

Miss Margaret Anne Morrison

Trust Life Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Trust Life Care on 3 and 8 August 2017. The inspection was announced. We gave the provider 48 hours' notice to ensure there would be someone in the office. We last inspected the service in June 2016, where we rated the service 'requires improvement'.

The service is registered to provide personal care to people living in their own homes. The service provides support to older people and younger adults, people with mental health conditions and people with physical disabilities. There were 25 people using the service at the time of the inspection.

The provider is an individual 'registered person' and there is no requirement for them to have a registered manager for this service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems in place for the management of medicines were not sufficiently robust to ensure people received their medicines safely. Systems in place to monitor and improve the quality of the service were not effective in identifying and addressing the issues with medicines. People's daily notes were not regularly reviewed.

New staff received an effective induction and were supported with any training needs. Staff received annual appraisals and supervisions and told us they felt well supported. However, the service was not monitoring training needs effectively.

Staff were knowledgeable about different types of abuse and how they would raise a safeguarding concerns. Risk assessments were carried out to make sure that care was provided as safely as possible. Accidents and incidents were recorded and there were processes in place to investigate them.

There were adequate recruitment procedures in place to make sure that staff were suitable to work with vulnerable adults. There were enough staff to provide support and ensure people's needs were met. People told us staff did not miss visits and would inform them if they were late.

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 provider carried out assessments on people's capacity and made best interests decisions in line with the Mental Capacity Act 2005. People's consent was gained before care was delivered and consent forms were recorded in people's care plans.

People were appropriately assessed before coming into the service and receiving care. Care records were person-centred and included information on people's likes and dislikes.

People and relatives told us they were cared for by kind staff who treated them with dignity and respect. Staff worked with healthcare professionals to ensure people's wellbeing was maintained to a good

standard.

The service had an up to date complaints policy. No complaints had been received since our last inspection and people we talked to told us they were confident they knew how to make a complaint.

We found a breach of regulation relating to the governance of the service. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The management of medicines were not robust enough to ensure people always received their prescribed medicines correctly.

Staff told us how they would recognise signs of potential abuse.

Staff were recruited safely into the service, with appropriate background checks carried out before staff started work. There were enough staff to deliver care safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People told us staff were competent and well trained to deliver care. Staff were supported to complete a range of training, however training needs were not monitored effectively.

Staff received regular supervisions and said they felt supported. All staff had received an annual appraisal.

The provider had an understanding of the Mental Capacity Act 2005, and people had assessments and best interest decisions documented in their care plans.

Is the service caring?

Good ●

The service was caring.

People told us they were cared for by kind and attentive staff.

Staff treated people with dignity and respect, and supported people to remain independent.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred, with detailed instructions for

staff as to how people wanted to be cared for.

The provider had a complaints policy and people told us they knew how to make a complaint or raise concerns.

Is the service well-led?

The service was not always well led.

There were some systems in place to monitor the quality of the service, however, they were not effective and did not identify any of the concerns we raised.

Staff felt supported by the provider and enjoyed working at the service.

Requires Improvement ●

Trust Life Care

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 3 and 8 August 2017 and was announced. We gave the provider 48 hours' notice, because we needed to be sure that someone would be in the office. One adult social care inspector carried out the inspection. At the time of the inspection, there were 25 people using the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We reviewed this information and used it to plan our inspection.

We also asked partner organisations, such as Healthwatch and the service commissioners for feedback before our inspection.

During the inspection, we spoke to four people who used the service and three relatives of people who used the service. We also spoke with six staff, including the registered manager, senior carers and care support workers. We reviewed six care records as well as other documents relating to care, support and management of the service, for example medication administration records and staff recruitment files.

Is the service safe?

Our findings

We looked at the systems in place for the management of medicines. Staff received training around the safe administration of medicines. We found the manager conducted thorough spot checks on staff administering medicines during visits, which noted whether the medicine was delivered in a safe, caring way and in accordance with the instructions given.

However, we could not be assured that medicines were managed safely, as staff did not always sign people's Medicine Administration Records (MARs) to confirm medicines had been administered. We looked at MARs and found four different MARs where signatures were missing. In one MAR we looked at, a medicine was prescribed to be given once a day. In the MAR, we saw that this medicine had been recorded as given only twice during the week. When we asked the manager to comment, they told us that the medicine was prescribed and received at the end of that week, and that this should have been noted in the section of the MAR where a date could be entered to reflect the start of a new medicine, and in this instance the staff member had not included this date as a recording error. We saw in another MAR, a medicine had been administered in the morning, when the prescribing instructions clearly stated it should be administered in the evening only. Daily notes we looked at did not reflect any change to the medicines or give an explanation for this. We looked at other MARs where we found that missing signatures had been explained by staff in additional paperwork, for example where a patient had refused to take a medicine, and that for another medicine where it had been introduced during the week the date was recorded.

