Care Quality Commission

Trafford Housing Trust Limited

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Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 14, 15, 16 and 22 August and was announced.

We last inspected Trafford Housing Trust (TrustCare) in May 2017 when we rated the service requires improvement overall and identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which were in relation to recruitment practices and good governance. We found that the provider had made improvements and was now meeting the requirements of these regulations. We have made two recommendations in this report, which relate to complaints and risk assessments.

This service is a domiciliary care agency and also provides care and support to people living in specialist 'extra care' housing. The service provides personal care to people living in their own houses and flats in the community or within the extra care schemes. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

At the time of our inspection, the service was providing regulated care and support to a total of 129 people. This included 63 people who received support in their own homes in the community and 66 people living in four extra care schemes in the Trafford area. The four extra care schemes were named Elkin Court, Limelight, Newhaven and Fiona Gardens. The service primarily supports older people.

The service had approximately doubled in size since our last inspection. This followed the service starting to provide support to people living in the four extra care schemes. TrustCare took over as the lead care provider in the Newhaven, Elkin Court and Fiona Gardens extra care schemes on 01 February 2018. The Limelight extra care scheme was a new scheme that opened in October 2017.

Not everyone using TrustCare received support with a regulated activity. CQC only inspects the service being received by people provided with 'personal care', which includes tasks related to personal hygiene and eating. Where people do receive this support, we also take into account any wider social care provided.

Although the majority of people we spoke with were happy with the care they received, we found people's experiences differed both within and across TrustCare's services. The experiences reported by people living in the Fiona Gardens extra care scheme, and in particular, the Limelight extra care scheme, were the most significantly contrasting. At these extra care schemes, we received both positive and negative reports in relation to a range of areas affecting people's care, including the consistency of care, handling of complaints and how approachable staff were.

The provider had strengthened the recruitment procedures, and we saw relevant checks were undertaken to help ensure staff were of suitable character before an offer of employment was made. Staff received a

thorough induction, ongoing training and spot-checks of their practice to help assure the registered manager that they were able to undertake their role competently.

People received support from consistent teams of staff. The provider had made and kept to a commitment to not use agency staff to help improve people's consistency of care. They undertook a range of activities to help try and improve staff retention and therefore the consistency of care people experienced. People told us that the provider had respected any preferences they had in relation to the staff who worked with them.

People were consistently positive about the kind, caring and respectful nature of care staff. People told us staff respected their privacy and supported them to retain as much independence as they could. The provider had systems in place to help ensure confidential information was kept securely and to investigate any potential breaches in data protection.

We received a mixed response when we asked people if they would feel confident raising any complaints or concerns. Some people recalled positive experiences of raising complaints and told us the registered manager had been responsive to their concerns. However, some people living the in the Fiona Gardens and Limelight extra care schemes told us they would not feel comfortable raising a complaint, or they felt their concerns would not be taken seriously. We have made a recommendation that the provider reviews how they identify and manage complaints.

Staff assessed risks to people's health and wellbeing and took actions to help ensure people were kept safe. However, we found that whilst these actions had been recorded in people's care notes, this information had not always been transferred to people's care plans and risk assessments. Similarly, we found staff had detailed understandings of people's needs, preferences and social histories. This information was also not always recorded in people's care plans, although the provider did have other systems in place to share such information with staff. We have made a recommendation that the provider reviews their systems for updating care plans and risk assessments following a change in people's assessed needs.

Medicines were managed safely, although further improvements could be made to records of administration and assessments to ensure they were sufficiently detailed and up to date. There were systems in place to help the registered manager identify any potential errors so they could take action to ensure people were safe.

People living in the community reported their care calls were timely, and they said they would be informed if staff were running late. We received a variable response from people living in the extra care schemes about whether their preferences in relation to call times were met. Some people told us the service worked flexibly to meet their needs and preferences. However, other people told us their calls were not provided at their preferred times, which could impact on activities they had planned or the time between their meals. The provider told us calls provided to people living in the extra care schemes were commissioned to be provided within three-hour time windows unless they were 'time critical'. However, they told us people were allocated consistent times for their calls and stated that they always tried to accommodate people's preferences when allocating calls.

The provider had a system to help them work out how many care staff they needed to employ to meet people's planned calls. People told us staff were quick to respond to any calls at the extra care schemes. There were systems in place to help prevent missed calls in the community, and the provider learned lessons from any incidents of missed calls.

Staff were aware of their responsibilities in relation to safeguarding. We could see from notifications we had received that staff identified potential safeguarding concerns. The registered manager had responded to safeguarding alerts by reporting concerns to the local authority safeguarding team and taken any other required actions to help ensure people were not at risk of harm.

Staff supported people to access other health and social care services as required. We found evidence of staff working pro-actively with a range of other professionals to help improve people's physical and mental health.

Staff were aware of the principles of the Mental Capacity Act (2005) and people told us their consent was sought before any care was provided. Where people were able, they had signed to consent to their planned care and agreements such as how their personal information would be shared. If people were not able to provide consent, we saw others involved in their care had been consulted.

