

Triband Recruitment Ltd

Triband Care Services Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Triband Care Services Ltd provides personal care within people's own houses and flats. At the time of our inspection 119 people were using the service. 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 expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support: Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

Right care: There was a lack of emphasis focused on promoting equality and diversity to ensure people's needs were met the way they like.

People received kind, compassionate care and staff were aware of their responsibility of safeguarding them from the risk of potential abuse.

Right culture: Staff knew and understood people well and were responsive and supported them to live a fulfilled lifestyle.

The provider's governance was ineffective to identify the shortfalls found during this inspection. People were unaware who the registered manager was but received the necessary support from other managers.

Staff did not have access to relevant information about how to safely manage people's prescribed medicines.

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.

Staff were aware of people's assessed needs and received regular supervision to support them in their role. The provider's recruitment procedure ensured staff were suitable to work within people's homes.

Systems and practices ensured people were protected from contracting avoidable infections. Staff received training with regards to people's specific health conditions and also received training relating to infection prevention and control.

Staff were aware of the Mental Capacity Act 2005 and provided a service where people were encouraged to make their own decisions.

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

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements with regards to the management of medicines and to ensure their governance is more effective to guarantee people's assessed needs are met safely.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Triband Care Services Ltd

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

This inspection was carried out by 3 inspectors and 2 Experts 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.

Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 6 January 2023 and ended on 19 January 2023. We visited the office location on 6 and 9 January 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. We reviewed information we had received about the service since the

last inspection. We sought feedback from the local authority.

During the inspection

We spoke with 7 people who used the service, 16 relatives and 2 care staff. We also spoke with the registered manager, quality assurance manager, clinical lead and the deputy manager.

We looked at 9 care records and a random selection of medicines administration records. We also looked at staff recruitment files and systems in place to assess and monitor the quality of the service delivery. We used all this information to plan our inspection.

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. The rating for this key question has remained 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.

Using medicines safely

- People were supported by trained staff to take their prescribed medicines. However, staff were not always provided with enough information to manage medicines safely.
- Written protocols for the safe use of 'when required' medicines did not always provide staff with enough information to ensure these medicines were managed safely. For example, 1 record showed the person had been prescribed creams, but staff had not been provided with written information about where the creams should be applied. The lack of relevant information placed the person at potential risk. We did not find any evidence of the person's skin integrity being affected.
- Records showed 1 person received their 'when required' medicine on a regular basis. However, there was no evidence this information had been shared with the GP for the status of this medicine to be reviewed to find out whether it should be prescribed to be taken daily.
- One person was prescribed a medicine to be administered when required. However, the written protocol in place did not tell staff when to administer this medicine. There was no information in the care plan or risk assessment regarding the importance of 'time specific' medicines. These medicines are required to be administered at the same time each day. This placed the person at risk of not receiving their treatment as prescribed.
- Since our inspection visit the deputy manager informed us action has been taken to ensure staff have access to information relating to the safe management of 'when required' medicines. They have also told us they implemented systems to monitor the use of these medicines.
- Staff responsible for the administration of medicines had received training and competency assessments were carried out to ensure their practices were safe. However, training records did not provide evidence that the person who carried out these assessments were skilled to do so.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of harm.
- Call times were not conducive in meeting 1 person's needs. There was 8 hours between the morning call and lunch time where the person would not receive support with their meals. Due to the person's health condition this placed them at risk. The care plan did not provide staff with relevant information about the person's health condition, or the importance of suitable and regular meals was not identified in the eating and drinking section of the care plan. At the time of the inspection we did not find any evidence these shortfalls had an impact on the person.
- People were involved in developing their risk assessment. We observed risk assessments were in place

with regards to the safety of equipment in use such as bedrails. Risk assessments were also in place for nutrition, where the person was at risk of choking and people's home environment amongst others.

- Personal emergency evacuation plans were in place and this provided staff with detailed information relating to the support the individual would require to leave their home in an emergency.
- Staff told us they had received training with regards to risk management and the records evidenced this.

