Trailblazer Social Care Ltd

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Inspection report

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Date of inspection visit:
14 September 2017

Date of publication:
21 November 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection of Trailblazer Social Care Limited took place on 14 September 2017 and was announced.

This was the service's first inspection since their registration with the Care Quality Commission on 17 May 2017.

Trailblazer Social Care Limited is a domiciliary care agency that provides personal care for adults. People who use this service have a wide range of needs including physical disabilities and older people who are living with a diagnosis of dementia. At the time of our inspection there were 23 people receiving support.

The service had a registered manager in place. 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.

During this inspection, we identified the service was breaching regulations regarding the recruitment of fit and proper persons. We looked at four application forms and found these did not have full employment dates recorded and the reasons for these omissions had not been investigated.

Risk assessments were not always relevant to the person and located appropriately in the care plan.

We recommend risk assessments are relevant and stored appropriately in care plans.

People who used the service told us they felt safe. Staff we spoke with told us they were aware of their role in safeguarding the people they supported and could demonstrate their understanding.

People felt staff had the skills to enable them to do a good job. People told us staff were caring and compassionate. Staff had been trained and demonstrated a good understanding of their role and responsibility. Staff told us they enjoyed working for the service.

Staff demonstrated an understanding of the Mental Capacity Act and were able to explain how this legislation related to their roles.

We recommend the MCA principles are consistently followed and care plans contain the newly completed MCA documentation.

Staff had received induction and mandatory training.

Staff had received training for the administration of medicines. The registered manager and staff we spoke to said they had received medicine competency checks to ensure they continued to have the right level of

knowledge to enable the safe administration of medicines. There was not always the documentary evidence to support this.

People spoke positively of the care they received and felt staff had the skills to provide their care. One person and one relative stated they sometimes experienced difficulty in understanding staff accents. People's privacy and dignity were maintained. Staff gave good examples of how they would implement this.

Care plans were in place and included a satisfactory level of information with life history records forming part of the overall plan.

People who used the service and their relatives spoke warmly about the registered manager and staff and the high level of care the company provided.

An improvement plan had started to be implemented by the provider.

There was a system in place to ensure the quality of the service people received was continually monitored. There was an action plan in place for to encourage more feedback to be given back to the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People and their relatives told us they felt safe. Staff had undertaken safeguarding training and were able to demonstrate their understanding on how to keep people safe.

Policies and procedures were in place for the administration of medicines for people who used the service. Staff stated they had annual medicine competency checks but there was not always documentary evidence to support this.

Risk assessments were not always located appropriately and relevant to the person's care plan.

Robust recruitment processes were not in place.

Is the service effective?

Requires Improvement

The service was not always effective.

We saw consent to care had been sort and gained from people whose care records we reviewed.

Staff had undertaken training on the Mental Capacity Act 2005 and were able to explain this legislation and how it related to their roles.

We saw individual staff supervisions had taken place but there was no overall matrix in place to record staff supervisions were taking place.

People did not always understand verbal communications given by care staff.

Is the service caring?

Good

The service was caring.

People told us the staff that supported them were caring and

compassionate.

Staff were able to demonstrate in-depth knowledge of the people they supported.

People's privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

People told us the service always kept them up to date.

There was a clear complaints process in place.

Care plans had been rewritten and updated to include detailed information identifying the needs of the person, what was important to them and risk reducing actions.

Is the service well-led?

Requires Improvement

The service was not always well led.

People spoke positively about the service. Staff told us they enjoyed working for the service.

Monthly staff meetings took place and minutes recorded. There was not a formal monitoring system in place to ensure staff who had been absent from meetings were informed of the discussions.

An external audit report had identified service improvement recommendations which the provider had started to implement. The full impact on these recommendations and changes to the service cannot yet be fully appraised.

Trailblazer Social 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 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.

This inspection took place on 14 September 2017 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the office would be open and the manager would be available to speak to us. A domiciliary care service is an organisation that can provide help with personal care and other practical household tasks.

The inspection team consisted of two adult social care 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. The expert by experience on this occasion had experience in caring for older people and people who used regulated services.

Prior to the inspection visit, we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service, environmental health, the clinical commissioning group and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke to the registered manager – nominated individual, senior support worker and the care co-ordinator. Following the inspection we spoke on the telephone with four care staff, three people who used the service, four relatives of people who used the service, a neighbour of a person who

used the service and a healthcare professional who supported a person who used the service.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us, "Yes, I definitely feel safe in their (care staff) presence", "Fantastic. No issues about safety", "Yes, no problem at all" and "They (care workers) are always smart and professional."

A relative told us, "We, as a family, do not have any problems with safety for our relative." "Very satisfied with (care staff). They are very good with (person)" and "There are no issues with safety. My relative is always safe in the care workers presence."