Staff assessed people's needs, which were reviewed at set intervals or as any change in need was identified. People told us they had been involved in assessments and reviews of their care. The provider told us there had been some 'teething issues' associated with setting up the Limelight extra care scheme. Some of these related to issues with the building, whilst other issues had arisen due to the length of time that had passed between when they had assessed people's needs, and when the scheme started to operate. This had resulted in some people having a greater level of need than expected. The provider told us they had learned from these issues and were reviewing what changes may be needed to address people's concerns.

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.

We received positive feedback from staff and other professionals involved with the service about the registered manager's leadership and commitment to the service and people using it. A senior support co-ordinator and team of senior support workers supported the registered manager. Each extra care scheme was allocated one or more senior support workers to oversee the running of the care provision at those schemes. Whilst on the whole people using the service and staff felt they could discuss concerns with the management team, we also received reports that suggested the response they received could vary in quality.

The registered manager and provider had developed the systems in place to help monitor the quality and safety of the service. The provider carried out audits to help assure themselves that they were complying with the regulations. Checks also helped the provider identify any trends, such as in relation to accidents and incidents that might indicate further actions were needed to ensure people were kept safe.

The service had positive working relationships with the local authorities who commissioned their service. The provider sought and acted upon feedback from people using the service that they had gathered through spot-checks and surveys.

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 identified and reported potential safeguarding concerns. The registered manager reported safeguarding concerns to the local authority as required, and took any other actions needed to help ensure people were safe.

The service had systems in place to ensure they employed sufficient numbers of staff to deliver people's planned care. Any missed calls were investigated and lessons learned.

Staff took actions to help reduce the risk of people experiencing harm. However, these actions were not always clearly recorded in people's risk assessments and care plans.

Is the service effective?

Good

The service was effective.

The service was effective.

Staff received a thorough induction and training that allowed them to meet people's assessed needs. Staff member's competence to carry out a range of care tasks was assessed.

People's needs were assessed. Staff worked closely with other health and social care professionals to help provide positive outcomes for people.

Staff understood how to apply the principles of the Mental Capacity Act in their day to day practice.

Is the service caring?

Good

The service was caring.

We received consistently positive reports about the caring and thoughtful nature of staff. People were supported by consistent teams of staff.

All staff we received feedback from told us they would be happy

for a friend or loved one to receive care from TrustCare.

Staff supported people to retain as much independence as they could. People told us their privacy and dignity was respected.

Is the service responsive?

The service was not consistently responsive.

Some people told us they would not feel confident raising complaints. One person's complaint had not been identified as such, and had therefore not received a formal response.

Staff had detailed knowledge about people's needs and preferences. However, this detail was not always reflected in people's care plans.

We received positive examples of how the service worked flexibly to meet people's needs. However, some people living in the extra care schemes told us their care calls were often not at their preferred times.

Is the service well-led?

The service was well-led.

The registered manager had introduced a range of systems to help them monitor the quality and safety of the service.

Staff told us they felt supported and that the provider would treat them fairly in relation to any genuine mistakes they could make.

We received positive feedback from staff and other social care professionals in relation to the registered manager's leadership and their commitment to the service.

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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 14, 15, 16 and 22 August and was announced. We announced the inspection on the Friday prior to the inspection, which commenced the following Tuesday. This gave the service four days' notice of our inspection. This was to allow us to plan home visits and focus groups with people using the service.

Inspection site visit activity started on 14 August 2018 and ended on 22 August 2018. It included telephone calls to people using the service; focus groups that we carried out at each of the four extra care services; visits to people's homes in the community and telephone calls/emails to staff members. We visited the office location on 15 and 16 August to see the office based staff and to review care records and other documentation. The inspection team consisted of an adult social care inspector, a bank inspector and an assistant adult social care inspector.

Prior to the inspection we reviewed information we held about the service. This included the last inspection report, the provider's action plan in response to the last inspection report, any notifications sent to us by the service about safeguarding and other significant events and feedback we had received about the service via email, phone or 'share your experience' webforms on CQC's website. We sought feedback from Trafford and Manchester local authority quality and commissioning teams, Trafford and Manchester Healthwatch and health and social care professionals the provider told us had recently had experience of their service. We received positive feedback, which we have incorporated into the main body of this report.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited five people in their own homes where we also spoke with two of their relatives and reviewed care records. We visited all four extra care schemes where the provider supported people and ran four focus groups that were in total attended by 36 people/relatives. We also spoke privately with people at the extra care schemes when requested. We received feedback from a further eight people/relatives who got in contact with us via email, share your experience webforms or phone to tell us about their experiences to inform the inspection.

We spoke with 17 staff during our site visit activity, including three members of staff we spoke with by phone. This included three senior care staff, 12 care staff, the nominated individual and the senior support co-ordinator. We also received feedback from 16 members of care staff via email or share your experience webforms. The registered manager was on planned leave at the time of our site visit.

