

Truly Care Services Ltd

221 Eakring Road

Inspection report

221 Eakring Road
Mansfield
Nottinghamshire
NG18 3DS

Tel: 07411209316

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27 September 2019

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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: This service provides care and support to people living in their own homes within the community. The service specialises in supporting people with their end of life care needs. At the time of the inspection there were five people using the service.

People's experience of using this service: Staff were motivated to provide person-centred care based on people's choices, preferences and likes.

People were well supported to do the things they wanted to in the way they wanted. Staff dedication was praised by relatives.

People were safe from harm because the provider had systems in place to manage safeguarding concerns and staff were appropriately trained in this area. Risks were managed safely. Sufficient numbers of staff were employed so that people's needs were met. People did not require support with their medicine but the service was able to offer this if needed. People were supported to keep their homes clean and staff followed good food hygiene practice.

Staff were trained, skilled and well supported by the management team to do their job. We saw people had good relationships with the staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records captured and reflected people's current needs. Records of peoples and relatives feedback showed us staff were kind and caring. People's privacy and dignity were respected. Staff promoted people's independence in all aspects of their life. No complaints or concerns had been received in the last 12 months.

The service was positive, inclusive and forward-looking. There was a registered manager in charge of day to day operations, who was in regular contact with staff and people. Regular quality audits were completed by the newly recruited operational manager.

Rating at last inspection: This was the first inspection for this service.

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?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a 'domiciliary care agency' providing care to people in their own homes. At the time of inspection, the service supported five people.

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: We gave the service 48 hours' notice of the inspection because we wanted to make sure someone was available to speak with us.

We visited the registered office on 20 September 2019 and made phone calls to people receiving a service and their relatives on 25 September 2019.

What we did before the inspection: Information had been gathered before the inspection from notifications sent to us. Notifications are used to inform us about certain changes, events or incidents that occur. We received feedback from local authorities that contracted services and reviewed other information from people who made their views known to us.

The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with the registered manager and two staff. We looked at care files belonging to four people who used the service and recruitment files including training records for three staff.

We viewed records and documentation relating to the running and monitoring of the service. We spoke with one person using the service and four relatives. Due to the nature of the service some people received care and support in the end of their life, we did not seek their views or their relatives. We did however review feedback sheets, review meetings, communication sheets, compliments and complaints to gain feedback from people.

After the inspection: We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals who worked with the service.

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 Good.

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

Systems and processes to safeguard people from the risk of abuse

- We spoke with relatives and people using the service who confirmed their family members were always supported safely. A relative said, "Staff always put my [family member's] safety first and make sure [family member] is always supported safely." ☐ ☐ ☐ ☐
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager. ☐ ☐ ☐ ☐
- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Assessing risk, safety monitoring and management ☐ ☐

- People were protected from risks associated with their care and support.
- Risk assessments had been completed and reviewed for each person's level of risk, examples included when people needed support to move from one room to another in their house. ☐
- Records and people's care files contained signed consent that confirmed people or their representative had been involved in creating risk assessments. One relative told us, "I don't think I could manage at home without them."

Staffing and recruitment ☐ ☐ ☐ ☐ ☐ ☐ ☐

- We checked the recruitment files of four staff members and safe recruitment and selection processes were followed. ☐ ☐ ☐
- Relatives and people who received support confirmed there were always sufficient staff to meet their needs.
- The provider had arrangements to cover unplanned staff absence.
- Relatives told us the whole staff team were reliable and had never experienced any missed calls. The registered manager told us she would cover when needed. One relative said, "I don't need to contact the office because they always turn up!"

Using medicines safely

- People did not require support with their medicines. If this was needed staff were trained to offer this support. ☐
- Staff had medication training as part of their induction and some staff had had their competency assessed. Other staff would be assessed when people required support with their medicines.
- The service had clear guidelines for staff to follow if people required medicines that were as and when

required. □□□□

- Regular medicine audits had been completed.

Preventing and controlling infection□□□□□□

- Policies and practices in the service ensured people were protected by the prevention and control of infection. □□□□□□□
- Staff had received food and hygiene training to ensure people would be protected from the risks of infections from poorly prepared meals.□□
- Staff had access to personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong□□□□□□

- People and relatives told us they were very satisfied with the service offered and nothing had ever gone wrong. No calls had been missed and people were supported by staff they knew. □
- Staff and management met regularly to discuss all areas of care delivery to make sure the service continued to offer safe care.

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 Good.

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

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

- People had a comprehensive assessment of their needs carried out.
- People's rights were respected. People with diverse needs were supported in a way that made sure they were not discriminated against. One relative told us, "[Family member] was offered the preference of male or female [carer]."
- People's environment was assessed and reviewed where necessary to ensure it was safe for staff to carry out caring tasks.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed relevant training and gained qualifications to carry out their roles. One relative said, "Staff have been trained very professionally and we are very satisfied with their care."
- Records confirmed staff had received all the training required to carry out their role.
- Staff completed a training induction, regular training updates, supervision and an annual check of their performance.

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

- People lived with their families and meal planning and preparation was done as a family. Staff did not prepare any meals for people.
- People's food and fluid intake was monitored. Professional advice was requested, when necessary.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff worked well with other agencies, health care professionals and social service officers. People were supported with improving their home environments to keep them safe and independent.
- In line with Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) good practice, discussions with professionals had been around logged around people's changing needs. This process is intended to respect people's preferences and clinical judgements.