When we raised these concerns with the manager they acknowledged the recording of MARs could improve, and that they had no concerns with staff practice as they conducted regular medicines spot checks, which we reviewed. One member of staff we spoke with said, "We do have medicines competency checks from time to time, and they are useful. If we need any information the manager is always there." When we asked staff about the management of medicines, one staff member said, "There's that much paperwork to do sometimes, I do forget and I'm not the only one. Just the time filling in afterwards when you have to remember what you've done you tend to forget sometimes."

We found a 'missed signature tool', where staff were able to give reasons and further context as to why a signature was missing. For example, we saw one entry where staff had written, "Not been four hours since the last dose [of paracetamol] and [Name] is not in any pain". This showed a good knowledge of the medicine and took into account people's preferences. However, on other MARs this tool had not been used where there were missing signatures.

The provider had introduced an audit process for medicines which was a checklist of required standards. However, the provider's audits of MARs had not identified the missing signatures which we found. This showed us their audits were ineffective in ensuring medicines were safely administered as they had not identified the errors we found.

We concluded that the service was not maintaining accurate, complete and contemporaneous records and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014 (Good Governance).

At our last inspection, we found staff were not always recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made the required improvements and was no longer in breach of the regulation. We looked at five staff personnel files, including the most recently recruited staff. We found staff were recruited safely and appropriately into the service. Recruitment records contained relevant identity checks, interview notes and professional references, as well as the Disclosure and Barring Service (DBS) check. A DBS check allows employers to see whether applicants have had prior convictions that may make them unsuitable to work with vulnerable people.

People told us there were always staff available to attend all of their visits. One person said, "They've never missed a visit in 15 months and rarely turn up late and never by very much. I've nothing to complain about." When we reviewed the staff rotas, we found that all visits were covered; however feedback from staff was mixed. One member of staff said, "Yes sometimes weekends are a bit short with holidays, but it always gets done. We pull together as a team, lots of us cover when there are holidays or sickness, you have to really." We found the provider was actively trying to recruit a new senior care worker and a fulltime care assistant. The service monitored the times staff arrived and left visits which staff reported themselves as part of their invoice auditing. We saw that the service had plans in place to bring an electronic sign-in system and had purchased mobile phones to give to all staff to facilitate this. The service had already delivered some training to staff in preparation for this switch.

The manager understood their obligations to safeguard vulnerable adults from harm. There was an up to date safeguarding policy. Staff had received safeguarding training and understood what safeguarding meant. One member of staff described their understanding of safeguarding: "I haven't seen anything I'd raise, but it's very important, people have got to be all right. I'd say it can be, for example, a misleading record of medication, or not giving enough food and drink where they become dehydrated and malnourished." Another member of staff said, "It can be if people have unexplained bruising, are not getting fed, not getting medications, any abuse be it physical or mental."

Risks were assessed and recorded appropriately, these included environmental and medicines risk assessments which instructed staff on what precautions they needed to take and what factors they needed to consider when entering people's homes. We saw specific risk assessments for staff to consider, for example when entering the home of a person who had a history of drug abuse there was guidance for staff. People also had personal emergency evacuation plans to instruct staff on how to help mitigate risk in the event of a fire.

Accidents and incidents were managed appropriately by the service and there was a process in place to investigate incidents, however there was only one incident recorded which related to a staff member being injured.

Is the service effective?

Our findings

People told us they were cared for by competent and trained staff. Relatives of people who used the service told us staff were skilled and able to provide the care their loved ones needed. New staff were required to complete the 'Care Standards Certificate', unless they held an NVQ (National Vocation Qualification) at level 2 or above. The Care certificate is a nationally recognised training programme developed in partnership with Health Education England and Skills for Care. It is used in the induction of staff. We saw that the induction programme included practical face to face classroom based training.

Staff told us they felt that training was adequate. One member of staff we spoke with said, "We do quite a bit of training. It's ongoing, with online courses. We are reminded when its due and we do it." Another member of staff corroborated this with us saying, "I've been there since last February and I've done loads of training courses online." However, when we reviewed the service's training matrix, we found that this was not up to date and did not reflect courses staff had completed. This meant that the service could not effectively monitor the training needs of staff. When we raised this with the manager they produced a revised training matrix which reflected what training staff had received. The manager told us that mandatory training was intended to be completed annually; however three members of staff had last taken these courses in 2015. We saw that these staff members had received supervisions where no concerns had been identified, and completed other courses such as challenging behaviour training and the care certificate within the last year. Mandatory training included training in areas such as Safeguarding, Fire Safety and Food Hygiene.