We reviewed records relating to the care people were receiving. This included daily records of care, 18 people's care plans and risk assessments and seven people's medication administration records (MARs). We looked at records related to the running of this type of service, including records of compliments/complaints, audits, records of training and supervision and personnel files for five staff members.

Good

Is the service safe?

Our findings

At our last inspection of the service in May 2017 we found the provider had not always followed robust procedures to ensure staff employed were of suitable character. This was a breach of Regulation 19(1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had completed work to make improvements to the recruitment procedures, and we found they were meeting the requirements of this regulation.

The provider had introduced revised procedures and checks to ensure staff were suitable for the roles in which they were employed. The registered manager had reviewed relevant guidance to ensure the service was meeting legal requirements in relation to staff recruitment. Staff employed had completed application forms that provided a full employment history. Any gaps in employment were explored during interviews, and explanations recorded. All applicants had at least two satisfactory references on file, proof of identify, a recent photo and a disclosure and barring service (DBS) or other relevant check in place prior to them commencing employment. DBS checks provide details in relation to any convictions and, dependent on the level of the check, information on whether the applicant is barred from working with vulnerable people. We saw there were processes in place to help ensure there was appropriate scrutiny and risk assessment of any disclosed convictions.

The provider employed sufficient numbers of staff to ensure staff were able to attend people's planned calls and provide a safe service. The provider told us they would also increase staffing levels at the extra care schemes if needed, and gave examples of supporting trips out and providing 'out of hours' care. We saw the provider had a system in place for planning and monitoring how many staff they needed to be able to provide people's care. This included a calculation to ensure additional 'contingency' hours were available to cover any staff absences due to sickness, training and leave. Some people living in the extra care schemes felt additional staff were needed on-site, particularly during the evenings and nights to provide additional flexibility. However, people told us staff responded promptly to any calls for assistance, and understood that the level of 'background support' available at the extra-care schemes was agreed through contracts with the local authority commissioners.

The provider's electronic call monitoring system alerted staff to any calls that were delayed by more than 15 minutes. This enabled them to investigate the reason for the delay, and if required, send another staff member to attend the call. The registered manager investigated the reason for any missed calls and took actions to help prevent a re-occurrence. For example, the provider had worked with the supplier of the electronic call monitoring software to change the alert system, and the registered manager had introduced a new system for how senior staff allocated calls and monitored staff attendance.

Medicines were managed safely, although some improvements could be made in relation to records kept. Staff were trained in medicines administration and their competence had been checked. We saw staff had assessed people's support needs in relation to their medicines. This included how their medicines were stored, and their ability to self-administer their medicines if they wished to do this. However, assessments did not always reflect the way staff were currently providing support. For example, staff and relevant others

had agreed that one person's medicines would be left for them to take in their own time, and that this was safe. This person's assessment contradicted this practice, and stated this person could forget to take their medicines, and that staff should administer them. Staff had recorded information about the agreed change in this person's electronic care notes, but had not updated the assessment. We raised this with the provider so that action could be taken to update the assessment.

Staff recorded the administration of medicines accurately. We saw the provider had procedures in place to check medication administration records (MARs) and to follow-up any potential medicines administration or recording errors identified through this process or as a result of concerns raised with them directly by staff or people using the service. This included providing additional training to staff, revising administration procedures, and seeking advice from health professionals when required. We found up-to-date records of people's medicines were kept, although full prescribing instructions were not always recorded on people's MARs, which could increase the risk of a medicines error occurring. One person we visited did not have any 'when required' (PRN) protocols in place to inform staff when they should administer these medicines and their intended effect. However, we found the staff member was aware of the reason these medicines were prescribed, and the person they were supporting was able to indicate whether they required these medicines. The provider told us protocols had previously been in place in this person's home and that they would ensure that a new copy was put back in place.

People and their relatives told us they felt safe receiving care and support from TrustCare staff. People told us staff wore identification, and they were informed if it was necessary for a new member of staff to attend their call whom they had not previously met.

Staff were aware of how to identify and escalate concerns about people's safety and wellbeing. Notifications of safeguarding concerns sent to the CQC demonstrated the service was proactive in recognising and reporting safeguarding concerns to the local authority. The registered manager kept a record of any safeguarding concerns raised and the outcomes of any investigations. The registered manager had ensured appropriate actions had been taken in response to any identified concerns to help ensure people were protected from harm. This had included suspending staff whilst investigations were completed, and taking disciplinary action when required.

Staff assessed risks to people's health, safety and wellbeing and took steps to reduce the likelihood of harm occurring. Risk assessments were recorded in relation to people's home environments, falls, moving and handling and medicines. However, not all measures in place to reduce the likelihood of people experiencing harm were always reflected in people's risk assessments. For example, one person was at risk of leaving their home and being at risk of harm if they did so without someone to support them. To reduce this risk, a door sensor had been assessed as being a reasonable risk reduction measure. Another person smoked in bed and risk reduction measures including fire-retardant bedding and new mattress had been put in place. A third person was at risk of falls, and they had been given a falls pendant to alert staff if they fell. Whilst these steps were documented in care notes or third-party assessments, they were not clearly presented in these people's risk assessments or care plans.

