

In Communities Limited

Trustcare

Inspection report

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28 February 2018

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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

This inspection took place on 22 February 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available. This was the first inspection of the service since re-registration with the Care Quality Commission (CQC).

Trustcare is a mobile response service delivered on behalf of Bradford Metropolitan District Council. Trustcare offers a 24 hour, 7 days a week, 365 days a year monitoring and emergency response service to elderly and vulnerable customers; enabling them to live independently and securely in their own homes. In the event of an emergency call raised from a person's home a mobile response team is sent to provide immediate assistance. Trustcare vehicles are equipped with specialist falls equipment to assist customers who have fallen if they are not injured.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

People and relatives spoke highly of the personalised service provided by the Trustcare team of care staff. They said staff arrived on time and stayed the full length of the call. They described staff as wonderful, brilliant, caring and gentle. They said staff were patient and didn't rush, giving them time to do things at their own pace. People's privacy and dignity was respected.

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.

The staff look at the care records completed by other care providers and don't visit people on a regular basis. Risk assessments showed any identified risks had been assessed.

People we spoke with raised no concerns but knew the processes to follow if they had any complaints and were confident these would be dealt with.

Staff told us the induction and shadowing process was thorough and prepared them for their roles. We saw staff received the training and support they required to meet people's needs. Staff had a good understanding of safeguarding.

People, relatives and staff praised the service. They told us communication was good. We saw systems were in place to monitor the quality of service delivery

People, relatives and staff all said they would recommend the service to other people.

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 recruitment processes were robust. There were enough staff to ensure people received their calls on time and for the correct duration.

Staff always worked in pairs which contributed to their safety when working with people.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed.

Is the service effective?

Good 

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare needs were met.

Is the service caring?

Good 

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good 

The service was responsive.

People received a good amount of care and support. Staff told us they were not rushed and always completed all care tasks.

A complaints procedure was in place and people knew how to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to assess, monitor and improve the quality of the service.

The registered manager provided strong and effective leadership and promoted an open and inclusive culture.

Staff said they enjoyed working at the service and they received good support from the management team.

Trustcare

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.

We visited the provider's offices on 22 February 2018 and made phone calls to people, relatives, staff and health professionals between the 22 and 28 February 2018. The inspection was announced. The provider was given a short amount of notice because the location provides a domiciliary care service and we needed to be sure that the manager was available.

The inspection was carried out by an inspector and an inspection manager. An expert by experience made telephone contact with people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the visit to the provider's office we looked at the care records of four people who used the service, staff recruitment files as well as training records and other records relating to the day to day running of the service. We spoke with the registered manager, team leader and three support workers.

During and after the visit to the provider's offices we carried out telephone interviews with eight people who used the service and three relatives. We spoke with seven care workers both over the telephone and in person.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered manager had sent us. We also contacted the Local Authority Commissioning Unit.

We also asked the provider to complete 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. The registered provider returned the PIR in a timely manner.

Is the service safe?

Our findings

People said they felt safe and secure in the company of staff. One person said "They are smashing, they are kind and talk to you and make you feel secure." People said they had no concerns with any of the staff that delivered care and support.

Trustcare had a wide range of policies and procedures in place to support their staff and management and to keep service users safe. These include Safeguarding, Health & Safety, Dignity & Respect, Employee Code of Conduct, Equality & Diversity, Professional Boundaries, Whistle blowing, Recruitment and Selection, Infection control, work based risk assessments and procedures.

Staff had received training in safeguarding and understood how to identify and report concerns. Safeguarding was discussed with staff during their supervision to provide opportunities for staff to raise any concerns. We saw appropriate referral had been made to the local authority adult protection unit over safeguarding matters and incidents had been fully investigated.

Information about safeguarding is also provided to people who used the service and as part of a larger organisation, Trustcare has a number of Safeguarding Alerting Managers that teams/staff can raise alerts to. The registered manager was unaware of the need to notify CQC of some safeguarding incidents and had therefore failed to do so.

Risks to people's health and safety were assessed by Trustcare staff once they arrived at the person's home. Direct risk assessments would be undertaken through identifying situations for risk through reading the risk assessments and care plans of other agencies involved with the person. If it was indicated that the person was at risk of falls, it was reported that all Trustcare vehicles are currently fitted with specialist falls equipment to help staff to assist persons that had fallen; if they were not injured.

Incidents and accidents were recorded and investigated by the service. There had been a low number of incidents with no concerning themes or trends. Staff had received training in 'handling emergencies' which covered what to do if there was a building or medical emergency or no response when they arrived at a home.

Staff we spoke with said they were well supported by management in an emergency. They said it was easy to get in touch with a member of the management team if required, including outside of normal office working hours.

Effective infection control procedures were in place. Staff were kept supplied with personal protective equipment such as gloves, aprons and hand sanitiser.

The registered manager told us staff were deployed in pairs and staff rota looked at showed this. There were enough staff deployed to ensure safe and prompt care. People told us staff were reliable, arrived on time and they didn't feel rushed. People said calls were never missed. Staff stayed with people until they were

safe and no longer needed them and they didn't feel pressured to complete tasks.