We checked staff had been recruited in a safe way and that all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 were in place.

We looked at four staff members recruitment records and saw application forms had been completed; references and Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any convictions, cautions, warnings or reprimands and help employers make safer recruitment decision and help to prevent unsuitable people from working with vulnerable groups.

We looked at four job application forms and saw the applications contained missing information relating to employment history. We saw two forms had no previous employment end dates and one form had no employment start or end dates recorded. Another form had no previous employment history recorded but references within the recruitment file referred to an organisation that was not recorded on the application form.

This was a breach of regulation 19 fit and proper persons employed of the Health and Social Care 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us and training records confirmed, staff had undertaken safeguarding training. Staff were able to talk about their role in safeguarding the people they supported and demonstrated their understanding. Staff knew how to raise concerns and who to report these to. This meant staff had clear understanding of how to keep people safe.

Staff told us they were clear on the correct procedures for wearing protective personal equipment before carrying out personal care. One staff member told us "I put on an apron and gloves before I carry out any personal care." This meant staff and the people they care for were protected from the potential transfer of infection.

Environmental risks assessments were in people's care plans, these detailed information for care staff arriving and leaving a person's home. Environmental risk assessments ensure the home is a safe working environment and ensure the safety of the person and staff who support them.

In the care plans we looked at we found there was an inconsistency in the use of risk assessments. We found

risk assessments included actions for moving and handling requirements. These assessments looked at the mobility needs of each person and what equipment would be needed to move the person in a safe way.

One care plan we looked at stated the person used a chair lift that was installed at their home but there was no risk assessment in place for the safe use of the chair lift. In the weeks after the inspection, the registered manager told us the risk assessment was in the care file at the person's home. This meant the person was protected from potential harm by the improper use of the chair lift. One care plan we looked at contained a detailed risk assessment for the use of a hoist but there was no indication within the care plan the person required the support of moving equipment.

We recommend the registered manager ensures risk assessments are stored appropriately in care plans and are relevant to the person whose care is being provided.

The care plan for one person had identified them as having the potential of being resistive and verbally aggressive towards care staff. The risk assessment identified staff would need to offer the person reassurance by having a gentle approach. This meant the person would be able to receive their care in a way appropriate for them.

We looked at the accidents and incidents records held by the service. We found these had been recorded in detail and had been investigated and actions taken noted. This meant corrective action was taken to reduce the risk of the accidents and incidents occurring.

We noted the registered manager and care co-ordinator provided an on call service each providing cover on alternative days. This ensured staff could contact a manager by telephone throughout the working day for advice and support if required. Staff we spoke with were aware of their responsibilities for providing personal care and knew when to report concerns to the office.

People who used the service told us, "Yes they do turn up on time" and "Always on time." Relatives told us, "Yes they do turn up at the same time. They do not rush" and "Almost 100 per cent. Only due to traffic they are late."

We reviewed the staffing rotas in place and found there were a suitable number of staff to meet the needs of the people who used the service. We found travel time had been incorporated into the rota planning to enable staff to arrive at people's homes at the allocated time. This meant people received their care at the agreed times.

The registered manager told us they had recognised there was no formal system in place to record missed or late appointments. The service had purchased electronic hand held data collection devices which would enable staff to record time specific information and exact details of care provided whilst at the person's home. The system was due to start in October and meant the registered manager would be able to track and monitor the care the service was providing.

We looked at the policies and procedures which were in place in relation to the administration of medicines for people who used the service. We saw some staff medicine competency checks had been were carried out on an annual basis but this was not consistent for all staff. Staff we spoke with stated they had medicine competency checks but there was not always documentary evidence to support this. A medical competency check ensures staff continue to have the right level of knowledge to enable the safe administration of medicines.

A relative told us, "They have a chart which records all the medicines. I check the chart at regular intervals. The care workers will always let us know when the medication is running low."

The registered manager told us some people's medicines were supplied in a monitored dosage system (MDS). This meant the medicines for a person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments while others were supplied in bottles or boxes. Medicine administration records (MARs) were used to record the administration of medicines. The MARs showed staff were signing for the medication they had given and the reasons why, if a medicine had been omitted.

We saw one MAR indicated a person required support to have their prescribed creams applied but there was no indication on the MAR how often staff should apply the cream. We raised this with the registered manager at the time of our inspection who stated the person no longer required the cream but the care plan had not been updated to reflect this.

Requires Improvement

Is the service effective?

Our findings

People felt staff had the skills to enable them to do their job. One person said, "No problems in this area at all." A relative said, "Oh yes absolutely. They are very skilled and trained. They go the extra mile. They ensure a tray of tea and coffee is next to my relative in the morning and the evening." A neighbour said, "It appears they are really well trained. I have observed them handle my neighbour using the hoist. They are very good and all workers seem to be trained well."

