

Triumph Care Group Limited

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Inspection report

Unit 6, Edward Cecil House
799 London Road
Grays
RM20 3LH

Tel: 07946352269
Website: www.triumphcaregroup.co.uk

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Triumph Care Group Limited provides personal care to people living in their own houses, flats and specialist housing. This is a domiciliary care service and primarily provides a service to older people and older people living with dementia. At the time of inspection there were two people using the service.

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.

People's experience of using this service and what we found

Recruitment systems were not robust to ensure the right staff are recruited to support people to stay safe. There was no evidence to demonstrate staff's competence to carry out their roles and responsibilities had been assessed properly. Not all mandatory training or a robust induction had been completed by staff. These shortfalls had not been identified by the provider.

No safeguarding concerns had been raised and the registered manager was aware of their responsibilities to make sure people were protected from harm or abuse. Risks for people were identified and recorded in relation to their care and support needs. Suitable numbers of staff were available to keep people safe and to meet their needs. People received their medicines as they should, and accurate records were maintained. People were protected by the prevention and control of infection.

Staff received supervision in their role and areas of responsibility. People's healthcare needs were promptly met, and staff supported them with their nutritional and hydration needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care and support needs were documented. No complaints had been received at the service, but a record of compliments had been maintained to capture the service's achievements.

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

Why we inspected

This service was registered with us in June 2019 and this was the service's first inspection.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and have identified breaches in relation to Regulations 18 [Staffing] and Regulation 19 [Fit and proper persons employed] at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Local Authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Triumph Care Group 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 May 2021 and ended on 27 May 2021. We visited the office location on 19 May 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke with the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at staff training data and quality assurance records.

After the inspection

Following the site visit to the domiciliary care service office, we contacted the three permanent members of staff so that we could talk with them about their experience of working at Triumph Care Group Limited. We were only able to speak with one member of staff and one relative.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Suitable arrangements were not in place to ensure staff employed had had the appropriate checks undertaken and were suitable to work with vulnerable people.
- No staff personnel file was evident for two people, who were friends of the registered manager or related to them, despite records demonstrating they had completed a small number of shifts at the domiciliary care service in March 2021. A personnel file for a third person confirmed not all records as required by regulation had been pursued. Namely, their DBS and UCheck background report was dated after they had commenced shifts. Satisfactory evidence of conduct in the staff member's previous employment, in the form of references, had not been received.

The registered provider was not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager confirmed there had been no missed or late calls for people using the service. One relative was complimentary about the provider's arrangements to accommodate revised timings of visits for their family member. They confirmed there had been no missed or late calls for their relative.
- Records demonstrated people were supported by a regular team of staff to ensure continuity of care.

Systems and processes to safeguard people from the risk of abuse

- Although the service was registered with the Care Quality Commission in June 2019, the service did not have any people using the service until February 2021. No safeguarding concerns had been raised by people using the service or relatives relating to the safety of their family member.
- One relative told us they were assured about their family member's safety and had no concerns when staff visited.
- The registered manager demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management

- Risks for people were identified and recorded in relation to their care and support needs. These included people's environmental and moving and handling risks. Other risks relating to people's health and wellbeing

were also recorded. For example, in relation to people's specific healthcare needs.

- Risk assessments were not completed for people using the service and staff in relation to the risks posed and presented by COVID-19. This was discussed with the registered manager. An assurance was provided to confirm this would be addressed.

Using medicines safely

- Medication Administration Records [MAR] showed people received their medication as prescribed and records were kept in good order.
- Suitable arrangements were in place to audit people's MAR forms. This enabled errors to be identified at the earliest opportunity and lessons learned.
- Staff had received medication training but had not been assessed as competent before being involved in the administration of medication. The registered manager told us this would be addressed.

Preventing and controlling infection

- Staff had access to enough PPE to help prevent the spread of infection.
- We were assured the registered manager was accessing COVID-19 testing for staff in line with government guidance.
- Staff had received infection, prevention and control training. However, staff had not received COVID-19 or 'donning and doffing' training.

