

Transition Care Company 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 ●

Summary of findings

Overall summary

Transition Care is a home care provider which offers domiciliary care services and personal support. The service provides care and support for adults within their own homes and supported living accommodation. The service offers support for people living with learning disabilities, acquired brain injuries and enduring mental health conditions. Care includes assistance with personal care, medication, nutrition and hydration, activities and accessing the community. At the time of our inspection there were 33 people using the service.

At our last inspection in June 2016 we rated the service overall as 'Good.' At this inspection we found the evidence continued to support the overall rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. A registered manager is a person who has registered with 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.

We found people were kept safe using appropriate risk assessments and management tools and provision of care by staff who were familiar with the person and their needs. People using the service told us they valued receiving support from staff who knew them well.

Any accidents and incidents were reported and recorded appropriately.

Staff's suitability to work with vulnerable adults at the service had been checked prior to employment. For instance, previous employer references had been sought and a criminal conviction check undertaken. People who were supported by the service were involved in the recruitment of new staff.

Staff had received training which equipped them with the knowledge and skills to ensure people received adequate care. Some staff had received more specific training to meet the needs of people living with specific mental health conditions, for example, distraction techniques.

Medication was managed safely and was administered by staff who were competent to do so.

Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation which protects the rights of people to make their own decisions.

Care records contained information to identify people's requirements and preferences in relation to their care and there was evidence to show that they had been consulted about decisions. People we spoke with told us their choices and preferences around their care and support were respected. People also told us that

staff actively supported them to reach their own personal goals.

People were supported by staff to attend health care appointments. This helped to maintain people's health and well-being. Staff also supported people to visit their families.

Quality assurance processes were in place to seek the views of people using the service and help give them a say in how the service was run. This helped to maintain standards and identify areas needed for improvement.

We asked both people using the service and staff about how they thought the service was managed and their feedback was positive.

The service was a preferred domiciliary care provider of Liverpool City Council which meant that they were a leading provider for care of people contracted by the council.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

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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 checked 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 took place on 3 December 2018 and was announced. This was because it was a small service and we wanted to ensure the registered manager was available to assist us with our inspection. The inspection was conducted by an adult social care inspector.

Before the inspection we checked information we held about both the service and the service provider. We looked at any statutory notifications received and reviewed any other information we held prior to visiting. A statutory notification is information about significant events which the service is required to send us by law. We used this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, the operations manager, a care supervisor, three members of care staff and four people who used the service. We also spoke to four visiting professionals over the phone and a relative.

We looked at care records belonging to four of the people using the service, four staff recruitment files, a sample of medication administration records, policies and procedures and other documents relevant to the management of the service.

Although we were unable to observe the delivery of care people received, we were able to meet with people at the service and ask them about their experiences.

Is the service safe?

Our findings

People we spoke with during the inspection told us they felt safe using the service. It was evident the staff made them feel safe. One person told us, "The staff help me feel safe as they know me."

Due to their health care needs, most people using the service required staff to administer their medication. Staff had received training in how to administer medication safely. We looked at a sample of MARs (medication administration recording charts) and found they were completed appropriately. We did note that for PRN medication (as and when required medications) such as painkillers, staff did not always document the time of administration, this is important as some medications require a minimum period to elapse between doses, we fed this back to the registered manager who confirmed they would communicate this to staff.

The service often supported people who had left an acute health care setting and carried out assessments of people before offering a package of care to ensure they were able to accommodate the needs of the person in full.

Detailed risk assessments were in place to help keep people safe and were reviewed regularly. Checks were also in place to ensure the physical environment was safe.

Accidents and incidents were recorded appropriately and analysed by the registered manager for any trends and patterns which helped to prevent reoccurrence.

A safeguarding policy was in place for staff to follow should a safeguarding incident occur. Staff we spoke with were confident and knowledgeable about how to recognise the different types of abuse and how to report any concerns.

We looked at the recruitment records for four members of staff. We found that the provider carried out appropriate pre-employment checks such as disclosure and barring service (DBS) checks. This helped to ensure that staff members were safe to work with vulnerable people.

Is the service effective?

Our findings

The registered manager told us the service operated a key worker system. This matched staff and service users depending on their shared interests and personality traits. This helped staff to build good relationships with the people they supported and ensured people received personalised care and support dependent upon their needs and preferences. Comments from people using the service included, "I love the staff who take care of me" and "I have the same staff and so they really do know me and work at my pace."

Care records also contained a detailed record of people's preferred daily routines and included any specific goals they may have. Goals were aimed at the promotion of independence. The registered manager told us the aim of the service was to support people to reach independence so they could eventually move on to independent living in the community. One member of staff told us about how they had helped a person to gain confidence to leave the house in daylight, which was something the person had been unable to do before, "It takes a lot of time but it's a huge achievement."

Senior members of staff carried out regular assessments of people's care needs and requirements so that any changes in care needs and goal setting could be implemented.

People were supported by staff to attend any external healthcare appointments. This was important for people who were unable to communicate and interact with healthcare professionals and needed an advocate to speak on their behalf.

The manager provided us with information on staff training. We saw that training was provided in a range of health and social care topics such as health and safety, medication, safeguarding, whistleblowing, infection control and food hygiene. In addition, some staff had received specialised training to meet more specific healthcare needs of people living with mental health or a learning disability. The registered manager confirmed that plans were in place to introduce more specialised training involving visiting healthcare professionals to help tailor care to meet the individual needs of people.