We saw recruitment was safely managed to ensure staff were suitable to work with vulnerable adults. Records showed all the required checks were carried out before new staff started work. This included two written references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency which holds information about people who may be barred from working with vulnerable people. DBS checks help employers make safer recruitment decisions. Staff DBS checks are verified every three years.

The provider had a policy that they did not give medicines. Staff could only prompt people to take their medication if required. This was confirmed with discussions with staff spoken with.

All mechanical equipment used to aid delivery of the service is serviced and maintained to ensure it is safe and teams receive bespoke training on the use of all equipment. Procedures, training and risk assessments for the non-injury falls service have been developed in conjunction with Yorkshire Ambulance Personnel, District Nursing Services and moving and handling specialists. Teams regularly participate in District Nursing training events to demonstrate their use of equipment and lifting techniques and the management team attend regular Falls Links events where health and social care professionals discuss a wide range of issues linked to reducing falls.

Is the service effective?

Our findings

People and relatives all spoke positively about the staff that supported them and described them as 'excellent' or 'good.' One person said, "They all know what they are doing." A relative said, "They are experienced and know what to do." Staff we spoke with had a good understanding of the topics and people we asked them about which gave us assurance staff had the necessary skills and knowledge to undertake their role.

The majority of calls attended by Trustcare teams are for non-injury falls, personal care or reassurance. Trustcare is a mobile response service delivered on behalf of Bradford Metropolitan District Council (BMDC) to service users with Telecare. Generally Telecare is provided to a 55 year plus age group. Service users choose when to activate their Telecare equipment and their calls are triaged by the BMDC's Monitoring Centre. People are given a choice of who they would like to respond to their call: Next of kin, family and/or friends, GP, Ambulance or Trustcare. If the person selects Trustcare the team reaches the person within 60 minutes of receiving the call. People will be asked by the attending team what they need and together they agree how this service will be provided.

The attending Trustcare team checks any care plans and risk assessments provided by other supporting services and updates that team/service with details of their visit. Before leaving the person, the team will discuss any further support needs the person may have and offer to make appropriate referrals if required. For example, if there are issues around mobility, the team; with the consent of the person would complete a District Nurse referral; which is emailed to NHS Single Point Access and entered onto SystmOne; the clinical computer system used by healthcare professionals; via an agreed pathway. A district nurse is required to telephone the person using the service within 48 hours of the Trustcare visit and complete a full falls assessment within five working days.

There was a low turnover of staff which meant staff built up extensive knowledge and experience in their role. Trustcare staff received on-going training including eLearning and formal taught sessions with training providers. New staff received a local induction to the services policies and procedures and shadowed experience care staff for a period of time depending on their experience and training needs. We asked the registered manager about plans they had in place to ensure training was kept up to date and refreshed at regular intervals to help ensure staff remained effective in their roles. The registered manager showed us dates of planned training staff were booked on for refresher courses.

Staff received observations of their practice (spot checks) to make sure they were providing safe care and support. For example, whether they moved people safely and dependent on the outcome, any identified difficulty was fed into their training needs. We found equality, diversity and human rights training was not up to date. The registered manager agreed to resolve this. Staff received regular supervision as well as an annual appraisal which provide opportunities for training and developmental needs to be discussed and performance to be reviewed. Staff said they felt supported by the service.

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. We checked whether the service was working within the principles of the MCA. The registered manager told us all the people they supported with personal care had the capacity to make day-to-day decisions themselves, sometimes with support and help from their relatives. Relatives told us they and their family member were consulted about all aspects of their care and support. The registered manager had a good understanding of the MCA and of their responsibilities under the Act. All staff had received training in the MCA.

People we spoke with told us how staff asked for their consent to care and support and how they offered them choice. One person said, "They always ask permission before doing anything." Another person told us, "I make my own choices."

People's nutritional needs were not met because this is an emergency call service and as such does not provide meals.

Trustcare monitor the number of personal care/falls crisis calls to people using the service and liaise with Adult Services to request a review of current care provision if appropriate. The team leave a "next step" card with the person which outlines the details of any agreed referrals along with Trustcare's contact telephone number should the person using the service wish to discuss anything further.

Trustcare mobile response is accredited and approved by the Telecare Services Association and is inspected annually to ensure the service meets the requirements. Trustcare were also involved and have ongoing participation in a falls links group attended by professionals from the NHS and Local Authorities to develop/improve practice/services.

Is the service caring?

Our findings

Without exception, people and relatives said staff delivering care and support had a kind and caring nature, excellent personal attributes and treated them well with a high level of dignity and respect. One person said, "I rely on them completely and I am very delighted with them, very caring." Another person said, "Absolutely reliable, rest assured they will do anything for you."

In the PIR the provider told us, 'All staff are trained in effective communication and have skills in non-verbal and verbal communication.' One staff spoken with told us "There have being time when we have visited people and they have been able to speak we would look at their body language to ascertain the help they need."

