

Transparent Care Limited

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## Inspection report

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Date of inspection visit:

07 November 2017

09 November 2017

Date of publication:

28 December 2017

## 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 7 and 9 November 2017 and was announced. The service was registered on 8 September 2016; this was the first inspection of the service.

Transparent Care provides care and support to people living in supported living settings so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Transparent Care provides a service to adults who have a primary diagnosis of a learning disability to enable them to enjoy an independent life in their own home supported by the services Domiciliary Care Registration. Transparent Care support people in 10 supported living services which are in various areas of the country. We were able to visit one home which was local to us.

The service had 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.

Relatives we spoke with told us they felt their family member was safe and received good care. One relative told us, "The service is absolutely fantastic." Another comment we received was, "I can't fault the care [she] receives." Staff told us the service was good to work for. One member of staff said, "This is a brilliant organisation and is the first job in care that I have worked at that is relatively stress free."

Staff received training in safeguarding. They told us they would not hesitate to report any concerns they had. We were told that someone was always at the end of the phone if staff wanted to discuss anything.

Safe recruitment procedures were carried out. Files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction, training and supervision. Support was on-going and an essential part of continuing development. Staff told us if anyone needs specific support the training was provided. We saw examples of this in the training matrix. For example, sensory loss and vision training was completed by some staff that supported people with sensory loss.

Medicines were managed safely and charts for the administration of medicines were completed. However,

PRN protocols were not in place to direct staff. We have made a recommendation regarding this.

Complaints were taken seriously and relatives told us they knew how to make a complaint. An easy read format was available for people who needed this.

The service had effective monitoring systems in place to drive improvements and ensure the safety of people being supported. Personal emergency evacuation plans were in place in the event of an emergency such as a fire.

People had access to healthcare services to maintain good health. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

## 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.

Relatives told us their family member was safe and they knew who to contact if they had any concerns.

Sufficient staff were available to meet people's needs.

Safe recruitment checks were in place to ensure only suitable staff were appointed.

Good 

### Is the service effective?

The service was effective.

Staff acted in accordance with the Mental Capacity Act 2005.

Staff had knowledge and training to carry out their role effectively.

People had access to healthcare services to maintain good health.

Good 

### Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People's dignity was maintained at all times.

Relatives told us staff were kind and caring.

Good 

### Is the service responsive?

The service was responsive.

People received care and support in the way they preferred.

People knew how to make a complaint and had information in a

Good 

format they understood when they first joined the service.

Care plans were reviewed when necessary and when people's needs changed.

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**Is the service well-led?**

**Good** ●

The service was well led.

The management team inspired staff to provide high quality care.

Effective monitoring systems were in place to improve and monitor the quality of the service.

Relatives and staff told us the service was well managed.

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# Transparent Care Limited

## 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 7 and 9 November 2017 and was announced. This was the services first inspection.

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

The inspection was carried out by one inspector. Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had submitted a Provider Information Return (PIR). A PIR 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.

Due to communication difficulties we were only able to speak with one person who used the service. We visited them in their home. We used short observational framework for inspecting (SOFI) for the other person living in the same home. We spoke with five relatives by phone. In addition we spoke with the registered manager, the Chief Executive Officer, a manager of one of the supported living services, and three members of staff. We contacted health care professionals following our visit.

We looked at four recruitment files, four medicine charts, four care plans and records relating to the management of the service.

## Our findings

Transparent Care carried out comprehensive assessments prior to offering people a supported living service. From this information a plan of care was formulated stating individual needs and preferences on how people want to live their lives.

Safe recruitment procedures were carried out. Files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction, training and supervision. Support was on-going and an essential part of continuing development. Staff told us if anyone needs specific support the training was provided. We saw examples of this in the training matrix. For example, sensory loss and vision training was completed by some staff that supported people with sensory loss.

The provider did not use agency staff and we were told recruitment was on-going. We noted that telephone screening took place before candidates were able to proceed further. We heard one of the office team asking specific questions to a potential member of staff during our inspection. New members of staff received an induction and mandatory training which included safeguarding. Staff we spoke with told us they would not hesitate to report any concerns.

The service referred to risk management as 'positive enablement' seeing it as a 'can do' rather than 'can't do'. Risk assessments were carried out during the initial assessment which included moving and handling and environmental risk assessments. Care plans demonstrated identified risks were addressed and appropriate measures put in place. Where people required a specific risk assessment for their condition these were detailed and specific to each person. For example, we saw one person had diabetes and saw a comprehensive risk assessment was in place for staff to follow in the event of an emergency relating to their condition. The person received support from the district nurse to administer their insulin and to ensure their condition remained stable.