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

- Staff supported and encouraged people to maintain healthy lifestyles and attend health appointments.
- Staff ensured people received the health care they required and the correct treatment arranged by their GP.

- Services of healthcare professionals were accessed as required; staff maintained good working relationships with healthcare professionals for the benefit of people they supported. A relative told us, "They [the service] are in touch with social services and palliative care in supporting [family member's] care."

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- 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. The service worked within the principles of the MCA when people received care and treatment in their own home.

- The registered manager confirmed people would only be restricted with their liberty to make sure they were safe, following 'best interest' decisions made by the person's representative and a multi-disciplinary team of professionals.

- The registered manager and staff had a good understanding of the MCA. At the point of inspection no one had been referred to the Court of Protection.

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.

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. Due to the nature of the service specialising in end of life care, we were unable to speak with some people or their families

- People received the care and support they needed from caring staff. Daily records documented people's responses and family communication. These showed positive and caring working environments. One relative said, "They're [staff] first class and go above and beyond their jobs." The same person commented a staff member when off duty would regularly visit their family member when they were in hospital.
- Staff had taken time to get to know people and their preferences or wishes. This included learning to understand people's life histories and diagnoses they had received. It helped staff to effectively engage and interact with people to maintain their abilities and lifestyles.
- The registered manager had received many complimentary comments about the positivity and friendliness of staff and their dedication to understanding people. Some included, "They helped us in our time of crisis and were fantastic.", "Thank you so much for all your hard work."
- Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people. For example, one family whose faith and culture were important to them asked staff if they could join them in prayer and staff were happy to support with this.

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

- People and their families led the way in how they wanted their care and support delivered. They made choices about bath times and pastimes.
- People expressed their likes or dislikes in their support documentation and staff respected these.

Respecting and promoting people's privacy, dignity and independence.

- People's privacy and dignity was respected. People were encouraged to receive support, especially personal care in the privacy of their bedroom or the bathroom. For example, support plans documented to close doors and curtains and cover intimate areas during times of personal care. One person told us, "Staff always respected their privacy and dignity [when receiving care]."
- People's relatives confirmed people were encouraged to be as independent as possible and their privacy and dignity were maintained. Families acknowledged this was often difficult due to people requiring end of life support.

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.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Support plans contained the required information to support people in a person-centred way. Support plans were devised with input from people and relatives and based on people's lives, goals, skills, abilities and how they or their relatives preferred to manage their health.
- Staff had the skills to meet, as well as an understanding of people's social and cultural needs, diverse values and beliefs. The provider actively sought feedback from relatives of people who used the service; this showed staff responded well to meeting people's mental and physical disability needs. They said staff had good knowledge of people's diagnoses and specific behaviour.
- People and relatives helped complete planning tools to reflect what was important to them. This made vital information clear to staff to engage with people effectively.
- Staff were determined and dedicated to providing a highly responsive service. Staff told us, and we saw documentation to show staff responded to people's changing needs.

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.

- The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives information they needed in a format they required. Some documentation was printed in a larger font to aid people with their reading.

Improving care quality in response to complaints or concerns.

- People and relatives told us they had never needed to complain but if they had any concerns they would contact the registered manager. One person confirmed this and said they had, "No complaints at all they [staff] support me in the best way possible, by helping me stay in my own home."
- The registered manager informed us of the action they would take following a complaint if they did receive one.
- People, and particularly their relatives knew how to feedback to the registered manager about their experiences of care and the service provided a range of accessible ways to do this. Records showed, regular telephone conversations with relatives. Copies of complaint procedures and complaints form to complete in their documentation in their homes was provided in people's service user guide.

End of life care and support.

- This service supported people on or nearing end of life care. People were sensitively supported and provided with the equipment, medical intervention and medication they needed for a peaceful death.
- End of life protocols were present and a support plan directing staff about the person's last wishes.

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 Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff demonstrated a commitment to provide high quality, person-centred care through the culture they created among the workforce. People and relatives told us staff were professional and trusted.
- Staff were signed up to the service's culture and demonstrated the values through the support they gave to people. One relative spoke about the overall service and said, "I can't complain at all, they're all absolutely brilliant. They're like a second family."
- People and their relatives were fully involved in discussions about their care.
- One person said, "The [registered manager] is very responsive to my calls...answers straightaway or will return my call if she's busy."
- We saw satisfaction surveys completed by staff, families and service users.

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

- Quality assurance processes were effective. Regular audits of care records and staff files took place.
- Staff were clear about their roles, having been given information on induction and through training. They were introduced to people who used the service while shadowing other staff members.
- The registered manager was aware of their registration requirements. They had informed appropriate agencies and organisations of events that happened at the service.

Continuous learning and improving care.

- The service was quality assessed using an internal quality audit tool. Internal audits showed the service consistently achieved its targets. An action plan was produced to address any shortfalls.
- The provider had introduced a new live electronic data management system. The registered manager explained this would enable a move to a secure paperless recording system which could be accessed by management at any time.

Working in partnership with others.

- The staff and management worked well with the Clinical Commissioning Group and palliative care nurses as well as other health and social care professionals. One professional spoke positively about the service

and said, "They're a very professional and knowledgeable care provider."

- The registered manager attended meetings at the local provider network forums where shared learning and best practice could be discussed.