

Trust We Care 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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Trust We Care Limited is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there was 1 person using the service.

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

The person was supported by a team of staff who had a good understanding of their needs and who had undergone a robust recruitment process. The person received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

The person's needs had been assessed and were kept under review. Their health care needs were documented, and staff liaised with a family member regarding the person's health and wellbeing. Staff had the required experience to meet the person's needs.

The person was supported to have maximum choice and control of their life 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.

Family members said they were involved in decisions about their relative's care and their views were respected by staff.

Staff and the person's family member spoke positively about the support and leadership of the registered manager. Staff told us they worked in a positive and supportive environment, which encouraged them to share ideas. Staff were supported through both individual and group meetings.

The provider's systems and processes to monitor the quality of the service had improved. Regular audits were undertaken to assess the quality and safety of the service provided. Where shortfalls were identified, action plans had been put into place and monitored for progress. The nominated individual and registered manager were candid throughout the inspection process and had a clear plan of development and improvement.

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 requires improvement (published 5 January 2023). At the last inspection we found improvements were needed to improve staff recruitment practices and governance systems to monitor quality and safety. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trust We Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 30 May 2023 and ended on 5 June 2023. We visited the location's office on 30 May 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

During the inspection

We spoke with 1 person's relative about their experience of the care provided. We spoke with the registered manager, 2 support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 1 person's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, audits, action plans, minutes of meetings and the staff training matrix.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had purchased a package of policies and procedures as part of a provider compliance management system, which included a staff recruitment policy. The policy and procedure included templates and guidance, which would be implemented when staff were recruited to support safe and robust recruitment practices.
- Staff records evidenced staff had been recruited safely and in line with the provider's policy. Staff records included all required information to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.
- There were enough staff to meet the person's needs. A team of staff supported the person on a continuous basis, throughout the day and night.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to report and monitor safeguarding concerns.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff were aware of who to report concerns to and were aware of the provider's safeguarding policy.

Assessing risk, safety monitoring and management: Lessons learnt

- Potential risks were assessed. However, additional guidance and clarity would support staff in making consistent and timely decisions.
- A person's records referred to a health condition which required staff to monitor and take action to promote their safety. The person's care records stated the circumstances in which paramedics should be contacted. However, there was no detailed guidance as to the timescale when emergency support should be requested. The registered manager told us they would review and make clear the protocol to be followed by staff.

- Staff expressed confidence in the care of the person and were aware they should seek emergency medical intervention.
- Potential risks linked to the person's mobility were assessed and action taken to reduce the risk of falls. For example, a sensor mat was placed by the person's bed, which activated an alarm when the person got up out of bed. This enabled staff to respond to the person in a timely manner to provide assistance.
- A Personalised Emergency Evacuation Plan (PEEP's) had been undertaken for the person. The PEEP identified the level of risk, any individual factors which needed to be considered to safely support the person to leave their home in an emergency, such as a fire.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the Care Quality Commission and the local authority.

Using medicines safely

- Systems and processes were in place to support the person with their medicines.
- The person's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.
- Staff who administered medicine undertook medicines training and had their competency assessed.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves, masks and aprons.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements in specific areas of training had taken place which had been highlighted in the previous inspection. For example, staff had undertaken training in the moving and handling people safely.
- Audits undertaken by the registered manager had identified staff had not completed all training required. The registered manager had acted and spoken with staff individually and set targets for the completion of training. The registered manager said they would continue to monitor staff progress and take further action, which could include disciplinary action, if required.
- The provider had effective systems in place to support and supervise staff. This included one to one supervisions and observations of staff competencies. This supported staff to work consistently with the provider's policies and procedures and provide consistent support of the person.

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

- The person's needs had been assessed upon commencement of the service and were kept under review. A family member told us they were involved in the review of their relative's needs.

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

- The person's dietary needs had been considered as part of the assessment process and specific dietary information recorded. For example, the person's records provided guidance as to how meals were to be modified to minimise choking.
- Staff were responsible for grocery shopping, and the preparation and cooking of meals. Staff told us, the person, with support was able to contribute to making drinks and food preparation.

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

- The person where required was supported to access health care services. A family member told us they in the main supported the person to attend health care appointments. However, when they were unavailable, care staff provided support. Following an appointment staff contacted the family member to provide a clear account as to the outcome.
- The person's records provided information as to the person's known health care needs and conditions. This enabled staff to have a better understanding as to their needs and the impact this had on their day to day life, so they could provide the appropriate support and care.
- Staff we spoke with had a good understanding of the needs of the person, which was consistent with information held within their care records.

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 MCA 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.

- The person's capacity to make informed decisions had been considered inline with the provider's policy.
- A deputy appointed by the Court of Protection was in place to make decisions on behalf of the person.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we served a warning notice as the provider had failed to have effective systems and processes to monitor the quality and safety of care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- Systems and practices to monitor the quality and safety of the service had improved. The provider had adopted a compliance management system which included toolkits and policies and procedures. The system had been implemented to assist them to monitor the quality and safety of the care provided.
- The nominated individual and registered manager had developed action plans, which included the action required to bring about improvement in response to audits undertaken. Action plans were regularly reviewed to monitor their progress and there was evidence to support the improvements made. For example, recruitment practices had been reviewed and medicine audits had been introduced.
- An audit of staff training had identified improvements were needed. Records showed the registered manager who had been in post for 1 month at the time of the inspection, had in both team meetings and individual staff supervisions reminded staff of the importance of completing their on-line training. The registered manager had informed staff their training would be kept under review and monitored.
- The nominated individual and registered manager were open and honest throughout the inspection and were receptive to our feedback. They spoke of their commitment to improve the service to achieve good outcomes for people, which included further development of people's care records.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff were positive about the leadership of the service and the culture created by the registered manager. A staff member told us, "A wonderful boss. Whose created an enabling environment, where staff are free to speak about their work, which creates a positive work environment."
- The registered manager and staff had a good knowledge and understanding of the person they supported and knew them well.
- The family member spoke positively of the support and care of their relative, and of staff's commitment. They told us, "Staff have got [relative's] best interests at heart and they really like the staff."

- The family member spoke of the positive relationship they had with the registered manager, and how they worked in partnership to achieve the best outcome for their relative. The family member said of the registered manager. "Very approachable, listens to what I say. If staff have any ideas they approach me, they're very good at relaying information to me."
- Staff supervisions and meetings had provided an opportunity for the staff and the registered manager to share their views and ideas about the service, which included discussions as to how the needs of the person they supported could be improved to ensure good outcomes for them.
- The registered manager and staff liaised with health and social care professionals in relation to the support of the person using the service.

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 was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements. They knew when concerns had been identified, notifications should be sent to the CQC as required by law.

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

- The registered manager was being mentored by the nominated individual who regularly visited the service to provide support. A developmental programme for the registered manager was in place, which included support to complete the Level 5 Diploma in Leadership and Management in Adult Care.
- The registered manager had held a staff meeting since their appointment to address issues raised by staff, and to discuss the changes needed and the role of staff in bringing about improvement.

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

- People's views and that of staff had been sought through surveys, prior to the appointment of the registered manager, and were positive about the service. The registered manager advised surveys for both people and staff had been reviewed, as part of the compliance management system which they had purchased and would be sent to people in the near future.