One person commented, "Yes they are good at their job. I do have a problem understanding the staff sometimes due to their accents." A relative told us, "[Name] does have a problem understanding the care workers." The relative further told us their relative did not always understand what was being asked of them by the care staff. This may result in care needs not being understood. We spoke to the registered manager after our inspection who said they ensured care was carried out by two staff members to reduce the potential barriers in communication.

A visiting healthcare professional told us the service seemed very personalised and keen to tailor support around the person and their needs. The healthcare professional said, "The registered manager was very attentive and would go out of their way to help in any way they can. Other members of my team have used the service often and are happy with the support they provide individuals."

The registered manager told us new staff attended an external induction day which included mandatory training, staff then undertook further on the job training by shadowing an experienced member of staff.

The registered manager told us four new members of staff were undertaking the care certificate and had completed four days theory training as part of their ongoing training. The care certificate is a standardised programme of knowledge which is designed to ensure staff have a good knowledge of all the essential standards in their daily caring role. The care co-ordinator told us staff who were new to the service would be required to complete the care certificate as part of their mandatory training requirements.

We looked at the staff training matrix and saw staff mandatory training had been completed. We noted certain training, for example, equality and diversity and food hygiene had been completed by three staff as part of previous employment prior to joining the organisation. We saw copies of the original training certificate had been photocopied and added to the staff personnel file.

We saw recorded details of individual staff supervisions however, there was no overall matrix in place to record that staff supervisions had taken place. This meant the registered manager did not have a detailed overview of the staff supervision process.

The registered manager told us they regularly checked the standard of care provided by their staff by undertaking random spot checks at people's homes to observe how care had been given. We saw the registered manager had recorded their observations on a supervision form and staff had immediately received verbal feedback.

Relatives we spoke with told us, "Yes they are good. They do everything my relative asks for" and "Yes brilliant at their job. They are spot on with the support and care plans. I am a retired NHS manager so I know what I am talking about."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

Staff demonstrated an understanding of the MCA and were able to explain how the MCA related to their work and daily care duties. Staff told us they encouraged people to make their own choices, for example, respecting a person's wishes to remain in bed in the morning. This meant staff were protecting people's right to make their own decisions.

Staff told us they always checked with people before carrying out personal care and records showed people had been asked for their consent to care.

We found there was limited documentary evidence of the use of MCAs within the care plans however, staff knowledge of the process was good. In one care plan we looked at we saw the person lacked capacity for managing their own medication but the MCA assessment document within the care plan had not been completed.

The registered manager told us they had already sought further advice regarding the MCA from the local authority MCA lead and new documentation was now being used within the care plans.

We recommend the registered manager ensures the new MCA documentation is completed in all care plans where appropriate and takes prompt action to ensure the principles of the MCA are consistently followed.

Each of the care records we looked at recorded the contact details for the persons GP and other relevant healthcare professionals, for example, the district nurse or pharmacist. One of the care staff we spoke with told us they would contact the person's GP if they were unwell and were unable to make the call themselves. Another staff member said, "The doctor's number is in the care file, I would ring if they were needed." This showed people were supported to receive support from external healthcare professionals when required.

Good

Is the service caring?

Our findings

People who used the service told us; "Yes they are caring and good to me", "No problems with kindness and caring from the care workers" and "The care workers are fine. I do have a problem understanding some due to the language accent but they do the job fine."

Relatives told us; "Yes absolutely brilliant care workers. Their input has made a great difference to my [relative]. [Relative] is a different person now. I could not recommend them enough, absolutely brilliant", "They are nice people" and "Fantastic people. The service from them is brilliant. My [relative] is so lucky. I tell [relative] all the time. They are caring and compassionate. They have changed [relative's] life. There is such a good relationship with the care workers and my [relative]. The manager is brilliant. I can go on holiday and know my [relative] is looked after."

One relative told us, "My relative at times may not have a shower or bath for weeks. I do have a concern about their personal hygiene. I feel the care workers should encourage my relative a little more to take a bath or shower. They are not proactive enough." The relative told us they were aware their relative had full capacity to make their own decisions regarding personal care. The registered manager told us this person had full capacity to make their own decisions and these must be respected. The MCA states a person is not to be treated as unable to make a decision merely because the person makes an unwise decision. This meant the person was fully supported to make their own decisions regarding personal care.

People who used the service told us; "Yes I do have the same care workers."

Relatives told us; "Yes we do have the same regular care workers. This makes a great difference to my [relative]", "Yes we have the same care workers for my relative", "Yes we have the same care workers coming to see my relative. We are pleased with this" and "We had a problem in the first week due to holidays, now everything is settled. We have the same regular care workers."