Staffing and recruitment

- People were supported by sufficient numbers of skilled staff.
- We were informed about the shortage of staff and the need to use agency staff. Office staff had received relevant training to enable them to undertake care calls when needed. This meant people's care needs continued to be met.
- People raised concerns agency staff do not always wear a uniform or present an identification badge. This placed people at risk of unauthorised people accessing their home. We have shared these concerns with the registered manager. Since our inspection visit the deputy manager told us they have addressed this with the agency.
- Staff recruitment was on-going, and the provider used various outlets for advertising.
- People were assured staff were suitable to work with them. Appropriate recruitment safety checks were carried out. These included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe.
- Staff used personal protective equipment (PPE) effectively and safely. People told us staff always wore appropriate PPE when entering their home.
- Staff told us they had received infection prevention and control training and training records evidenced this.

Systems and processes to safeguard people from the risk of abuse

- People could be assured they would be safeguarded from the risk of potential abuse.
- People told us they felt safe receiving a service and if they had any concerns, they would feel confident to share this with staff. One person told us, "The staff are some of the nicest, most friendly and pleasant people I could ever wish for." Another person said, "They [staff] are very good to me." Another person told us, "My relative feels very safe with staff."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The provider worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Records were maintained of safeguarding referrals made by the provider, this also provided information about action taken to safeguard the individual.

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, whether appropriate legal authorisation were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had obtained evidence where people had a court of protection order in place. This ensured staff were aware of who had legal rights to make decisions on the person's behalf and any restrictions in place.

Learning lessons when things go wrong

- Where concerns had been identified regarding the quality of service delivery to 1 person, action was taken to ensure staff were appropriately trained. Care tasks required to be carried out by staff had been reviewed and updated, so staff had a clear understanding of their responsibility.
- Accidents and incidents were recorded and showed what action were taken to reduce a reoccurrence.

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. The rating for this key question has remained 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.

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

- The provider has obtained a rating of requires improvement 3 times for this key question. We found enough action had not been taken to increase the rating.
- Monitoring systems were ineffective to ensure staff had access to sufficient information regarding the safe use of 'when required' medicines.
- Monitoring systems did not identify where a person had a specific health condition, the lack of written information to support staff's understanding about how to safely care and support them.
- The registered provider delivered a service to people with alcohol and substance misuse. However, this was not identified on their service user band. They also delivered a service to people with a learning disability, but this was not identified in their statement of purpose.
- Records showed a number of people did not have an up to date review regarding their care needs and people also raised concerns about this. The quality assurance manager told us action would be taken to carry out reviews to ensure people received the appropriate care and support.

The provider's governance was ineffective and not robust to improve the quality of the service delivery and this is a breach of regulation 17, Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider sought feedback from people and those important to them and used the feedback to develop the service. One person told us, "We had a meeting the other day and a call last week." Spot checks were routinely carried out to ensure staff were fulfilling their role effectively. People told us during spot checks they would be asked if they had any concerns and whether they were happy with the service they received. One person told us, "We get a call every so often to make sure that my relative is happy with the care."

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

- Quality assurance questionnaires showed people were unaware of who the registered manager was, and this was also identified when talking with them. However, both people who used the service and staff told us the office staff were approachable and supportive.

- There was no evidence managers promoted equality and diversity in all aspects of the running of the service. We shared this concern with the quality manager, as people may not feel confident to talk about their experience with regards to equality and diversity which could compromise the service they receive.

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

- People who use the service and staff were involved in developing the service.
- Staff had not received any training relating to other ethnic groups in relation to skin, hair care or health conditions specific to certain ethnic groups. This could compromise the quality of care and support provided to people.
- Staff had access to supervision to support them in their daily role and to identify any training needs.

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 not actively involved in the facilitation of the inspection. However, the quality assurance manager demonstrated a good understanding of the duty of candour.

Working in partnership with others

- The service worked in partnership with other health and social care organisations in providing a service. These included district nurses, social workers, mental health team and the high intensive team.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance was ineffective to improve the quality of the service delivery. Monitoring systems were not robust to ensure the safe management of medicines or that staff had access to relevant information relating to people's care needs. Timely assessments of people's care needs were not carried out. The governance was not robust to improve the overall rating for the service.</p>