Medicines were managed safely, the medicine charts we saw were correctly signed and the correct codes used when medicines were not given. For example, when people were on social leave. However, we saw that 'as required' (PRN) medicines were not managed according to best practice guidance. We saw that a PRN protocol was not in place to guide staff. PRN medicine is administered when a person presents with a defined intermittent or short term condition, for example, not given as a regular daily dose or at a specific time. We discussed this with the registered manager and they said this is something they will address.

We recommend the service implements nationally recognised best practice guidance in relation to PRN

medicine management.

Personal Emergency Evacuation Plans PEEPs were in place in each supported living service. The aim of a PEEP is to provide people with any form of a disability, who cannot be adequately protected by the standard fire safety provisions within premises, with a similar level of safety from the effects of fire as all other occupants. We noted that each supported living service had an environmental risk assessment which included support needs in the event of a fire.

Accidents and incidents were responded to appropriately. We saw an example of a missed dose of medicine which was recorded and actions taken as appropriate. For example, informing the GP and significant others.

People's risk from infections was minimised because staff ensured they followed the correct procedures for infection control. Staff told us they were provided with personal protective equipment such as gloves and aprons to support people that are receiving a service.

## Our findings

We received positive comments about the skills and experience of staff. Comments included, "I can't fault the care [she] is having". "Staff are well trained and friendly." "I am very happy; [she] is more independent now." One relative told us how their family member looks forward to returning home after a weekend away. They said this was not the case where they lived before.

People were supported by staff that had access to a range of training to develop skills and knowledge they needed to meet people's needs. Staff received training in manual handling, safeguarding, medication, infection control, and other training specific to the needs of people they were supporting. For example, autism awareness, epilepsy, diabetes and sensory loss and vision. The service was in the process of developing a document called 'when I die' which was in an easy read format. This document was based around people's wishes during the end of life stage and explored specific areas that would be important to people and their families. This demonstrated the service was proactive in their approach and ensured the age range of people using the service did not have a barrier to end of life discussions.

We looked at the training matrix to confirm staff had received up to date training and we saw that when a member of staff required a refresher course this was highlighted. Staff told us the training was good and they felt they had the right skills and knowledge to ensure people received effective care. When staff first joined the service they had an induction for five days at the services head office, this was followed by classroom based training and shadowing an experienced member of staff. Spot checks were carried out by the registered manager to ensure staff were competent in their role. The registered manager told us, "I pop up at places."

Staff told us they had regular supervisions. Supervision and appraisals were used to develop and motivate staff. One member of staff said, "We know we can pick up the phone and [registered manager] is at the other end of the phone. Another member of staff said, "This is a brilliant organisation and is the first job in care that I have worked at that is relatively stress free." The chief executive officer told us, "We are available at all times and we like to operate on an open door policy."

Systems were in place to promote communication within the team. Relatives told us they were kept updated with any changes to their family members care. Software was being implemented across the organisation which meant that all managers and senior managers would be able to access all records from any location. Regular meetings with each person ensured they were in agreement with all aspects of care provided. There were clear communication links with all stakeholders.

Staff had good knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice to ensure people's human rights were respected. Staff told us they considered people's capacity in relation to their consent to care and support. We saw examples where people who did not have capacity were given the information in an accessible format, and where appropriate families were involved. Examples seen were when people moved from a care environment to a supported living service. Involvement with significant others had been sought to ensure the person's move was in their best interest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

This particular service required a different process which is not covered by the DoLS team. Applications were made directly to the Court of Protection if the service felt someone was being deprived of their liberty. We saw evidence this had been applied for in relation to people who lacked capacity to make an informed decision relating to living in a supported living environment. The service was waiting to hear the outcomes of applications from the social services involved.

Appropriate referrals were made to other health and social care services to ensure correct decisions were made in relation to people's health. We saw examples of referrals made to the speech and language therapists (SALT) team for input and advice. Staff ensured people were protected from the risk of poor nutrition and swallowing problems. We saw examples of where people required specific consistency of food to reduce the risk of choking.



## Our findings

One person we visited told us how happy they were living at the supported living service. They said, "Yes I like it, I can go out shopping and [mum] picks me up." Staff told us how well the person had settled in. The person's relative told us they (person) looked forward to 'going back' to the service whereas they didn't before when they lived in a different service.

Relatives we spoke with told us the staff were kind and caring towards the people they supported.