Learning lessons when things go wrong

- We did not look at this Key Line of Enquiry [KLOE] on this occasion as although the service was registered with the Care Quality Commission in June 2019, the service did not have any people using the service until February 2021, and this was the service's first inspection.
- The registered manager was aware of their responsibility to review and investigate events and incidents and to learn from these. No accidents and incidents had occurred since the service became fully operational in February 2021.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training information for permanent staff, showed they completed 20 training courses within one day. There was no evidence to demonstrate staff's competence to carry out their roles and responsibilities had been assessed, particularly given the number of training courses completed in such a short space of time.
- No staff had received 'practical' moving and handling training, despite one person using the service requiring support from two members of staff to mobilise and transfer. Although there was no impact for the person using the service, the lack of proper training for staff, potentially places the person at risk of not having their moving and handling needs met safely and to an appropriate standard.
- No evidence of training was available for agency staff utilised, or for people known to the registered manager and used to plug staffing shortfalls.
- People's care records recorded them as having specific healthcare needs, for example, living with dementia, being an insulin dependent diabetic and having had a catheter or stoma. Staff had not received specific training in these key areas. This posed a risk that staff may not have the skills and abilities to properly care for the people they support.
- Robust induction arrangements for staff were not in place. Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF] and had limited experience in a care setting, staff had not commenced or completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. Not all staff had received an 'in house' induction.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received supervision and a 'spot check' visit from the registered manager. This is where a representative of the organisation, calls at a person's home just before, during or after a visit by a member of care staff. This is so they can observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the commencement of the service being offered and agreed. This and the Local Authority's assessment was used to inform the person's support plan.

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified and recorded as part of their need's assessment.

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

- People told us staff supported them as needed with the provision of meals, snacks and drinks throughout the day to ensure their dietary needs were met. Information from people's daily care notes confirmed what people told us.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the office or the registered manager for escalation and action. For example, one relative told us concerns about their family member's skin integrity, had been raised by staff as this had been compromised. Staff liaised with the person's family and with local healthcare professionals in a timely manner.
- The service was able to demonstrate staff's ability to seek healthcare support and service's when needed and promptly.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to make decisions was assessed and recorded.
- Where possible either the person using the service or those, with legal authority to act on their behalf had signed and consented to the care and treatment to be provided by the domiciliary care service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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

- We spoke with one relative who told us staff always treated their family member with dignity and respect. They spoke positively about the care received and said staff were kind and caring. They also confirmed that staff knew the care needs of their family member well.

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

- Although the service was registered with the Care Quality Commission in June 2019, the service did not have any people using the service until February 2021. The registered manager confirmed the views of people using the service or those acting on their behalf would be sought in due course.
- The registered manager confirmed informal meetings had occurred with people using the service and their relatives to ensure they were happy with the quality of care provided but these were not recorded.

Respecting and promoting people's privacy, dignity and independence

- Staff spoken with understood dignity and respect principles when delivering care and gave examples when describing the care, they provided.
- One relative confirmed the person using the service and other family members were always treated with respect and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People had a support plan in place describing their individual care and support needs. This included the level of support required and the number of staff required at each visit.
- No one was assessed as being at the end of their life. The registered manager advised, where people required end of life care and support, they would work with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that was as comfortable as possible.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were recorded, and this reflected their preferred language, along with information as to hearing or visual impairments.

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place to manage concerns and complaints. At the time of the inspection the registered manager confirmed no complaints had been received.
- One compliment was received to capture the service's achievements. The compliment was positive about the support provided to both the person using the service and their family members prior to the person's admission to hospital. The record referred to the staff team as 'absolutely amazing'.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The registered manager had not monitored their recruitment procedures, including undertaking all relevant checks before staff commenced employment. The registered manager had not ensured staff's competence to carry out their roles and responsibilities had been properly assessed, all relevant training and a robust induction completed.
- The service had a positive culture which focused on people receiving person centred care and achieving the best outcomes for people using the service. Relatives were complimentary about the care and support their family member received.
- The service was registered with the Care Quality Commission in June 2019. The service did not have any people using the service until February 2021. The registered manager confirmed they used an external organisation for their policies and procedures, auditing templates and to make available independent guidance and advice.
- An audit relating to monitoring the service's medication practices had been conducted since February 2021. However, the registered manager confirmed no other formal arrangements had been undertaken to audit the service because of the low numbers of people currently using the service and the service being operational for the last three months.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were positive about working at the service and consistently described the registered manager as supportive and approachable.
- Staff told us communication with the registered manager was positive. As a result of the pandemic a 'WhatsApp' group had been set up for staff to share information.
- The registered manager told us staff performance was reviewed during supervisions and 'spot visits.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager advised no incidents, accidents, complaints or safeguarding concerns had occurred. Therefore, there had been no notifiable incidents which required reporting to the Care Quality Commission and other agencies, which met the criteria under the duty of candour. The duty of candour

requires providers to be open and honest with people when things go wrong with their care, providing people with support and a written apology.

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

- The service was registered with the Care Quality Commission in June 2019. The service did not have any people using the service until February 2021. The registered manager confirmed satisfaction surveys to seek people's views about the quality of the service would be sought in due course as it was too soon to pursue. However, informal meetings had occurred to ensure people and those acting on their behalf were happy with the quality of care provided.
- One relative was complimentary about the registered manager's daily calls to the family of one person to check that the level of care and support provided was satisfactory and continued to meet their needs.

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not have effective arrangements in place to ensure their recruitment practices and procedures were safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider did not have suitable arrangements in place to ensure all staff were appropriately trained or received a robust induction.</p>