We recommend the provider reviews their process for updating risk assessments and care plans following a change in people's assessed needs.

Staff were aware of the provider's procedures for responding to and reporting any accidents or incidents. One person we spoke with who lived in one of the extra care schemes told us they had been reassured by the speed of response and support provided by staff when they had sustained a fall and their falls pendant had activated. We saw the registered manager reviewed accident reports and checked that appropriate

steps had been taken to reduce the likelihood of a repeat incident. This included providing equipment such as falls pendants and making referrals to other services such as a person's GP or the occupational therapy team. Staff were made aware of any incidents or changes to people's care through the electronic care management messaging system.

People we spoke with told us staff always left kitchen and bathroom areas clean and hygienic after use. Staff were provided with personal protective equipment (PPE) such as gloves and aprons, and people confirmed staff used PPE when needed.

Concerns were raised by a group of people living at the Limelight extra care scheme in relation to the safety of the building. The building was a new build and was owned and managed by Trafford Housing Trust. Although CQC does not regulate accommodation in extra care schemes, TrustCare has responsibilities to take reasonable actions to ensure people receive care in a safe environment. We found the provider took appropriate actions to keep people safe in their homes. This included undertaking safety checks, such as checks of fire doors and the fire alarm in the extra care premises. The provider assured us that issues relating to the building were escalated to the responsible branch of Trafford Housing Trust to action. People also told us that the nominated individual for TrustCare was meeting with them shortly after our inspection to discuss people's concerns and provide feedback on actions being taken to address the issues people had raised.

Good

Is the service effective?

Our findings

With few exceptions, people we spoke with felt that staff were competent and understood how to provide their care safely and effectively. Staff told us they had received an induction that adequately prepared them for their roles. The induction included training and a period where they shadowed more experienced staff. One staff member fed-back, "We have an induction period within the office, and then you have shadowing with an experienced carer/senior carer before going out independently. If you are not 100 percent happy to go out, they [managers] will allow for more shadowing to be done and to go through any concerns you have." Staff who were new to health and social care were supported to complete the care certificate. The care certificate is designed to ensure all staff new to working in care receive adequate induction that helps ensure they have the required skills, knowledge and behaviours to provide safe and effective care.

We saw staff had completed a range of training relevant to their roles. This included a mixture of e-learning and classroom based training covering topics such as safeguarding, first aid, medication, moving and handling, the Mental Capacity Act, continence, confidentiality, dementia, diversity and food hygiene. Senior staff checked staff member's competence and provided feedback on observed practice in relation to a range of areas including medicines management, moving and handling, catheter care, records and team-work. The provider supported staff to undertake recognised qualifications in care such as diplomas in health and social care.

The majority of staff told us they received regular supervision. Feedback received included, "I receive regular supervisions and well-being checks. I feel these are useful to give feedback and to maintain awareness of how I am improving, or what I might need to change." Another staff member told us, "I have regular one to one and I can go to my seniors and manager any time if I needed to." We saw the frequency that supervision was provided varied between staff members. However, staff had received spot-checks and 'wellbeing checks' in addition to supervision, and no staff we spoke with told us they did not feel adequately supported. The registered manager reviewed supervision records and was able to use the electronic care management system to monitor the support staff were receiving. The provider was in the process of introducing a new appraisal system at the time of our inspection.

Senior staff assessed people's needs prior to them starting with the service. People told us they had been involved in initial assessments and visited by a member of staff. The service also accepted referrals for emergency placements, and staff told us they would base the decision on whether the service could meet that person's needs on the care plans and assessments carried out by other professionals. A senior carer would then complete the first care call and update TrustCare's care plans and assessments. Assessments covered people's support needs relating to a range of areas, including mobility, pressure ulcers, falls, medicines, communication and personal care. Details about the planned care for each call were recorded.

Some people living at the Limelight extra care scheme told us they felt the scheme did not 'marry' with the needs of the people living there. The provider also acknowledged that there had been lessons learned as a result of opening this new scheme. One issue the provider had identified was that the needs of people living at the scheme had changed between the time of their assessments and the scheme opening. As a result,

some people had a greater level of support needs than they had anticipated. The provider they told us they were undertaking a review of the whole scheme and the 'offer' there.

The majority of people told us they were confident that staff would recognise any deterioration in their health and support them to access other services as required. This was aided by the consistency of staff, and fact the service did not use agency staff to provide cover. One person told us they had had sepsis and that staff had acted promptly in relation to concerns about their health. They said, "If it wasn't for them [care staff] I wouldn't be here."

We saw evidence that people's planned care had been developed taking into account advice and support from other health and social care professionals. We saw evidence that staff had been pro-active in working with other services to help ensure people received the support they needed to maintain good physical and mental health. In one case, we saw that staff had worked with a person's GP, mental health services, the occupational health service and district nurses to improve this person's health and wellbeing. We received feedback from a social care professional involved in this person's care who told us they could not 'praise staff enough for their hard work and proactive attitude' and that the service had 'worked fantastically to meet the assessed needs of the citizen.'

