

Trinity Carestaff Solutions 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Trinity Carestaff Solutions is a domiciliary care agency, providing personal care to people living in their own homes. There were 147 people receiving personal care at the time of the inspection. 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.

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

We found that improvements had been made. The agency had not only sought to rectify the previous concerns CQC found, but to investigate why these had occurred and implement new systems to thoroughly understand and prevent any slippage in the standard of care for people.

Governance arrangements provided assurance that the service was well-led. The provider had ensured that their systems and processes to monitor the quality and safety of care were effective.

People were safe. Risk management of people's complex care needs were consistently in place and reviewed. Care records had been reviewed and clearly guided staff. Records relating to daily statements of care provided and administration of medicine were well kept and more centred on the person rather than tasks.

People were satisfied with their care and support. People said that the service had become more reliable. People had the same group of staff to support them. One person told us that they had the same carers for the last three years. People described the care staff as kind, caring and they felt safe being supported by staff from Trinity Carestaff Solutions. One person said, "I'm so lucky to have a good service. Nothing is too much trouble and I'm never let down."

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 welcomed the support that provided them with independence and choice.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 21 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 21 December 2020. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity Carestaff Solutions on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our safe findings below.

Trinity Carestaff Solutions 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

This inspection was completed 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.

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

This inspection was announced. We gave the service short notice of the inspection. This was because it is a community-based 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 10 May 2021 and ended on 23 May 2021. We visited the office location on 10 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies and professionals. The provider was not asked to complete a provider information return prior to this inspection. This 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. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with 11 members of staff including the registered manager and provider, consultant, office staff and care workers.

We reviewed a range of records. This included dip sampling four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Staff had received the training to ensure their practice was safe. Competency of staff was regularly assessed. This included training where staff supported people with a 'percutaneous endoscopic gastronomy' (PEG) A PEG is equipment used to introduce food, fluid and medicines via a tube directly through the skin into the stomach.
- Staff were able to appropriately respond in an emergency. We had previously found that not all staff were aware of calling 999 to summon an ambulance. Staff identity cards contained key telephone numbers for emergency services and safeguarding. Emergency action based on first aid training, enabled a staff member to save a person's life. Emergency services were also promptly called.
- Risks to people's health and safety from the COVID-19 infection had been assessed and care planning guidance provided for staff. For example, risk management guidance for clinically vulnerable people.
- People and relatives were positive that the service had become more reliable. One relative said, "Staff arrive on time – it has improved." A person said, "I like the continuity that I have with staff. I have the same three staff in rotation. We know each other." People received support in lines with their assessed needs.
- Daily records had developed and were more centred on the person and their needs. Details were respectful and informative as to the wellbeing of the person and included nutritional intake as well as social interaction. A relative told us, "[Staff] do their notes all online. That's alright because I'm linked to it and I can see what they have written. Before it was just a sentence, 'Got them up'. Now get a full explanation of exactly what they have done."

Using medicines safely

- Systems to plan, support and administer medicines were safe. Staff had all been trained in medicine administration and competency assessed prior to their administering people's medicines.
- People were confident that their medicines were managed well. One person said, "They always remember my medicines, reminding me if I forget anything." This related to a change in that person's medicine.
- There were systems to ensure medication audits were carried out which would include stock checks against administration records. Medication administration was audited monthly. Any matters were

discussed at the clinical governance meetings. This meant medicines errors would be identified and steps taken to check people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- There were systems in place to respond appropriately to any concerns about a person's safety and welfare, including a policy which staff were aware of. People and relatives told us they felt safe when care staff supported them and that they trusted them. One person said, "I definitely trust them. If I have any concern I call [named senior staff member who supported them]."
- Staff had received training in safeguarding people from abuse and understood their responsibilities in protecting people. Staff confirmed they had recently received training and the training matrix showed that every staff member had received training within the last 12 months.
- Previously we had reported several concerns relating to missed calls that placed people at risk. The agency was monitoring this closely now and was able to say that no calls had been missed in the previous two months. People confirmed that they had not had any recent missed visits. One person described when an issue relating to a vehicle and a late call – they were informed, and a replacement staff member came to support them.
- The agency had invested in vehicles for staff to loan and had purchased electric bikes for staff use. People confirmed they received their calls in full and staff confirmed that time was given between visits for travel if needed. One person's representative told us that staff had waited in their vehicle, over their allocated time, until a person returned from hospital using hospital transport that couldn't be timely. The staff member ensured the person was settled back in their home and that their needs were met.
- The service had a system in place to analyse incidents and accidents. Where these occurred, they were reviewed and any changes to care planning or risk assessment were made where required.
- The service had a system in place to identify shortfalls in staff practice and address these individually through supervision. One staff member named two senior staff, saying "They check and visits us to check how we work and if the family is happy."

