

Trafalgar Community Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Trafalgar Community Care is a domiciliary care agency, providing personal care to people in their own homes. The service operates from an office based in Huyton, Knowsley. At the time of this inspection 27 people were using the service.

People's experience of using this service: People were protected from abuse and the risk of harm. Staff were provided with training in safeguarding and topics of health and safety. Risks to people had been identified and plans were in place to support staff in recognising and managing those risks. Staff understood their responsibilities for keeping people safe and who to contact if they had any concerns about people's safety. Medication was managed safely by competent staff. People received their prescribed medicines at the right times. Safe recruitment procedures were followed and people received care and support from the right amount of suitably skilled staff. People told us that staff were mostly on time and stayed with them for the full duration of their contracted visit.

Each person had a care plan setting out their needs and how they were to be met in a way they preferred. People told us they received the right care and support which they had agreed to. Staff received the training and support they needed for their job role. Staff understood and respected people's right to make their own decisions. Staff obtained people's consent before providing them with any care and support.

People were treated in a respectful way and their privacy, dignity and independence was promoted. Positive relationships had been formed between people who used the service and staff. People and family members made positive comments about the way staff provided care and support.

People's needs were assessed, planned for and regularly reviewed involving people and relevant others such as family members. People told us they received personalised care and support. People were provided with information about how to complain and were confident in doing so should they need to.

Managers promoted a person-centred service and worked hard to maintain high standards of care. They promoted an open and positive culture and worked in partnership with others to improve and promote the service. The quality, safety and effectiveness of the service was monitored through regular checks which took into account people's views and opinions.

Rating at last inspection: Good (The last report was published on 22 April 2016)

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 safe

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

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 well-led

Details are in our Well-Led findings below.

Good 

Trafalgar Community Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one Adult Social Care Inspector.

Service and service type:

Trafalgar Community Care is a domiciliary care agency, providing personal care and support to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). 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:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed the information, we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had completed 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection site visit we spoke with the registered manager and the registered provider. We also looked at care records belonging to three people, recruitment records for three staff and other records relating to the management and quality monitoring of the service. We held telephone discussions on two other days with three people who used the service, four family members and two staff.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes; and assessing risk, safety monitoring and management

- Risks to people were assessed and their safety was monitored and managed so they were supported to stay safe. Staff understood risks people faced and they managed them in a way that respected people's freedom.
- People were safeguarded from abuse and the risk of harm. Staff completed training in safeguarding and topics of health and safety. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety.
- Service records were well maintained, kept secure and available only to relevant staff. Electronic records were password protected and paper records were stored securely in line with the relevant data protection law.
- An on-call system was operated at the service and people were provided with the name and telephone number of staff who they could contact in the event of an emergency. People confirmed they had this information. One person said; "Yes I know I can call someone and I have phone numbers" and another person said, "They is always someone on the end of the phone if I need them."
- People told us staff always carried identification (ID) badges and followed safe procedures for entering and leaving their homes.

Staffing levels and recruitment

- Safe recruitment procedures were followed. Applicants suitability for the job was assessed prior to them being offered a job.
- People received care and support from the right amount of suitably skilled and experienced staff.
- People told us that the right amount of staff attended their homes at the right times and stayed for the right amount of time.

Using medicines safely

- The management of medication was safe. Medication was managed only by staff who had completed the relevant training and were deemed as competent to undertake the task safely.
- Staff had access to current medication policies and procedures and good practice guidance which they followed.
- Medication administration records (MARs) were completed as required and signed to show people had received their prescribed medication at the right times.
- People told us staff were careful when administering their medication and that they always got them at the right times. One person told us; "Oh yes they are very good and make sure I have my tablets when I need them."

Preventing and controlling infection

- Staff had completed training in the prevention and control of infection and they had access to current national guidance to help support their practice.
- People told us staff followed good practice to minimise the spread of infection. Their comments included; "They always clean up after them and never leave any dirt or rubbish" and "They wash their hands a lot."

Learning lessons when things go wrong

- When something went wrong action was taken to ensure that lessons were learnt to help prevent the risk of these issues reoccurring.
- A record was kept of any accidents and incidents which occurred at the service and these were checked by the registered manager. Action was taken where needed to minimise the risk of repeat occurrences.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- Staff had the right skills and knowledge to effectively meet people's needs. Staff were provided with continuous learning in topics relevant to people's needs and their job role.
- Staff competence was regularly assessed through one to one meetings and observations of their practice. Staff told us they received a good level of support from the registered manager and registered provider.
- People were complementary about staff skills and knowledge. Their comments included; "They [staff] are very good and know exactly what I need," "My carers are very well trained, I trust them a lot" and "They know me very well indeed and do things just how I like."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- The registered provider completed an assessment of people's needs to make sure they could effectively be met by the service. People and relevant others including family members and other health and social care professionals were fully involved in the assessment and planning of people's care.
- Care plans took account of relevant professional guidance. They also captured people's choices and preferences and included agreed outcomes and how they were to be met.
- People told us that staff attended their homes at the right times and stayed with them for the full duration of their contracted visit. One person said; "If they are running a bit late they let me know so I'm not left worrying" and a family member said; "[Relative] calls are mostly on time, the odd time they have been late but they let [relative] know."