Staff appraisals and supervisions were held regularly. Staff we spoke to found these useful and a good way of enhancing their own personal development and having their voice heard.

We looked to see if the service was working within the legal framework of the MCA (Mental Capacity Act 2005). The 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. Staff had a good understanding of the MCA. All people being provided with services had capacity to consent.

Is the service caring?

Our findings

People told us staff were care caring and supportive, comments included, "The staff are brilliant," "[Staff] really help me" and "They are always there when I need to talk." A relative told us, "I feel so fortunate that he's there. The staff don't just care for him, they care about him."

The registered manager told us that they did not use agency staff. This ensured that people were supported by staff who were familiar to them and knew their needs well.

We saw evidence from people's care records that they were involved in choice around their care and personal preferences. One person told us, "[Staff] know me and what I like to do." We spoke to staff who told us they actively supported people to visit their families. This helped people to maintain strong family bonds.

The service employed an activities co-ordinator who organised an activities day once per week, this encouraged people to come together and socialise. Past activities included trips to Blackpool, meals out and arts and crafts. One person told us, "I love the activities and I can't wait until our next trip out."

We saw that the service adhered to the principles of the Equality Act 2010. This is legislation designed to preserve people's protected characteristics such as age, disability, sexuality, culture and religion. We saw for one person that due to the complexity of their health care status, they could not always articulate their needs. Because the same staff supported the person daily, they recognised the person's facial expressions and body language and what that meant for the person, for example, if they wanted a drink or to go to the toilet. For another person we saw that the service had produced information in pictorial format so that they were able to understand the information easier. We also saw guidance for staff in people's care records on how best to communicate with the person, for example, "Speak loud and in a clear voice."

We asked staff what equality and diversity meant to them. A member of staff explained, "It's about treating people as individuals."

Is the service responsive?

Our findings

We saw that people's care records contained information about people's preferences in relation to their care and treatment. A member of staff told us, "Of course we always give the person preference and choice, it's what we would want for ourselves."

Care records also contained an initial assessment which helped to ensure people's care needs could be met from the day they started receiving care from the service. Re-assessments of needs were also undertaken on a regular basis to ensure that any changes in people's needs and care were identified. One member of staff told us, "We had to totally change one person's care plan as their needs had significantly changed after an illness."

Most people were involved in setting goals they hoped to achieve with the support of staff. Goals were recorded and an action plan was implemented which set out the support the service would provide in helping people achieve those goals. Many goals centred around promoting people's independence. This ensured that care remained responsive to people's needs. For example, staff had helped people access the community, sometimes using extremely innovative ways. One person told us, "Staff support me getting out, on my terms." Forging strong links with the community not only helped people to develop independence but also developed their confidence and self-esteem and helped to give people a sense of belonging. A relative told us, "They are doing far more now than they have ever done before, shopping, walking and playing pool, this really helps with their independence."

The registered manager invited people to be part of the recruitment process and take an active part in interviewing staff. This allowed people to have a say in the people who would be supporting them and helped to ensure the potential staff member had the right attributes for the job. One person told us, "I interview staff and it really helps find the right people to work with us."

Feedback from visiting professionals such as social workers and other health professionals was varied. For one accommodation, some felt that the service did not always place people appropriately in a shared living environment. It was felt the service did not always fully consider the personalities, behaviours and needs of both the people they were placing and the needs of the current people receiving care and support in the accommodation. We spoke to the registered manager about this who confirmed that placing some people could be a prolonged process, dependent upon the complexity of their needs. They were open to the feedback and input from professionals to provide the best service possible for the people they supported and in fact had arranged a meeting to discuss any issues and suggestions for improvement. The registered manager also told us they would find alternative accommodation for any person who was dissatisfied or unsettled with their current living arrangements.

People had access to a complaints procedure and people we spoke with knew how to make a complaint. At the time of our inspection the service had not received any complaints. One person told us, "If something was wrong I would call into the office."

Is the service well-led?

Our findings

During this inspection we looked at how the registered manager and provider ensured the quality of the service.

The registered manager was extremely receptive to the feedback from healthcare professionals and had already begun to put measures in place to improve processes and communication at the initial assessment stage.

The service had implemented a new management structure since the last inspection. Supervisors undertook regular visits to people in their accommodation where they could observe staff interactions. This helped to provide greater oversight and identify any areas required for improvement.

Audits were in place for risk assessments, infection control, medication records, care records, missed and late calls and accidents and incidents. The audits we reviewed were up to date and identified where improvements were required and what action was needed to implement change.

We looked at how accidents and incidents were managed and found they were recorded appropriately. Records were analysed to identify any trends or patterns which helped to maintain people's safety.

We looked at processes in place to gather feedback and found them to be effective. We looked at questionnaires which had been completed by people using the service, one person had written, "Staff support me when I'm feeling low and don't feel like doing anything." Another person had fed back they wanted more activities, we saw that the service had responded and implemented a dedicated day of the week to provide activities.

People's feedback about the management was positive. One person told us, "Yes, they are good and they listen." Comments from staff included, "They are very supportive and always quick to respond" and "I do feel like I'm listened to and my opinion matters."

The registered manager had notified CQC of incidents that had occurred in accordance with registration requirements. The provider's website also reflected the current rating for the service. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.