People were supported to express their views and staff were skilled at giving information to people. Staff communicated well with people. We saw examples of ways one person communicated with staff. These were through a mixture of using WIDGET symbols and signing. WIDGET is using a variety of symbols to help people who cannot communicate with us. The person's care plan documented that the person used British Sign Language (BSL) with their own idiosyncratic signs as the person had poor fine motor control. One comment from a family member was, "They are really trying hard with [her] communication. Comments received from a professional who worked with the service was, "They have a good understanding of (persons) communication and are able to interact well with (person). They communicate well to myself as her professional if any issues arise. This demonstrated the service ensured care was individual to each person who was using the service.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, during our visit to one of the supported living services, we saw that when we were about to leave one person wanted to come with us and demonstrated they were not happy that they could not come with us. Staff used various ways of distracting the person in order for us to leave without the person becoming upset.

We saw that people were promoted to retain their independence and supported them to exercise choice. For example, we saw one care plan documented, 'prompt (name) to dress independently and carry out final touches with (names) consent. We noted that the person chose to continue to see their usual hairdresser, the one used at the person's previous service, rather than go to a local salon.

People were given information in a way that they understood such as easy read formats. Advocacy services

were available for people who required or requested this. People decorated their rooms which was individual to them. We saw rooms at the service we visited which was people's own preference. Families could visit the supported living service at any time. One relative told us, "I always let them know I am coming, to make sure they will be in."



## Our findings

The service met and identified the information and communication needs of people with a disability or sensory loss. Health passports were in place if people moved between services or were admitted to hospital. This ensured information was shared about people's health and communication abilities. The aim of a health passport is to assist people with a learning disability to provide other professional's involved in their care with important information about them, their health and communication abilities. A health passport can empower people by providing information in a format that is easier to understand. We saw good examples of people's health passports in an easy read format.

The service worked with local authorities to plan specific packages for people who had complex needs and offered choice and control in their own accommodation.

Care plans reflected people's physical, mental and social needs. These included personal history individual preferences interests and aspirations. These were understood by staff so people had as much choice and control as possible. We saw evidence of this during our visit in people's care plans. For example, one person was able to go to the shops with staff and pick items from the shopping list. Although the person was non-verbal staff would identify what the person wanted as they made a specific sound that staff would interpret. Care plans were reviewed when necessary or when needs changed.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. We saw an example of this during our visit. One person was an avid lifelong supporter of a football club and was a season ticket holder. The person was supported by staff to access the football matches.

One social care professional we contacted told us, "They are proactive in their approach to develop activities [she] may like. When we visited one of the supported living services we saw that people were engaged in art and crafts. One relative told us how their family member attends church meetings and is more independent since living in supported living accommodation.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint about the service which we saw had been resolved. On first joining the service people received a welcome book in an easy read format which included a page with contact details for who to contact if they were not happy about something.

We looked at whether the service ensured people had access to information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people had a sensory loss, there were specific records showing how staff should make sure information given to people was in a format they could understand.

## Our findings

The service had a positive culture that was person centred open inclusive and empowering. It had a well-developed understanding of equality diversity and human rights and put these into practice. Transparent Care had a management structure with specific people with responsibilities. Managers were always accessible to staff including any out of hours emergencies. Staff told us they only had to pick up the phone and someone was there. One member of staff told us, "The culture is truly transparent; this is a good organisation to work for." Relatives we spoke with said they were consulted in any changes affecting the service and that they could phone the office if they needed to.

People benefitted from staff who understood and were confident about using the whistleblowing procedure. Staff we spoke with told us they would not hesitate to report any concerns they had.

Quality assurance systems were in place to monitor the quality of the service being delivered. Spot checks were carried out by the registered manager as well as the area manager to ensure staff were competent in their role. Area managers carried out audits which included ensuring that health and safety, care plans, risk assessments, staff training and general maintenance were up to date. The service had developed strong links with housing providers to agree structural improvements in accommodation. We saw improvements being carried out in one of the supported living services we visited.

Meetings were held with each person using the service by the area manager and care director on their visits to people's homes. This ensured the person was afforded the opportunity to discuss any concerns. The service was in the process of implementing a Time and attendance System this would clock staff members on shift via facial recognition. This would identify if a member of staff was late for a shift which in turn would allow monitoring of staff numbers to ensure that people received their care according to their care plan and contract.

Families we spoke with told us they had been given all the information they needed in relation to their family member living in a supported living service. The accommodation was not tied to staff from Transparent Care and people could chose alternative support if they wished.

The provider has a legal duty to inform the CQC about certain changes or events that occur at the service. Statutory notifications had been sent to us as required by the relevant regulations.

Providers are required to comply with the duty of candour statutory requirement. The intention of this

regulation is to ensure that providers are open and transparent with people who use the services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management was familiar with the requirements of the duty of candour process. The provider had an occasion where the duty of candour requirement needed to be utilised. This was in relation to a medicine incident. We saw correct steps were followed in relation to the requirement.