Supporting people to eat and drink enough with choice in a balanced diet

- Where it was required as part of their care package, people received the support they needed to eat and drink and maintain a healthy and balance diet. The level of support people needed was recorded in their care plans.
- People told us staff prepared their choice of food and drink and made sure they had a drink close by before leaving their home.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of the inspection no person using the service had any restrictions placed on their liberty.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised. Staff also knew the importance of gaining a person's consent before providing any care and support. They told us they would seek advice if they had any concerns about people's ability to understand particular decisions.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged. Staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Any support people needed with their healthcare needs were outlined in their care plan.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health. One person told us; "[staff member] knew I wasn't well and offered to call my doctor" and another person said; "I have a number of health conditions that they [staff] know about and completely understand."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were well treated and supported. Their comments included; "I have a very good care team that I trust. They take their time and never rush me," "They treat me like I am part of their family" and "We have lots of banter, they cheer me up every time they come here."

Staff had a good understanding of people's needs and their likes and dislikes.

- People told us that staff knew them well and spent time chatting with them about things of interest.
- Staff understood the importance of treating people as individuals. Staff comments included; "It's important to know that every person is different and wants different things" and "Although I know what people need I still always ask them in case they have changed their mind about something."

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

- People and family members told us that they were asked their views and opinions about the care. They told us the management team did this during review meetings and during general visits to their home and over the telephone.
- Care quality questionnaires which were sent out to people and family members throughout the year also provided them with an opportunity to express their views about their care.
- People and family members confirmed they were confident about expressing their views and when they did they felt listened to. One person said; "They are very flexible. I have asked for my visit times to be changed a few times to fit in with me and it's never been a problem. They listen and do things when you ask" and a family member said; "The managers always involve [relative] and us in things that effect [relatives] care."

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy dignity and independence was promoted.
- People and family members told us staff were respectful and polite. Their comments included; "They [staff] are very respectful and ever so nice. They always ask how I am," "They are very gentle and never take over. They give me time to do things for myself" and "If they are running late they have the decency to call me and let me know."
- Comments made in questionnaires about staff included; "They don't embarrass me, understand my privacy, staff are kind," "They keep an eye on me and always ask me if I need anything" and "They are happy and friendly."
- Personal records about people were stored securely in the office and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Each person had a care plan in their home based on assessments completed. Care plans set out people's needs and how they were to be met in a way they preferred.
- People and family members told us care and support was provided in a personalised way and that it was consistent. Their comments included; "They [staff] know how I like things done. They know my little habits," "[relative] has mostly the same carer who she loves and that is important to her and us," "I have a regular carer who knows me very well" and "They are mostly on time."
- People told us that they were introduced to new staff before being supported by them. One person told us this was very important to them; they said; "I like to meet and get to know any carers to make sure they are right for me."
- Regular care plan reviews took place which enabled people to reflect on the care and discuss any changes they wished to make.
- Staff knew people and their needs well. Staff spent time with people and their family members to find out what was important to them.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Were people required information in an alternative format this was provided.

Improving care quality in response to complaints or concerns

- People and family members were provided with information about how to complain.
- People and family members knew how to complain should they need to and were confident that any concerns or complaints would be listened to and quickly dealt with. Their comments included; "I've no complaints at all but if I did I would have no hesitation in telling the bosses and I know they'd sort it" and "I know for definite they'd listen and do something right way."
- No complaints had been made about the service since the last inspection, however there was a system in place for recording complaints and any action taken.

End of life care and support

- No person using the service at the time of the inspection was receiving end of life care.
- Staff were however aware of good practice and guidance in end of life care, and were compassionate in their explanations about how they would support people during this stage of their life.

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

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

- There was an effective system in place to check on the quality and safety of the service.
- Improvements were identified through these and actioned to help improve the safety and quality of care people received.
- Comments gathered through the use of care quality assurance questionnaires were used to improve the service people received.
- The registered manager and registered provider kept up to date with current good practices and changes to the law to update their knowledge and learning.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Roles and responsibilities of managers and staff were clearly set out and they had a good understanding of them. Their performance, learning and development was monitored through observations and regular discussions with their line managers.
- Managers and staff understood their responsibilities for ensuring risks were quickly identified and mitigated. Risks to people's health, safety and wellbeing was effectively managed through ongoing monitoring of the service.
- The registered manager and registered provider knew their responsibilities in line with regulatory requirements. The ratings of the last inspection were displayed and CQC were notified of incidents and events as required.

Engaging and involving people using the service, the public and staff

- There were processes in place to obtain the views and opinions of people and family members about the service.
- Staff were engaged and involved through meetings and a monthly newsletter, keeping them up to date with important information about the service.
- People, family members and staff described an open and positive culture at the service. They told us the management team were always available to provide advice and guidance and that they were very approachable.

Provider plans and promotes person-centred, high-quality care and support

- The management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, their relatives, staff and other stakeholders.

- People and family members consistently described a person-centred service. They were complimentary about the standard of care and support provided and how personalised it was.
- The registered provider was working towards implementing new electronic systems to further improve the effectiveness of the service.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- The registered provider had been selected to take part in a parliamentary review for services in the community. Both the registered manager and registered provider had positively contributed to this.