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People told us staff always asked for their consent before providing any care and support. We saw that where people were able to, they had signed to consent to their planned care. If they were not able, others consulted in relation to that person's care, such as relatives and care staff had signed to indicate they agreed with the care plan. People, or another person with legal authority (such as a lasting power of attorney for care and welfare) had been involved in decisions about care, and had signed consent forms relating to decisions about information sharing and use of photographs.

Staff had received training in the MCA and understood key principles of the act such as that they should start by assuming capacity, and that any decision taken on behalf of another person should be in their best-interests. Staff had assessed people's capacity to be involved and make decisions at their care reviews. However, it was not clear from the documentation what procedure had been followed when assessing people's capacity and whether the procedure outlined in the MCA code of practice had been followed. At the time of the inspection there was no-one using the service who had restrictive practices in place that might need legal authorisation. In community services, restrictions that amount to a deprivation of liberty should be authorised by the Court of Protection.

Staff provided assistance to some people to prepare their meals. We saw people's care plans contained details about their dietary needs and preferences. People we spoke with told us staff prepared meals in accordance with their dietary requirements. Staff told us they encouraged people to have regular drinks and said that if they had any concerns about people's food or fluid intake they would pass on their concerns to a manager and consider starting an intake record. We received comments from two people living in different extra care schemes that meals could sometimes be later than they wished or spaced too closely together. They told us this was due to the variability in the times that staff attended their calls.

The provider also ran a telecare service that provided equipment such as falls sensors and call pendants. TrustCare worked closely with this service, which enabled them to quickly assess people's needs and put in place technology that would help keep them safe and enable them to continue to live as independently as possible. For example, we saw instances where staff had identified people as being at risk of falls, and TrustCare had obtained falls pendants through this service. These would alert staff in the extra care schemes if that person sustained a fall and required assistance.

Good

Is the service caring?

Our findings

We received consistently positive feedback from across the service in relation to the kind, caring and considerate approach of care staff. Feedback we received from people and their relatives included, "My family know all the girls by name. They'll come over and say hello. It doesn't feel like they are working", "They [staff] exceed expectations", "They are not carers, they are friends now", "Absolutely brilliant, they [staff] have empathy and common sense", "Staff are marvellous. They are my angels", "They always make [relative] laugh, they love it. They are the best carers going", "They are good quality professional staff who really care." One person told us their care staff coming to visit them was the highlight of their day and they enjoyed talking with them.

The provider told us people living at some of the extra care services had been concerned about the use of agency staff that they did not know when these schemes had been run by the previous providers. The provider told us they had committed to not using agency staff and people we spoke with confirmed there had been an improvement in the consistency of care staff. If cover could not be provided by the staff team based at the extra care schemes, either senior staff or TrustCare staff working in the community provided people's care. Community based staff told us they got to know people living in the extra care schemes as they used the schemes as a 'drop-in' base and to attend team meetings.

People told us their preferences about which staff provided their care were respected by the provider. As far as was possible, people were supported by small teams of staff. In some cases the provider had limited staff teams to two staff members where a particularly high level of consistency was required to help build positive trusting relationships with people. Staff told us they supported the same people on a regular basis, which helped them get to know people's needs and preferences. We saw the provider also undertook a range of work to help improve staff retention, and therefore reduce staff turnover and improve consistency. This included paying the real living wage, providing permanent contracts with the option of zero hours contracts, carrying out welfare checks and carrying out psychometric testing at interview. This helped the provider determine whether applicants were suited to the role, and who they would be best working with.

The provider told us they undertook calls of 15 minutes duration. They said these calls were only for people living in the extra care schemes and where the only support they needed was a quick welfare check or prompt with medicines. Most people we spoke with living in the extra care schemes told us staff had time to spend talking with them. One person told us staff sometimes stayed talking for an hour and said, "It makes relationships much better." A staff member we spoke with at one of the extra care schemes stated, "It's more of a family here. You go and have a brew with people if there's time between calls. There's a good sense of community."

All staff we received feedback from told us they would be happy for a friend, relative or other loved one to receive care from TrustCare. Comments made in response to this question included, "Yes, as all the staff are so dedicated and caring to each and every client. All staff are happy and always put the client first", "I would be happy for a member of my family to receive care from TrustCare. I have worked with other agencies and TrustCare has very high standards, policies and protocols to adhere to", "Yes, I have worked alongside some

really caring carers in Trust Care" and "Yes, I would be happy and feel confident they [family member] would receive excellent support."

Staff reports relating to a dedicated and committed staff team were supported by comments made in written compliments received by the service. One compliment received praised the registered manager for a professional approach with a 'human touch' and stated, "[Registered manager] wants the best for our parents, as if they are theirs. I can't speak highly enough of them." Another compliment received commended staff for their commitment, understanding, caring and reliable approach, and 'going the extra mile'.