At the last inspection, we found people's capacity was not always assessed and best interests decisions had not been made by the provider. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had made the required improvements.

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 MCA 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 interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider carried out mental capacity assessments and recorded best interest decisions made on people's behalf in line with the principles of the MCA. The provider demonstrated that they understood the MCA, saying, "We know that capacity must be assumed until proven otherwise." We saw people had signed consent forms for medicines and consent to care in their records. Where people did not have capacity, this was recorded and signed by a relative and the manager.

Staff told us how they worked under the principles of the MCA, "We as carers are encouraged to look at the capacity of our clients. There are forms in care files to say who has got capacity and to make a particular decision and we are encouraged to find out if clients have got capacity." Another member of staff said, "We

give them a choice if they are able to understand certain questions, for example we ask what they want to wear if they are able to tell us, otherwise we make the choice for them. The care plan will help, encouraging us to give people a choice or instructing us to make the decision."

We asked people if consent was always gained before delivering care and they agreed. One person said, "The Staff always ask me for my consent and ask me if they can do anything for me."

Staff supported some people who used the service with their nutrition and hydration needs. And where necessary visit records logged what they had to eat and drink, with information on people's preferences recorded in their care plans and whether they needed their nutrition monitored. One staff member told us, "We keep an eye on clients to the best of our ability, making sure they eat and drink plenty." We saw a staff spot check visit which included checking whether food and drink were recorded, and in one spot check we saw written, 'Offered choice for breakfast, chose porridge.'

Care records included correspondence and instructions from health professionals where specific concerns were identified. For example, where people had returned from hospital with pressure sores staff were instructed to be aware of this and raise this with their manager if they had any concerns, and any correspondence from health professionals was available in care files. When we spoke with a relative they told us, "They don't miss anything out; if they aren't sure [about health concerns] they always show me and get me to call the doctor. They don't let anything go by." This showed us people were supported to maintain good health and had access to healthcare services.

Is the service caring?

Our findings

All of the people we spoke with told us they were well cared for by staff who were kind and polite. One person we spoke with said, "They've been good to me, I wouldn't be here if it weren't for them. I live on my own and when I came out of hospital, I was a right mess. I came home and staff took over and I couldn't thank them enough. They are always polite and respectful." One relative we spoke with said, "They provide positive care. I can't really make any complaints; the care they provide is what we were expecting."

It was evident when speaking with staff that they cared about the people they supported. One member of staff told us, "We are proud we all do a very good job. It's all down to the staff. It's us that go out there and do what we do and keep everybody safe and happy; we do everything we can possibly do. Feedback from clients is good, as far as I can tell they all seem happy and their families are happy." Another staff member said, "Carers really do care, you get the time and put the effort in which is really important." One person told us, "They are good with me, they don't push you around and they do a good job." A relative told us, "They are happy and friendly. We talk about [person's name] and they ask me if I I'm happy."

People told us staff respected their privacy and dignity. One relative told us, "They are very good with privacy and dignity. When they [My relative] are washed staff talk to them and tell them what they are going to do. The staff are very calm, and reassure them." We asked staff how they would ensure people's privacy and dignity was maintained. One member of staff said, "We close the curtains, cover them up, close all doors and put people at ease so they aren't embarrassed and divert them from what we are doing." On a visit we observed staff had ensured curtains and doors were closed before delivering personal care.

People were offered choices about how they wanted to be cared for and staff supported them to do so. We saw for example in one spot check conducted by the manager staff offered a person who had mobility difficulties a choice of where they wanted to sit, and what activities they could help them do for example if they wanted to watch TV. People told us they were comfortable telling staff what they wanted to do and that they would inform staff or the manager if they had concerns. Staff told us they supported people's choices by reading people's care plans and asking questions about what they wanted to do. One staff member said, "The clients are the people that know how they want things done, not us."

People and their relatives told us they would recommend the service to others. One person we spoke with said, "Oh yes I'd recommend them to anyone. They have always been exceptionally willing and able" and "Yes I would 100% recommend them."

The service had an up to date equality and diversity policy compliant with the Equality Act (2010) and we saw information about people's protected characteristics such as their religion, sexuality and race were considered appropriately, for example in people's care plans there was space for information about their beliefs, however we did not see any care plans where special consideration was requested by people.

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to their needs and that they were involved in discussions about how their care and support was provided. One relative said, "When we decided we needed help, we had a meeting and a plan was made."

People's needs were appropriately assessed before they started using the service, with assessment forms recording personal details, medical history, what the person's needs were and how staff could meet them. One person told us, "When we decided we needed help we had a meeting with the service and a plan was made." Care records included assessments conducted by the local authority.