Staffing and recruitment

At our last inspection the provider had failed to robustly recruit staff as required. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There had been enough improvement at this inspection and the provider was no longer in breach of regulation 19 (Fit and proper persons employed).

- Recruitment records were examined, and appropriate checks had been made before staff started work at the service. Recruitment files had been audited. The gaps we had previously found had been rectified. Staff confirmed that all appropriate checks had been completed before they started work.
- There were enough numbers of staff deployed to meet people's needs in line with their preferences. People fed back that consistency of staff had improved in the recent months. A relative said, "They arrive on time. We have our regular staff and even the replacement staff are regular. That has improved, they are

better at it now."

- A system was in place to introduce new staff to people prior to them starting to work with the person. One staff member said, "I didn't have care experience, so I had to go through two weeks of training and induction. I was with experienced staff until I felt comfortable to do it all by myself."

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment (PPE) to do their job and reduce the risk of the spread of infection. Staff had received training in putting on equipment and taking it off again safely.
- Policies and procedures were in place with regard to how the service limited the risk of the spread of COVID-19. This included routine testing for staff and contingency plans should there be an outbreak.
- People told us that staff helped them to keep their home clean and wore appropriate PPE when visiting them.

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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

At our last inspection the provider had failed to ensure consistent management oversight specifically relating to persons employed. And was in breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- The registered manager was able to demonstrate a good understanding of the fundamental standards and the principles of good quality assurance and was driving improvements in the service.
- We had previously reported that the management team were not clear about their roles and responsibilities. This feedback had been taken seriously and a root cause analysis had been facilitated by a consultant to look at why the service had failed, not only on taking action to put things right, but ensuring people and systems were effective and working harmoniously together. Managers were now clear about their responsibilities and where they fitted within the wider service.
- Systems in place, such as audits where issues arose were then discussed at the regular governance meeting, made effective oversight and governance of the service. The introduction of a mock inspection every six months added to driving improvement, as did the weekly review of an entire round. This included spot checks, reviews of care plans and risk assessments to check that people were satisfied.
- Systems relating to staff in relation to recruitment, induction, training and support and supervision were in place. Staff told us that communication with the office was very effective and if they needed any support it was forthcoming. One staff member said, "I'm happy to work with them. They are open minded very receptive. If I need anything for any of the service users like: medication ordering, Occupational Health assessment, support from a Social Worker we will have that ASAP." All staff spoken with were positive about the management of the service and pleased to work for Trinity Care Solutions.
- People made positive comments about the service they received. A relative said, "Staff are more competent now and well trained. Medicines has improved. Continuity of staff has helped a lot." One person said, "They do a good job. I talk to my carer a lot, they chat and give me my food. Never missed a call."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- There was a positive culture in the service demonstrated by the management team. Staff were

encouraged to deliver person centred care, treat people as individuals and spend meaningful time with people. We heard feedback that staff presented food well on a plate to make it more appetising, adding garnish. A staff member resolved a heating issue by finding and resetting the heating re set button. When speaking of staff a person said, "Always there as needed. They always dealt with every query. So willing to help with personal and social care. They chat away."

- Systems were in place that enabled staff to discuss changes to the service and communicate messages. Staff felt able to express their views and suggest improvements. One staff member said, "Trinity is a nice and good company to work for, good management, good people and I don't want really change it for any other company, not at all."

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

- People were regularly asked for their views on the service they received. This happened via reviews of their care plan, telephone surveys and written surveys.
- Communication had improved. People were able to communicate their views effectively one person said that they used a tablet or drawings to communicate. A relative said, "Any blip and they sort it out now."

Working in partnership with others; 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 service had developed positive working relationships with other professionals involved in people's care. This allowed for effective sharing of information between organisations to ensure people received joined up care.
- The management team were open and honest about the previous failings and had worked hard alongside a consultant and the local authority to improve the service.