People told us care staff respected their privacy and treated them with dignity and respect. People told us staff would always knock or ring the doorbell before entering their homes, and would give them space when providing personal care when they could. One person told us, "They're [staff] sensitive when they provide intimate personal care. They treat you like a human being and are mindful of dignity." People spoke about staff demonstrating genuine empathy and concern for their wellbeing. For example, one person told us that there had been a mistake resulting in a missed call. When staff attended their next call, they told us they had been 'genuinely upset, almost angry' that this lapse had occurred.

Staff understood requirements for ensuring confidential information was not shared inappropriately. We saw records were kept in secure, lockable storage in the head office and bases at the extra care schemes. One person told us, "Staff are very professional. They don't speak about anybody else. If you ask about another person they will say 'yes, they're okay, but we can't really speak about it." The relative of one person living at one of the extra care schemes raised a concern in relation to a potential breach of data protection legislation due to an issue arising with the intercom system at the scheme. The provider showed us evidence that this incident had been appropriately investigated, and steps taken to prevent any similar reoccurrence.

Staff supported people to remain as independent as they could and to build skills to increase their independence. This was confirmed by people we spoke with who told us that staff encouraged them to do what they could for themselves. One person said, "Staff are good at supporting independence. My independence is everything, and they want you to be as independent as you can. They [staff] actually treat you like a human being and they care." Staff were able to provide examples of how they had supported people to gain independence, which had resulted in them decreasing the number of care calls they needed. We received positive feedback from a social care professional who told us a member of staff had worked 'tirelessly' to enable a person they were working with to achieve their desired outcomes, remain living in their own home and to maintain and promote their health and well-being.

We saw the care plan format prompted staff to consider any support needs people may have relating to any protected characteristics such as race, disability, religion, gender or sexuality. The provider told us that they employed staff from the local communities they served and that staff came from a wide range of cultural backgrounds. In the provider information return sent to us, the provider stated, "Our care workforce is representative of diverse needs of clients." They also gave an example of changing people's call times at their request, due to considerations around celebration of religious festivals. Staff had received training in diversity.

Requires Improvement

Is the service responsive?

Our findings

People had different opinions on whether staff were always timely in attending their calls, and whether the service worked flexibly to meet their needs and preferences. Experiences differed both within and between the TrustCare's services. People receiving support in the community gave consistent feedback that staff arrived on time and phoned if they were running even slightly late. This could be due to unforeseeable circumstances such as traffic, or another person requiring additional support for example. Feedback from people living in the extra care schemes was more variable. People living at Elkin Court told us that prior to TrustCare taking over care provision at the scheme, they had been able to call when they wanted support to get up. However, this had changed and people were now allocated call times, although it was acknowledged that staff worked flexibly in relation to this. For example, people told us that staff tried to keep to consistent call times, but were willing to come back later if they or their relative was not ready to get up, or be assisted with a meal.

Feedback from people living at the Limelight and Fiona Gardens extra care schemes was more variable. Some people were happy with their call times and the timeliness of staff. However, others reported that their calls were not always provided at their preferred or requested times, which they told us had impacted on their daily routines and attending planned activities. We were also told that staff could arrive late, and did not always stay for the planned call duration if they were late, although we did not find any evidence to support this during our inspection
Staff told us they felt they were able to attend people's calls at their preferred times and to be able to carry out all care required. Records we spot-checked showed that call times at the extra care schemes were consistent, and that staff completed people's planned care. The provider's electronic call monitoring data also supported this finding. The provider told us the way care was commissioned by the local authority meant they were given 'time bands' for when support should be provided. For example, they told us morning calls were provided between 7 and 10am unless they were 'time critical', such as for people requiring medicines at specific times. However, they said they would always try to accommodate people's preferences in relation to when their care was provided.

We also received positive feedback in relation to how the service worked flexibly to meet people's needs. For example, one person supported by the community service told us they had needed some extra help, and a member of staff had been sent at short notice in addition to their normal scheduled calls. Another person living in one of the extra care schemes told us the service was able to arrange temporary cover when their personal assistant took leave. The provider told us they allowed staff to make decisions such as to provide additional calls when this was needed to help ensure people's needs were met effectively.

People's care plans reflected their preferences in relation to how they received their care. Social histories, information about preferred routines and what made a good and bad day for them was also recorded for the majority of people. Speaking with staff, we found they had an in-depth knowledge about people's preferences, interests and how they liked to receive their care. However, these details were not always reflected in people's care plans.

For example, one staff member told us, "[Person] likes their coffee in a mug three quarters full with half a teaspoon of sugar" and told us another person enjoyed talking about their medals from the war and liked their porridge with a teaspoon of syrup. Another staff member talked about a specific way they supported a person to get dressed to minimise their discomfort due to pain in their shoulders. Whilst we saw regular updates in relation to people's care were recorded on the electronic care management system, that this information had not been updated in the care plan meant there would be increased likelihood that people would not receive consistent care. This would particularly be the case if new staff were providing their support. One relative said, "Care plans are a bit general but [relative's] needs are very specific", adding that care staff knew how to care for the person.