We found care plans were person-centred, with instructions for staff as to how people wanted their care and support to be delivered. For example, in one person's care plan we read, staff were told, "[Name] doesn't eat breakfast, but likes plenty of their favourite flavoured water."

Care plans were regularly reviewed, and where people had a change in circumstances, for example loss of mobility after a hospital admission, we saw that amendments were made to reflect this. People told us they were involved in decisions made around their care, for example one relative we spoke to said, "They ask me if I want to change anything and always keep me involved."

Staff told us that where people had capacity, they would always ask what they wanted and take the lead from them, and where they did not then they would take the lead from their relatives. For example, one person's 'Plan of how identified needs will be met' document instructed staff that, "Entry is gained by knocking on the front door, [Relative] will give entry. [Relative] will hand clean pyjamas to carer, place these on the radiator so they are warm." These instructions demonstrated that the service was responsive to how people wanted to be cared for and included people's loved ones in decision making.

Staff told us they were confident they could read a care plan of someone they did not regularly care for and know how to care for that person and some information about their background. For example, life histories had been introduced to care plans with some details on people's family, careers, likes and dislikes. We found that these were written sensitively, with instructions for staff to consider people's life histories, for example in one person's care plan we saw written, "[Name] likes to go shopping and do puzzles and jigsaws. [Name] can become tearful after losing her husband."

The provider had a complaints procedure, which contained information about how to make a complaint and gave a time line showing when people could expect a response by. There were no complaints for the current year on record. People we spoke with told us they were confident they could call the provider if they had a complaint. One relative told us, "I'd ring the manager if I had a complaint, but I have nothing to complain about." One person who used the service told us, "I've rang them before over the phone. They've always been polite with me." Another person said, "If I had a complaint, I'd go to the head of Trust Life Care. I've spoken to them; they have been here once when short of staff. I've spoken to them on numerous occasions on the phone."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems to help providers assess the safety and quality of their service. At our last inspection, we found systems in place for assessing the quality and safety of the service were not effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified evidence that the service had not made the required improvements and was still in breach of the regulation.

The provider had begun auditing medicines records as a result of the last inspection; however these had not identified and addressed the issues we found with medicine management. For example, where we found missing signatures on medication administration records, the part of the audit which asked whether there were any missing signatures said there were none. Other quality assurance processes included the invoicing of time sheets, and staff spot checks where practice and behaviours were assessed.

We asked staff if they got feedback from the quality assurance processes. One staff member told us, "We take care record sheets in [to the office] from time to time, but do they read them? I don't know if they are audited. They should do. We don't get feedback." When we asked the manager about quality assurance processes they said, "I look if I specifically want to know something. I know all clients and staff, and clients phone us, so we record things we think we need to know. We try to leave a month past in the file if we need to go back."

When we asked to see the staff training matrix, we found this showed most staff had not received all of the training they were required to have done. We asked how the provider monitored and assured themselves staff were up to date with their training. They told us they relied on an external provider to prompt staff to do online courses. When we looked in staff files, we found certificates for training courses completed did not match the information given on the training matrix. When we raised this with the manager they looked through the certificates in the staff files and produced a revised training matrix. We saw that three members of staff had not completed mandatory training courses since 2015, but had completed other training modules or programmes such as the care certificate within the last 12 months. These members of staff had also received supervisions and appraisals. However, we were not assured that the provider had adequate systems in place to monitor staff training needs and compliance with mandatory training.

Although the provider had introduced some additional systems to ensure the quality and safety of the service, they were still not comprehensive or robust and, where they had introduced an audit, it was not picking up the issues we identified. We concluded that the provider was still in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also spoke with staff about the leadership and culture of the service, and all of the staff we spoke with said this was largely positive. One staff member said, "The manager is approachable. I've had discussions with them. They are very good, always willing to listen and to help. If we need any information, they are always there." Another member of staff said, "Yes the leadership team are approachable. I find them really

easy to talk to and I'd go to them if I needed." Another staff member said, "They are very fair, thorough and strict. Overall it's a nice company to work for." Most of the staff we spoke with said they would recommend the service as a place to work, however one member of staff said that while the care provided and teamwork were good, aspects of the service could improve, for example working hours and arrangements for annual leave.

Staff meetings took place on a more regular basis since our last inspection, with three taking place since December 2016. Staff meetings were well attended. One staff member told us "I think we've had three this year." Staff meetings were forums for staff to raise any issues they have, and to discuss new developments to the service, for example at the latest staff meeting staff discussed the new mobile phones they were to be given and how they would be used in practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place for assessing the quality of service delivery were not always robust or effective, and medicines records were not always accurate and contemporaneous.</p>