Staff and the registered manager demonstrated a passion for providing people with high quality and personalised care.

Staff we spoke with demonstrated a strong person centred approach to care. A staff member told us; "We look after people like we would a family member."

Trustcare teams are called when people request some form of help/assistance via the Telecare device installed in their property. Trustcare may be asked to visit a person for a wide variety of reasons, which could include assistance with a non-injury fall, a need for personal care or reassurance. As every call/event is unplanned, it is the case that the assessment of the care which is required at the time of the visit will be guided by the person in response to their needs and wishes along with any risk assessments identified in a care plan if one is available at the service user's property.

Staff are very aware that they may be helping a person who is distressed or anxious and staff understand the importance of reassuring the person that they are safe and will be listened to and treated with respect.

Staff told us they loved their jobs and were proud of the personalised care and support they were able to provide to people. They said they would recommend the service as a place to work and would be happy for a loved one to receive support from the service. One staff member said, "We don't have to rush and can do things properly. I'd have no hesitation in recommending it."

Is the service responsive?

Our findings

Whilst many people may have a care plan in place for regular visiting domiciliary care agencies, which will provide useful information on specific areas of care and risk; the care and/or support that is delivered by Trustcare is driven by the needs of the person at the time of each response visit.

The registered manager told us on entering people's homes the person is asked to provide information in relation to their needs and preferences. This is captured on an individual needs form and entered onto the Trustcare data base. Information requested includes preferred language, communication difficulties, any special instructions for their care, medical information, pets in property and next of kin contact details. People are asked to update this form on an annual basis to ensure it is up to date. This provides the Trustcare teams with a base line understanding of the person's needs and preferences before they arrive at the person's property; however the teams will always talk through the person's requirements at the beginning of every call ensuring the service provided is in line with the person's current needs and preferences and that the person gives consent.

The registered manager told us time spent with people who used the service is not limited as with many care packages and the Trustcare team will remain with the person for as long as is required.

Trustcare response teams provide a service to people from a wide range of backgrounds. The registered manager told us customer surveys were carried out after a response visit to help them understand the person's experience and how this can be improved upon. This information is collated and an action plan put in place.

We looked at what the service was doing to meet the Accessible Information Standard. The registered manager told us they had not yet attended training about the standard. However they confirmed all key policies and procedures could be produced in different languages and formats if required to meet an individual person's needs.

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. Staff we spoke with said they knew how to manage a complaint and felt confident management would listen and act on their concern. One staff member said, "I record all the information and would speak with my line manager." Another staff member said, "I would note it in the book and then inform my manager when I return to the office."

The registered manager told us issues arising from complaints are addressed and feedback is given to the complainant including what might change as a result of any investigation. Four complaints had been received since registration and had been taken seriously, investigated and actions taken as a result.

Qualitative and quantitative performance data for Trustcare; including complaints, response times and service improvements are published in the Trustcare annual report which is loaded onto their web site and also available in hard copy for service users, agencies and stakeholders if required.

The registered manager told us none of the people the staff currently supported were receiving end of life care.

Is the service well-led?

Our findings

The service had a registered manager and a team leader responsible for the development and day to day delivery of the mobile response service.

At the time of our inspection there was a registered manager in post. The registered manager was present during the inspection and assisted us throughout. They had good knowledge of the people who used the service and were able to answer all our questions.

All of the people we spoke with were very positive about the registered manager and other members of the office staff. They told us: "The manager is very good everything is fine "They are always very helpful and always get back to you, they take on board your views and work together"

We saw documents which showed the team leader often visited people who used the service and carried out spot checks to make sure staff were delivering the care and support people required. Staff spoken with also confirmed these monitoring visits.

Staff meetings took place and we saw minutes of these meetings. Staff we spoke with told us these meetings were used to inform staff of any changes or developments and also for staff to raise any issues or discuss suggestions they might have.

We saw the service used a range of quality monitoring tools to audit all aspects of safety and quality within the service. This included a manager's monthly report. We saw these audits were robust with issues identified added to the continuous improvement plan.

Audits included checks on care documentation, staff training, health and safety and a review of any accidents or incidents to identify any themes or patterns.

The registered manager was able to produce all the records we asked for and was able to direct us to the ones we wanted to look at.

All services that provide health and social care to people are required by law to notify CQC of important events that happen in the service. The registered manager was aware of this and had notify CQC of safeguarding issues which had been reported to the local authority safeguarding unit.

We saw questionnaires sent to people who used the service, their relatives and people involved with the service included a section for people to give ideas for improvements to the service.

Relatives we spoke with confirmed they had received these and we saw those returned to the service were very positive.

People we spoke with were unanimous in their praise of the service. They told us it was run efficiently and

several people told us they would recommend it to other people.

The service has established good working relationships with agencies involved in people's care and sharing good practice was continuously being developed. We saw records of meetings held with Yorkshire Ambulance, District Nursing and BMDC.