Staff we spoke with were very passionate about their roles and how their work supported people to live independently. Staff were able to demonstrate in-depth knowledge of the people they supported. One staff member told us, "They [clients] are very vulnerable people. I put my heart into the service provided. I know my client's wishes."

The registered manager told us the service was designed specific to people's needs and preferences and these were reflected in their care plans. In one care plan we saw the person was unable to independently transfer from bed but they could help move limbs/body as requested. This meant the person was supported to retain independence.

People who used the service had regular contact with their families.

Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. Staff told us personal care should as always be provided in

private. Doors needed to be closed, curtains drawn and aprons/gloves used to help protect people from infection. This meant that people's privacy during personal care was respected.

We saw care plans and records were stored securely in the office. We saw the importance of confidentiality had been discussed with staff at a staff meeting in September 2017. Staff told us they knew the importance of maintaining confidentially.

Good

Is the service responsive?

Our findings

One relative told us, "They appear to be very caring and considerate. The manager is brilliant. She always keeps me up to date. She keeps in touch with me."

There was a clear complaints procedure in place. There were no recorded formal complaints at the time of the inspection. We asked the registered manager told us they telephoned people who used the service on a weekly basis to ask whether they were happy with the service and addressed any concerns raised straight away.

One person told us, "I have the same care workers but I have a male care worker who I did not want. They said they would not send him but they sent him again this week. There is nothing wrong with the male care worker. I am (age) year old, I feel embarrassed with a care worker who is male coming to help me." The person later told us they were now having a female care worker and were, "Very happy." This meant the person's personal choice and preferences regarding their care were being provided.

The registered manager told us they had recently ordered pocket size feedback forms to give to relatives to complete on a random basis to further enhance the monitoring of the care service being provided. These had yet to be used.

We looked at the care plans for four people who used the service and saw detailed individual support fund (ISF) agreements. An ISF agreement is a document detailing service requirements between the person or relative, the local authority and the service provider.

We saw the care plans had been re-written to include an 'all about me' of each person which gave insight into the life the person had led, who and what was important to them. The care plans identified the needs of the person, the person's ability to consent and alternative support plans to follow when the person was physically or mentally unwell. We saw detailed information regarding one person who had described themselves as hard of hearing that further stated they did not wear hearing aids and another person who had stated they did not like being wiped with a flannel. This meant people's personal preferences were considered in the care planning.

Requires Improvement

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore, this condition of registration was met. The registered manager was supported by a care co-ordinator and senior support worker.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

People and staff spoke positively about the registered manager. People who used the service told us; "In general, yes they are good", "I am happy with the company" and "I do feel they are disorganised sometimes. They do not have clear rotas for the care workers. They will come, they will say we were not supposed to come, they told us at short notice."

Relatives told us; "The company is absolutely brilliant. Gives me such assurance if I have to go abroad", "It is a good company especially (registered manager) they are wonderful", "Company is brilliant, and the manager is great. They keep in touch with us all the time" and "It is a good company."

Staff told us they enjoyed working for the service. One member of staff told us, "The company had grown a lot and I have enjoyed being involved and helping the company develop."

The registered manager told us they held monthly staff meetings and recorded minutes were available for those members of staff who were unable to attend. Staff told us they did tried to attend the monthly meetings. However, there was not an established system in place to ensure staff had access to the minutes or were asked to read the minutes. This meant there was not a clear management overview whether all staff were kept up to date regarding the discussions.

The registered manager told us an external audit of the organisation had been carried out in July 2017. We looked at the audit report and saw the audit had reviewed the provider's governance, human resources, care files and contained a number of recommendations. We saw the provider's three month Improvement Plan dated 13 September 2017 and noted the provider had started to implement changes based on the recommendations from the audit process. We noted the provider had developed care plans by introducing an 'All about me' form and a staff training matrix had been developed. Audit tools for monthly communication audits and MAR chart audits had been redesigned and were ready for implementation but had not yet been used.

There were systems in place to gather the opinions and views of people and their relatives who used the service. The registered manager told us people receiving care and relatives were asked to provide written feedback by returning the feedback forms in June 2017. We saw the response rate was very low. The

registered manager had identified the documentation was cumbersome which could account for the poor response from people and relatives. We saw a service action plan to improve the quality of the feedback forms which needed to be implemented. This showed the service was adapting the way they collected feedback to try to improve the service.

The registered manager had made links with a number of other external organisations and departments with the local authority. This meant the provider was not working in isolation and recognised the benefits other organisations could provide to enhance their service.

The provider had failed to identify issues highlighted in our inspection regarding the recruitment of fit and proper persons.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment processes were not in place. There were omissions regarding employment dates.