

True Quality Services Ltd

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Inspection report

True Quality Services Ltd
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Website: www.truequalityservices.co.uk

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

The inspection took place on 12 January 2017 and was announced. This was the first inspection of this service following its registration with us in October 2015.

True Quality Services Ltd is registered to provide personal care to people in their own homes. At the time of our inspection the service supported one person who had physical disabilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff knew how to keep the person they supported safe. There were processes to minimise risks to the person's and staff safety. Care staff understood how to protect people from the risk of abuse and how to report any concerns. The suitability and character of staff was checked during the recruitment process to make sure they were suitable to work with the person who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA) and the person's consent was sought prior to any care being provided.

There were enough staff to support the person. A relative told us staff demonstrated a kind and caring attitude toward the person they supported.

Staff received an induction when they started working for the service and completed training to support them in meeting the person's needs effectively. Staff knew the person well and knew how to respond to the person's needs. Information about the person and assessed risks was available for staff to refer to in the person's care plan.

No complaints had been raised with the service, however the person and their relatives knew how to raise concerns or make a complaint if needed.

Staff felt supported by the registered manager and they were able to contact them at any time. There were systems to monitor and review the quality of service people received and understand the experiences of people who used the service. This was through regular communication with the person and their relatives, annual quality surveys and audits undertaken at the service.

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.

Staff understood their responsibilities to protect the person they supported from the risk of abuse. The registered manager understood their responsibilities to report any concerns about the person's safety and to minimise risks to the person. There was enough staff so that the person received support at the agreed times.

Is the service effective?

Good ●

The service was effective.

Staff were trained and knew the person they supported well so that they could effectively meet their individual needs. The registered manager understood their responsibilities in relation to the Mental Capacity Act 2005 and worked within the principles of this Act. The registered manager understood and worked within the remit of the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. Staff knew how to show respect and promote privacy and dignity to the person they supported.

Is the service responsive?

Good ●

The service was responsive.

The person and their relatives were involved in planning care and support with staff. Care plan information was detailed, personalised and contained information to enable staff to work with the person in the way they preferred.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported by the registered manager and given the information they needed. The provider had systems and

processes to monitor the quality of the service provided to people and took action where improvement was needed.

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Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 12 January 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection was carried out by one inspector.

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 improvements they plan to make.

We reviewed the information we held about the service. We reviewed statutory notifications sent to us from the provider. A statutory notification is information about important events which the provider is required to send us by law.

At the time of our inspection visit there was only one care worker employed by the service. We contacted them and one person's relative by telephone following our inspection visit. This was to obtain staff experiences of working for the service. A relative told us about their experiences of the services provided to their family member, because their relation was unable to talk with us themselves.

We also spoke with the registered manager and reviewed one person's care plan to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support this person required. We looked at other records related to this person's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

A relative told us they felt their family member was safe when supported by staff who knew them well. They said, "My relative is very safe, I know I can trust them (staff) to care for them properly."

The registered manager and care worker understood their responsibilities to keep people safe and protect them from harm. The care worker told us, "I have done safeguarding training, it included information about the different types of abuse." The care worker and the registered manager both had a good understanding of what constituted abusive behaviour and their responsibilities to report this to local safeguarding authorities.

Risks were assessed and actions to minimise risks of harm or injury to the person or others were recorded and staff knew what these were. The care worker was able to tell us about the risks to this person. For example, they explained that the person used a wheelchair and when transferring from this used a sliding sheet. This corresponded with the information recorded in the person's care file.

Recruitment procedures made sure, as far as possible, that care staff were of good character to work with the person who used the service. All staff had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. The care worker told us "I am waiting for my references to come through so I am not yet delivering care. I have had my DBS check." Records confirmed necessary employment checks were completed before staff started work.

Care was provided at the agreed times. A relative told us "There are enough staff. They are always here on time and stay for as long as we need them. They've never missed a call." The registered manager told us "We have enough staff and we will recruit further if we get more customers."

The registered manager told us the person they supported did not need assistance with medicines, however staff were trained in how to administer medicines safely. They went on to explain that if they were to support a person with their medicine, each staff member's training would be reviewed and their competencies would be checked regularly to ensure that medicines were being administered safely. The registered manager told us that if they were to begin administering medicines, a system of checks would be in place which would include completing monthly audits of Medicine Administration Records (MAR) charts.

Is the service effective?

Our findings

We asked a relative if they thought staff had the skills they needed for their roles. They told us "Yes, they (staff) manage very well. They (staff) know how to look after [name]." They went on to explain that before their family member began to be supported by the service the registered manager had visited them to complete an assessment. This enabled the person to give details of what care they wanted and for the registered manager to ensure that they had the correct training and knowledge to provide this support.

A care worker told us "I have done lots of training, it is very useful." They went on to explain training had included moving and handling training and infection control. The care worker explained that although they had recently been employed by the service, they had worked as a care worker for a number of years and they found the training was a good refresher as it was "important to keep up to date with current practice." The care worker told us that although they were not yet delivering care, they had spent time 'shadowing' (working alongside) the registered manager to enable them to meet the person they supported and understand how they preferred to receive care.