Care plans were reviewed six weeks, six months and one year following a person commencing their service. Following this, they were reviewed annually or as required. We saw staff maintained an electronic overview of reviews undertaken and any decisions made or actions agreed. Paper copies of reviews showed that people using the service and relevant others involved in their care had been included in reviews. People told us they felt included in reviews of their care plan and that their wishes and preferences were taken into account.

Staff told us they found care plans provided them with sufficient information to enable them to meet people's needs. They told us if they were supporting someone they had not worked with before that they would read and sign their care plan and call a senior if they required further information. One staff member fed-back, "I feel the care plans provide all information needed. No jargon is used, and they are clear, legible and to the point. New clients are supported straight away to complete care plans and they are always in place." Staff told us they were made aware of any changes to people's planned care through the electronic care management and messaging system.

Any communication support needs people had arising from a disability or sensory impairment, were identified and recorded in their care plans. The provider told us they would share this information with the person's consent with other services they came into contact with where this would help ensure they received information in a suitable format. The provider told us they had access to support them to audio record information for people if this was required. The service supported some people who had sensory impairments. We saw steps had been taken to ensure staff were able to communicate effectively with these people. Other people using the service had first languages other than English. The provider told us all people were able to communicate in English. However, they also had staff working in the schemes who shared the same first languages, and they also had access to staff within another branch of Trafford Housing Trust who could support with translation if needed.

Some improvements were required to the way the provider managed complaints. There was a complaints procedure in place that was made available to people using the service. This clearly set out how people could raise and escalate complaints, and how they should expect the provider to respond to their concerns. We saw there were three recorded complaints in 2018 up until the date of our inspection visit. We saw these complaints had been appropriately investigated, responded to, and actions taken to make improvements where required.

We received contrasting responses when we asked people whether they felt any complaints they had raised had been handled well, and whether they would be confident raising a complaint. Some people told us they were confident raising any concerns with a staff member or the registered manager and that concerns they had previously raised had been quickly sorted. One relative said, "They are good at listening and addressing concerns" and another told us, "They [the service] want feedback so they can improve it… They are striving for excellence."

However, some people living in the extra care schemes, and in particular, Limelight and Fiona Gardens, raised concerns about how complaints were identified and responded to. Whilst some people told us they would be confident raising concerns, there was also a belief held by some people living at these schemes that complaints were only given 'lip service' or that ineffective action was taken to address concerns. A small number of people felt management staff at one of the extra care schemes were not approachable, although there were again conflicting views in relation to this. Other people told us they were concerned that raising complaints would result in negative consequences, such as 'good staff being pushed out' although no-one had themselves experienced a negative reaction in response to any complaints raised. We asked the provider for a response to concerns raised by one relative and they acknowledged that although staff at the extra care scheme had looked into the concerns, they had not logged the concern as a complaint, nor escalated it to the registered manager. They told us they had re-iterated the correct procedure to this staff member.

We recommend the provider reviews their complaints procedures to ensure all complaints are effectively identified and managed to drive quality improvement of the service.

When relevant, people's care plans identified any support required to help prevent social isolation and provide opportunities to take part in activities. People living in the extra care schemes told us there were several trips arranged each year, visiting singers and parties. Some activities were arranged by the resident's associations, whilst others were arranged by scheme managers and supported by staff.

Most people were happy in relation to the support they received in relation to activities and social support where this was part of the care they received. At Elkin Court, one person told us, "Staff ring people to find out where they are when they are missing the quiz" and at Limelight a relative told us, "Staff work really well to integrate my [family member]." However, at Fiona Gardens one person using the service and their relative felt staff did not do enough to encourage and support them to join in groups and activities. The provider arranged a group called 'Be Social' that took place within the extra care schemes. This provided a range of activities and trips, and was accessible to all people using the service for a small fee.

Staff had completed training in 'death, dying and bereavement'. The provider told us they were supporting 10 members of care staff to complete further training leading to a recognised qualification in relation to end of life care. The intention was that these staff members would pass on their learning to other staff throughout the service. Staff told us they worked closely with health professionals and people's families when supporting people at the end of their life.

Good

Is the service well-led?

Our findings

At our last inspection in May 2017 we found processes to monitor the quality and safety of the service were still under development. There were limited checks in place, including in relation to reviews of medication administration records (MARs) and daily records. We found this to be a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the required improvements had been made, and the provider was meeting the requirements of the regulation.

Since our last inspection the registered manager had put in place a range of new audits and checks to help them monitor the service. MARs and daily records were returned to the office on a monthly basis and checked by staff. We saw potential issues such as omissions on MARS had been identified, and the registered manager had cross referenced the MARs to daily records. This helped them determine if this was an error in recording, or potential administration error that required further investigation. Senior carers also completed monthly checks of individual's medicines. These checks included a review of people's records, stocks of medicines, storage arrangements, when required (PRN) medicines use, and any refused or covert medicines.

