People were supported with their day to day health. The provider recorded details of people's healthcare needs plus the support required from staff in care plans to guide staff. Details of people's relatives and other healthcare professionals involved in their care were included in care plans so staff knew who to contact if they had any concerns. Staff were available to support people on healthcare appointments if requested.

People were received food of their choice. People's care plan contained details of people's preferences in relation to food and drink for staff to follow. The provider recorded people's food preferences for staff to refer to. Details of people's needs in relation to malnutrition and the risk of choking were also detailed in their care plans and staff told us office staff always discussed people's needs with them before they

provided care. The registered manager told us they were often able to provide staff who were able to prepare food to meet people's cultural needs as staff were from a wide range of ethnic backgrounds.

Requires Improvement

Is the service caring?

Our findings

Most people received continuity of care from the same care workers during the week. However, one relative raised concerns about the continuity of care in general and told us, "There are a lot of different carers. It's confusing for [my family member] and so stressful for me." Four people and relatives raised concerns about lack of continuity of care at weekends or when their regular care workers were on leave. A person told us, "Every Sunday there is a different carer, who is coming too early." A second relative explained their family member needed to "see the same faces" due to their condition. They told us they have a team of regular care workers but, "If they cannot visit due to leave [my family member] cancels the visit rather than be upset by an unfamiliar carer." A third relative said, "When my regular carer worker is on holiday I have to take time off work to care for [my family member] as the replacement carer workers don't understand their needs." A fourth relative told us, "When the regular carer not around things go awry." We raised our concerns with the registered manager who told us they would use the feedback to plan improvements to the service.

Staff did not always spend the agreed length of time with people or rushed their care. Four people and relatives concerns about this. Comments included, "The care workers who cover when the main carer is off often leave 15 minutes early" and "Some of the care workers do not spend the allotted time with me", "Sometimes the carer workers are in a rush" and "I was not happy with three of the carers. They rushed in and wanted to get out as soon as possible." We raised this with the registered manager and they told us they would raise this issue with staff and closely monitor the times people received care.

People's needs and preferences were understood by their main care workers but not always by replacement staff. One person told us, "The replacement carers don't know what they are doing. I have to tell them what to do." One person told us, "The carer at night is very good. She shampoos my hair, dries it and always asks if there is anything else needed." The registered manager told us they would ensure more robust handovers took place so replacement staff understood people's needs better. Our discussions with staff showed they understood the people they cared for. The registered manager told us they were often requested to provide staff with particular cultural and linguistic backgrounds to meet people's specific needs and were often able to provide successful matches.

People liked the regular staff who cared for them and staff treated people with dignity and respect, maintaining their privacy. Comments included, "My care worker is very pleasant, we have a good laugh", "The care worker yesterday treated [my family member] like her own mother. I was very impressed", "They do an excellent job", "They are gentle and caring and build a good rapport with [my family member]. We're very, very happy" and "Care workers are very patient with [my family member]. They are pleasant and accommodating." Staff received training in privacy, dignity and respect and our discussions showed they understood how to provide care while upholding these values. Staff also gave us examples of how they supported people to maintain their independent living skills to enable them to live at home for as long as possible.

Requires Improvement

Is the service responsive?

Our findings

People were not always confident at the provider's response to concerns and complaints. One person told us they raised concerns about one care worker who was persistently late. They told us the provider reduced the visits from this care worker but they continued to be late. A second person told us they raised concerns about a care worker who is persistently too early. The person told us, "I tried to get this changed but the registered manager doesn't return calls." A third person told us they had raised concerns about staff rushing and leaving early but this had not been resolved. Records showed the provider logged complaints and the action they had taken in response. However, the provider did not always log concerns people raised. This meant the provider did not have robust systems to track concerns people raised, check they had been resolved satisfactorily and to analyse concerns for patterns as part of improving the service. The provider told us they provided people with details of how to complain in the 'service user guide' when they began using the service. However, one person told us they did not receive the service user guide for several weeks after they began using the service so were not provided with details of how to complain promptly.

These issues formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People did not always receive care at the agreed times and the provider's electronic system to monitor this was unreliable. Three people and relatives were satisfied with timekeeping while four raised concerns about this. Positive comments we received were, "Staff are punctual", "My care worker is usually very punctual" and "[My family member] is very focussed on timekeeping so I'm pretty sure the staff are punctual [or they would have told me]." Negative comments we received included, "Carer workers don't come at the same time [and are often late]", "Care workers are often late in the evenings", "I'm satisfied with my usual care workers but not their replacements." When we asked to view the electronic monitoring system the registered manager told us it was not working well at the present time so could not show it to us. The registered manager told us office staff called some people daily to check they received their care at the right times in place of the electronic system. However, this was in contrast to feedback from people and relatives who raised concerns about poor timekeeping.