The registered manager told us each member of staff was expected to complete the Care Certificate during their induction. The Care Certificate is a nationally recognised qualification that helps new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. In order to provide on-going support, the registered manager told us they had arranged for the care worker to have regular supervision meetings and observations to check their competencies.

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. Staff worked within the principles of the Act, and knew they needed to gain people's consent before supporting them. A relative told us "They (staff) always ask [Name] what they want, how they want it and when they want it." A care worker told us, "I have had training about the MCA. If I was supporting someone who did not have capacity to make a decision I would act in their best interest if a decision had to be made immediately. Otherwise I would meet with their family and health professionals and find out if they had any advanced decisions."

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 Deprivation of Liberty Safeguards (DoLS). The registered manager informed us the person did not have a community DoLS in place and was able to make their own decisions about leaving the house.

The registered manager told us they did not prepare food or drink for the person in their home, however if the person requested support they would help them.

The registered manager told us if they identified any changes in the person's health they would inform them and suggest they contact a healthcare professional, for example their GP. They went on to say they would support them with this if requested. Care records showed staff regularly communicated with the district nurse. The care provided by the district nurse was documented in the care records and the registered manager explained this helped to provide "joined up care" for the person.

Is the service caring?

Our findings

A relative told us, "They (staff) know [Name] very well. They are very caring, they are always kind to us." The registered manager explained they provided a caring service by taking time to get to know the person they supported and understanding how they wanted the support provided. . The registered manager told us that it was important for staff not to "take over" tasks that a person was able to do for themselves and instead they "reassure and encourage a person to do things to keep their independence."

A relative told us their family member was "fully involved" in making decisions about their care. They went on to say "Nothing is done without their agreement, we have a copy of the support plan and can ask for any changes." The registered manager told us it was very important to them that people were involved in their care, they said "Communication is so important. We are there to help them and we are in their houses, we have to respect that and listen to what they are telling us. If they say they want their care differently one day then we will do it in the way they have asked."

A relative told us, "Personal care is always done privately." Both the registered manager and care worker gave us examples of how they maintained the person's privacy and dignity. The registered manager said, "When we support [Name] with personal care, I will close the door to maintain their privacy and ask them what support they want. It's important to make sure they're comfortable."

Staff understood the importance of maintaining confidentiality and said they would only discuss personal information with those people authorised to share it with. Care records kept at the office were secure and were only accessible to staff authorised by the registered manager.

Is the service responsive?

Our findings

A relative told us their family member contributed to the assessment and planning of their care. A copy of the person's care plan was kept at the office and was detailed and personalised to them. The care plan contained details about how the person wanted to receive their care as well as their preferences of activities they wanted care workers to support them with.

The registered manager told us, "I make sure care is person centred. The person is involved in their care plan or a relative if they don't have capacity. Care must be holistic and we will involve other health professionals to gain advice to make sure we are providing care appropriate to their needs."

The registered manager told us the person they supported was able to communicate verbally, however if they were to support a person who could not communicate this way, they would work with family to understand what communication methods the person used and these would be recorded in the support plan.

A relative told us they were able to contact the registered manager "at any time" and that their family member was regularly asked for their feedback on the service. They went on to say they were aware of how to make a complaint but had not needed to; "[Name] is happy so I'm happy. I have nothing to complain about."

The service had not received any complaints and a quality assurance questionnaire provided positive feedback about the care provided. A comment on the questionnaire said, "Nothing needs to be changed as I am happy with the care by the staff."

Is the service well-led?

Our findings

The relative we spoke with knew who the registered manager and care coordinator were and how to contact them whenever needed. The care worker told us they felt supported by their manager, they said "[Name] is very approachable and flexible. If there is any information I want [Name] gets back to me very quickly." They went on to tell us they thought the service was well led and that they would feel confident raising any concerns with the registered manager or provider. The care worker told us they knew how to whistle blow and the registered manager had details of organisations to contact in their office. Whistleblowing is when a person who works for an organisation raises concerns about wrong doing in their workplace. We saw a poster was displayed which included details of how to contact CQC.

Systems were in place to monitor the quality of the service and included asking the person, their relatives, staff and visiting healthcare professionals about their experience of the service. The provider sent us copies of the most recent quality audit that was completed. During this audit it was identified that daily case notes would benefit from being more detailed. Records we saw showed that following this feedback daily notes contained more details. The registered manager told us they had introduced training about record keeping for all staff to complete during induction, and care files would continue to be audited to ensure the information recorded had sufficient detail.

A system was in place to record accidents and incidents, however there had been no accidents or incidents at the time of our inspection visit. The registered manager told us that because there was only one person using the service, these would be analysed on an individual basis and any actions to reduce risk or reoccurrence would be taken straight away.

The registered manager understood their responsibilities to CQC and what events they had to notify us of. The registered manager had completed a provider information return prior to our inspection and the information they included reflected what we saw during our inspection visit.