Care plan reviews were recorded on the service's electronic care management system and we saw there were monthly checks of the training matrix to help the registered manager ensure staff were up to date with training. Senior care staff were responsible for carrying out spot-checks of the service provided to people and staff practice. During these checks, areas of practice including infection prevention and control, punctuality and treating people with dignity and respect were considered. Feedback was also sought from the person the staff member was visiting to help identify any changes that staff could make to help provide a more person-centred service. We saw the provider collected and reviewed information from the electronic call monitoring system. This helped them monitor their performance in relation to the timeliness of calls. The provider gave us examples of specific actions they had taken to help improve the consistency of people's service when they had identified issues around the timeliness of calls.

The provider carried out a monthly audit of the service that considered compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This audit was wide ranging and provided an overview of any changes to the service, such as in number of people receiving support or any staffing issues. It also provided an overview of areas including complaints, accidents, applications to deprive people of their liberty, safeguarding and survey outcomes. The provider had identified actions to be taken to improve the service where they noticed any shortfalls or concerning trends through this audit process. The provider also commissioned a third party to provide an independent view on the improvements they had made following CQC's last inspection.

The views of people using the service were sought and people felt the provider listened to them. The provider conducted monthly telephone surveys with a sample of 10 people using the service. We saw responses had been analysed, and the provider was able to discuss about changes they had made, or intended to make as a result of feedback. For instance, they told us that some people living at the Limelight extra care scheme were unhappy that staff did not lift people following a fall if they were unable to support

themselves to get back up. The provider told us equipment was in place, and that they were awaiting training that would allow staff to do this in the near future when it was safe to do this.

The service acted on feedback of relevant others. For example, we found the provider had acted upon feedback from CQC's last inspection. We also received positive feedback from both local authorities that worked with TrustCare. They told us they had good working relationships with the provider, were able to discuss any issues that arose, and found the management team responsive and professional.

The service had a registered manager in post who was registered with CQC in December 2015. Since our last inspection in May 2017, the service had expanded and had taken over as the lead provider of support within four extra care schemes in addition to their community homecare service. The registered manager was supported by a senior support co-ordinator and team of senior carers. Each extra care scheme had an assigned senior carer, and in the case of the Limelight scheme, there were two senior carers to provide additional support due to some of the complexities of running this service. Senior carers were given dedicated time to complete management tasks in addition to working directly with people using the service. The nominated individual also had an active role in overseeing the day to day management of the service, which included taking responsibility for some aspects of the auditing.

Staff and professionals we received feedback from were complimentary about the registered manager's leadership and their commitment to the service and people using it. One staff member told us, "[Registered manager] is definitely approachable and they're hands on as well. [Registered manager] is very dedicated, if residents need anything they are there and, they're always around. [Registered manager] has picked up outstanding shifts previously. Their mobile is always on the go." A social care professional we received feedback from told us, "There were two particular staff members I feel were most helpful in my work; one being the registered manager who is very approachable and willing to think and work outside the box to help the package of care work."

The provider carried out an annual staff survey to seek their views on what the service did well, and how they could improve as both an employer and care provider. Staff also received support and updates thorough regular team meetings. Staff felt valued for the work they did, and told us they received messages of thanks and praise from management staff. One staff member told us, "I feel valued as a member of staff and know that management will push me to my full potential with regards to growing in the company."

We received a variable response from staff in relation to the question of whether they felt their direct manager (such as a senior carer) listened to them and would act on any concerns they had. Whilst the majority of staff did feel confident approaching their manager, three staff told us the level of support or quality of response they received could vary dependent on who they went to. One staff member told us, "All the seniors and management team are very approachable and will always make time", while a second staff member responded, "It depends on which senior replies. Most seniors ignore emails." As discussed in the responsive section of this report, the confidence of people using the service to approach managers at the extra care schemes also varied.

Staff told us they felt they would be supported, and not treated unfairly if they made genuine mistakes. This would help ensure staff felt able to raise any issues so they could be addressed and used to drive improvements in the service. We saw staff had reported medicines errors for example, and that they had received additional training and supervision to help ensure a similar incident didn't reoccur. One staff member fed-back, "If we make a medication error we can raise this with our manager and senior. We are treated fairly for making a genuine mistake as it's not a blame game but learning to be aware and vigilant…" A relative we spoke with told us they trusted the service and registered manager and told us they had a good

relationship with the management team. They said this was because the management team were open, not defensive, and addressed their concerns.

Providers such as Trafford Housing Trust are required to clearly display the rating from their most recent inspection both on any websites they have, and in their principal place of business. We saw the rating from TrustCare's last inspection was displayed in their head office. However, the provider had not been displaying their inspection rating on their website as required. We raised this issue with the provider when we contacted them to announce our inspection. The provider told us the rating had previously been displayed, and they thought the issue had occurred when their website had been upgraded. We checked the website during our site visit and saw it had been updated to ensure the rating was displayed as required.