People's care plans were developed in response to their needs and wishes, although some improvements could be made. People were involved in their care plans although one relative told us, "It took some time for Trinity to put a care package in place that met [my family member's] needs, despite me explaining to them what was required." The provider asked people how they would like their care to be delivered and what was important to them in their care as part of their pre-assessment. However, this information was not always included in people's plans which meant staff did not always have these details to refer to in providing care. People's care plans contained details of people's backgrounds, others involved in their care, their needs and some preferences such as those relating to food and drink. This information helped staff understand the people they were caring for better and provide choice and control. The provider told us they would review the information they included in care plans in response to our feedback.

People's care plans reflected their current needs as the registered manager reviewed them regularly. The

provider reviewed each person's care plan once a year or more often if necessary and involved people in the reviews.

The service helped people to maintain social contacts when this was part of their agreed care. For some people the provider supported them to attend social groups and activities each week and staff understood why these were important to people.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us the service was not always well led. One person was happy with the service while all other people and relatives raised concerns with us. Several people raised concerns about poor communication from office staff. One person told us, "Recently I phoned the office three times and asked the registered manager to ring back but she hasn't done so" A relative told us, "Communication from the office is very poor. Often messages are not passed on. Sometimes at weekends no-one answers the phone and you cannot leave a message as the voice mailbox is full." Other comments included, "Trinity are not good at communicating" and "There is a lack of communication from the office".

People told us they were not always told when staff were going to be early or late. Comments we received included, "No one rings to say staff are going to be late", "They are often late in the evenings and don't always let you know", "There is no communication when staff are going to be late or early" and "Sometimes the office eventually lets you know if the carer is late."

People were not always given rotas to inform them which staff would be caring for them and were also not always informed of staff changes. Some people told us they chose to cancel visits when their regular care worker was on leave due to the lack of communication from the provider about who would care for them and their previous experiences of poor care from replacement care workers. People were concerned when their regular staff wanted to take leave staff were expected to arrange cover themselves and care workers told them they found this stressful. This meant staff sometimes chose not to take leave.

The provider's systems to assess, monitor and improve the service were not always robust and had not identified and resolved the issues we found. The provider's governance systems were satisfactory in relation to some aspects of the service such as medicines management, staff recruitment, staff induction, training and supervision and spot checks and observations of staff carrying out care. However, governance systems in relation to staff timekeeping, communication with people and relatives, complaints and concerns, the MCA care plans and risk assessments required improvement.

These issues formed part of the breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was led by a registered manager who was also the director and had managed the service since it registered with us. One person described the approach of the registered manager as, "Too laid back" although staff were positive about the registered manager and felt well supported. Our inspection findings showed the registered manager was not running the service in a way which ensured people received the best quality care as we identified several areas for improvement. Our discussion with staff showed they understood their roles and responsibilities.

The provider had systems to gather feedback from people and relatives. However, these were not always effective as people felt concerns they raised were not always responded to. Records showed the provider called people two monthly to find out if they satisfied with their care. In records we saw people had not

raised concerns although this was in contrast to feedback from people and relatives we called during our inspection who told us they had raised concerns.

The provider had systems to gather feedback from staff as part of involving them in, and improving, the service. The provider held regular meetings which staff told us were useful. During these meetings the provider reviewed best practice in relation to safeguarding, accidents and incidents, training and developments within the industry.

The provider motivated and encouraged staff. The registered manager told us they were keen to retain staff and make them feel valued. They told us they promoted staff within the organisation when they proved they were ready to accept more responsibility. A senior care worker spoke proudly of being promoted and told us about their increased responsibility in monitoring people's care including supporting other staff, paperwork and distributing clinical supplies. The provider awarded 'care worker of the month' to staff they felt went above and beyond what was expected in their roles. Staff told us the registered manager and office staff were always respectful and encouraging towards them.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not operating processes effectively to enable them to assess, monitor and improve the quality and safety of the services (including the quality of the experience of service users in receiving those services); and act on feedback from people and relatives as part of continually evaluating and improving the service. Regulation 17(1)(2)(a)(e)