

Treal care Uk Limited

Treal Care UK Limited

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

Treal Care UK Limited provides personal care to people living in their own homes. Care is provided in the London boroughs of Barking and Dagenham and Havering.

Not everyone who used the service received personal care. 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.

Thirteen people were using the service at the time of the inspection.

People's experience of using this service:

People and relatives told us they felt safe using the service. The service had systems in place to protect people from abuse and staff had knowledge of how to safeguard people and report incidents of abuse. Risk assessments were in place to identify potential risks to people and to help manage them. Procedures for safe administration of medicines were in place and staff used personal protective equipment to reduce the risk of infections. The staff recruitment procedures were robust to ensure staff employed at the service were safe to support people. There were enough staff to meet people's needs, however, staff were sometimes late for their visits to people. We have made a recommendation about timekeeping.

Assessments of people's needs were carried out before they started using the service. These helped the service know if they can meet people's needs. Staff were supported through their induction, training and supervision. The service worked in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People and relatives told us staff were caring and respectful. They told us staff respected their choices, privacy and independence. Staff worked to meet people's needs in relation to equality and diversity issues.

Care plans were personalised and reviewed regularly. People and their relatives were involved in planning and reviewing of their care plans. People and relatives were aware of the service's complaints procedure.

People, relatives and staff were positive about the registered manager. They told us the registered manager was approachable. The registered manager worked in partnership with other agencies and used spot checks or unannounced visits to people's homes to observe staff and auditing systems as part of their quality assurance system

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

Rating at last inspection:

This was the first inspection of the service since it was registered on 11 June 2018.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our reinspection programme. If any concerning information is received, 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.

Treal Care UK Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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 visit because it is a domiciliary care agency and the manager is often out of the office completing assessments of needs or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information we already held about this service. This included details of its registration and the Provider Information Return (PIR). PIR 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 reviewed the care records of four people including their care plans and risk assessments. We examined various policies and procedures. We looked at staff recruitment and training, records for four staff and we spoke with the registered manager. We also spoke with three administrative

staff, who also worked as care workers.

After the inspection we spoke, by telephone, with one person using the service, four relatives and a member of staff to obtain their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. One person said, "Yes, very safe. I trust [the staff]." A relative told us, "No concerns, carers are lovely."
- Staff had undertaken training about safeguarding adults and understood their responsibility to report any allegations of abuse.
- The service had a safeguarding adult's procedure in place which made clear their responsibility to report allegations of abuse to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had a risk assessment which set out the risks they faced and included information about how to manage those risks.
- Assessments were personalised around the risks of individuals and covered risks associated with the physical environment, use of equipment and personal care. Staff had a good understanding of the risk assessments and how to support people in a safe way.

Staffing and recruitment

- People and their relatives told us there had not been missed calls and staff always arrived to provide care. However, they told us staff sometimes arrived late and there were times when staff did not let them know they were running late.
- Staff and the registered manager acknowledged that staff sometimes arrived late because of traffic problems. The registered manager told us they would speak to all staff to improve punctuality.
- The registered manager explained how they monitored staff attendance to people's homes through different systems. These included making telephone calls to staff and people to check to check staff had arrived on time. People and relatives could ring and report to the office staff if staff were late.

We recommend that the registered manager seeks and adopts national guidance on timekeeping and punctuality in a domiciliary care setting.

- The registered manager told us, and records confirmed they carried out recruitment checks on staff before they were employed. These included criminal records checks, proof of identification, employment references and a record of previous employment. This meant staff employed at the service were suitable to provide safe care.

Using medicines safely

- The registered manager told us, and relatives confirmed that the service did not provide support with

medicines at the time of our inspection. There was a medicines policy and procedure in place which gave guidance about the safe administration of medicines should the service provide this support in future.

Preventing and controlling infection

- The service had a policy in place providing guidance and good practice about infection control.
- Staff were knowledgeable about infection control and told us they wore protective clothing when providing support with personal care.

Learning lessons when things go wrong

- There were systems in place for recording and reviewing incidents, accidents and complaints. These ensured that incidents, accidents and complaints were recorded, reviewed and lessons learnt to improve the service.

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.

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 assessments of needs were completed before they started receiving care. This was to determine what the person's needs were and if the service could meet those needs. A relative told us, "Yes, we all had a meeting with staff. We talked about the support needs [of the person using the service]."
- Records of assessments showed they covered the 'overall aims and support plans' for each person. For example, one person's care plan stated, "To ensure [person] maintains [their] daily personal hygiene and wellbeing in [their] own home environment." The care plans also detailed social inclusion, communication and nutrition.

Staff support: induction, training, skills and experience

- Relatives told us staff were knowledgeable and skilled in providing care. One relative said, "I am happy with the staff. I would definitely recommend the service [to people who needed care at their homes]".
- Staff told us and records we saw confirmed that they completed an induction programme and received training in areas such as first aid, dementia care, health and safety, safeguarding adults and moving and handling. A member of staff told us, "Yes, I had the induction, it was all about our work and the procedures we have to follow."
- New staff also completed the Care Certificate, a nationally recognised qualification for staff who were new to working in the care sector. The registered manager showed us their training which showed their commitment to the on-going training of staff.
- Staff told us and records showed that staff received regular supervision. A member of staff told us that they met regularly with their manager for supervision and they found this useful. As the service had been operating for less than a year, the registered manager was yet to undertake annual appraisals of staff.

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

- People's nutritional needs were included in their assessment and care plans. The service did not support people with meals. The registered manager told us that support with meals could be provided if people needed it. We noted that staff had received training in basic food hygiene and were aware of dietary preferences of people.

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

- Staff were knowledgeable about what action to take in an emergency to promote the health, safety and wellbeing of people.
- Care plans included contact details of people's GP's and next of kin which meant staff were able to contact them if they needed to.

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 were able to make choices over their daily lives and were involved in planning their care. Relatives told us people would only do things they were happy to do. Staff told us how they supported people to make choices. For example, one staff member said, "We always ask people and obtain their consent when supporting them." Records showed people and their relatives had consented to care.

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.

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

- The registered manager explained that equality and diversity was at the heart of the service. They told us that through staff recruitment they were able to employ staff who ensured people's individual needs were met.
- Staff had received training in equality and diversity and knew that people had the right to receive care and support that met their needs. A member of staff told us, "We do not discriminate, we treat people respectfully without any discrimination."
- Assessments of people's needs detailed information such as their ethnicity, culture, and faith.

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

- People and relatives were involved in planning their care. They told us they had been involved in developing care plans and records showed these had been signed and dated by relatives and people, as appropriate.
- People and relatives told us staff understood their needs and treated them in a kind and caring manner. A relative said, "They are very pleasant and caring."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people in a way that promoted their privacy and dignity. One staff member said, "When supporting service users with personal care, I make sure the door is shut, ask them how they want to be supported and encourage them as much as possible by themselves."
- Care plans highlighted the need for staff to ensure privacy and dignity. One person's care plan stated, "To ensure [the person's] privacy and dignity is respected" and people were encouraged to be as independent as possible.
- Confidential records were stored securely, and the service had a confidentiality policy in place. This ensured that staff were not permitted to share information about people unless authorised to do so. This helped to promote people's privacy and confidentiality.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support that reflected and met their needs. Care plans were detailed in giving the support people needed and how this was met.
- Care plans were personalised which meant that each person's plan was based on their assessed needs. These covered needs associated with personal care, communication, culture, religion and nutrition.
- The registered manager told us, and records showed that care plans were regularly reviewed to ensure any changes in people's needs were identified and met. These were carried out through monthly spot checks of staff, telephone calls to people and review meetings.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which included timescales for responding to complaints and details of who people could go to if they were not satisfied with the response from the service.
- Relatives told us they knew how to make a complaint. A relative told us, "Information about complaints is in the folder [the registered manager] gave us." Another relative said, "I will ring the staff [if I have a concern]."
- Relatives made positive comments about their experience on the service's website. For example, one relative wrote, "My experience with your care was really lovely."
- The registered manager told us they had not received any complaints. We did not receive information to contradict this.

End of life care and support

- At the time of this inspection, most of the people using the service received end of life care.
- Staff supported and enabled people to choose the kind of care they wanted at the end of their lives. All staff had training and knowledge of end of life care.
- Staff worked with people and palliative care professionals to ensure people's needs were met.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place and they were aware of their responsibility to notify the Care Quality Commission of significant events.
- The registered manager carried out regular monitoring of the quality of the service through telephone calls, spot checks and auditing of aspects of the service such as care plans.
- The registered manager visited one person each month to provide them with care and to speak with them about their experience of the service. This system was called 'guest carer' and it enabled the registered manager to obtain the views of people using the service.
- Staff told us they attended team meetings and found the service had an open and inclusive working culture. One member of staff said, "The manager is nice, approachable and is ready to help."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they had regular contact with the registered manager. One person said, "Yes, the manager has been here to see me." The manager has been to see us many times."
- The registered manager told us they were developing annual satisfaction questionnaires. They told us they would use these to obtain the views of people, relatives and staff about the quality of the service to help them make improvements as needed.

Working in partnership with others

- The registered manager told us they worked with other agencies such as a local community centre, the local Clinical Commissioning Group (CCG), local authorities, palliative care teams, GP's, and Skills for Care. They told us their partnership with these agencies helped them to be more up to date with information about care and training opportunities available to staff.