

Mrs Rachel Joan Brunton

The Care Trust

Inspection report

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30 June 2022

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

The Care Trust is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was providing end of life care and support to 11 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided

People's experience of using this service and what we found

Staff knew people well and could describe the action they take to reduce the risk of avoidable harm. However, not all risk assessments reflected this level of detail. Accidents and incidents were responded to appropriately and measures were put in place to reduce the risk of re-occurrence. However, not all incidents were recorded on the providers incident log. This meant there was a risk that accidents and incidents would not be effectively analysed for patterns and trends.

Auditing systems were in place. However, we found that they were not always effective. Not all concerns had been picked up by the providers monitoring systems. This meant there was a risk that opportunities to improve quality and safety could be missed. We made a recommendation for the provider to review their current governance systems to ensure improvements to quality and safety were identified and actioned accordingly.

Staff were safely recruited and deployed in sufficient numbers to meet people's needs. People told us that staff always turned up to their calls and calls were rarely late. People were supported to take their medicines safely and they told us they felt safe when staff supported them. Comments included, "I feel safe, 100% with [staff]." Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.

People's needs were assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs. Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff. Staff were confident they knew who to contact if people required health support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and respect. Staff spoke with compassion when describing their role and the people they cared for. People and relatives spoke positively about the caring nature of staff. Comments included, "They have been very, very kind. It's like talking to one of your friends."

Staff explained how they promoted choice whilst they supported people in areas such as food choices or what people chose to wear. Care plans were written in a way which focused on promoting people's dignity and independence. Care plans reflected people's likes, dislikes, preferences and backgrounds. People and relatives told us they were involved in their care plans.

There was an appropriate complaints management system in place. People we spoke with had no concerns about the management of the service. Comments included, "The service they provide is first class."

The provider worked in close partnership with external health professionals to provide compassionate end of life care. The culture of the service focused on ensuring people received person-centred care that met their needs and preferences. People and relatives felt that the service was helping to meet their needs and outcomes. The provider understood the importance of using feedback from people, relatives and staff to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 4 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

The Care Trust

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience contacted people and relatives by telephone to gather their experiences of the care provided by the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 June 2022 and ended on 30 June 2022. We visited the location's office/service on 23 June 2022.

What we did before the inspection

We reviewed information we had received about the service since it registered with us. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care

provided. We spoke with seven members of staff including the provider, deputy manager, recruitment officer and care workers. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and quality assurance systems were reviewed.

After the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, staff training and staff rotas.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff knew people well and could describe the action they take to reduce the risk of avoidable harm. However, not all risk assessments reflected this level of detail. The provider was receptive to our feedback and took immediate action to improve risk assessments during the inspection process.
- Accidents and incidents were responded to appropriately and measures were put in place to reduce the risk of re-occurrence. However, not all incidents were recorded on the providers incident log. This meant there was a risk that accidents and incidents would not be effectively analysed for patterns and trends. Please see the well led section of the report for our recommendation regarding this.

Staffing and recruitment

- Staff were safely recruitment and deployed in sufficient numbers to meet people's needs.
- The provider had implemented electronic call monitoring system (ECM) to ensure care calls were taking place as planned. However, the system did not always provide effective oversight as staff did not always log in to their calls. Please see the well led section of the report for our recommendation regarding this.
- People told us that staff always turned up to their calls and calls were rarely late. They told us staff have time to spend with them and they don't feel rushed. Comments included, "They always turn up. If [staff] are going to be late, they ring and let me know of any delays. It's been smooth" and "[Staff] always ask and make sure if there is anything else you want. They don't dash off."

Using medicines safely

- People were supported to take their medicines safely.
- Staff received training and the provider assessed their competency to ensure they administered medicines in line with best practice standards. However, we found that records relating to staff competency needed more detail to demonstrate a full assessment had taken place. The provider acted upon our feedback and introduced a new medicine competency checklist during the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and knew how to make referrals to the safeguarding authority.
- People told us they felt safe when staff supported them. Comments included, "I feel safe, 100% with [staff]" and "I feel very safe, [staff] make sure they take good care of me, [staff] are very trustworthy and very honourable."

Preventing and controlling infection

- Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.
- Staff completed COVID-19 tests in line with current government guidance.
- People told us staff followed good hygiene practices. One person told us, "As soon as [staff] come in, they wash their hands, put gloves on and wear masks, they do it all by the book."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed when they first started using the service and assessments focused on people's personal likes and preferences as well as their physical care and support needs.
- Oral health was considered as part of the assessment process and information was in place to guide staff to support people with good mouth care.
- Care plans showed detailed information around people's eating and drinking needs and included people's preferences.

Staff support: induction, training, skills and experience

- Staff received training to complete their job roles effectively and gained practical experience by shadowing experienced staff.
- The provider regularly supervised staff and assessed their competency to help ensure they had the skills and knowledge to perform their jobs safely.
- People and relatives told us staff were competent in their roles. One person told us, "[staff] know exactly what to do. It's just the way they talk and act with you. They seem to know."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff were confident they knew who to contact if people required health support. Care plans directed staff to contact professionals such as GP's should there be any concerns.
- People and relatives were confident staff would support them to stay healthy and see health professionals when needed. One person told us, "One carer noticed I wasn't too good, and she got in touch with someone when she got back to the office and I had a call from the district nurse. They do notice."
- Staff followed the advice of healthcare professionals and people achieved positive outcomes because the relationships between organisations were effective. For example, staff worked alongside district nurses to help manage a person's pain relief. This led to a good outcome as the person's pain was effectively managed.

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as

possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- All people currently supported had the capacity to consent to their care and treatment. However, the provider understood their responsibilities under the MCA and outlined the assessment process they would follow if they felt a person lacked the mental capacity to make a particular decision.
- Care plans were signed by people receiving support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect.
- Staff spoke with compassion when describing their role and the people they cared for. They had a good understanding of people's likes, dislikes and preferences and explained how they supported people according to these during their care visits.
- People and relatives spoke positively about the caring nature of staff. Comments included, "There have been days he's been very poorly and when [staff] come in it bucks [person] up a bit, they are all really kind" and "They have been very, very kind. It's like talking to one of your friends."

Supporting people to express their views and be involved in making decisions about their care

- Staff explained how they promoted choice whilst they supported people in areas such as food choices or what people chose to wear.
- People and their relatives were involved in the planning of their care needs.

Respecting and promoting people's privacy, dignity and independence

- Care plans were written in a way which focused on promoting people's dignity and independence.
- Staff provided many examples about how they promoted people's dignity and independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The provider worked in close partnership with external health professionals to provide compassionate end of life care.
- Staff spoke warmly about the care they provided to people at the end of their lives. One staff member told us, "I spend a lot of time talking to [person] to take their mind of their diagnosis. I spend time talking and reassuring [person] to put them at ease."
- Care plans sensitively described people's end of life wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans reflected people's likes, dislikes, preferences and backgrounds.
- People and relatives told us they were involved in their care plans. One person told us, "I was involved, it's comprehensive. If I think something needs to be added, I would ring and ask."
- People were supported to contact their relatives and friends if this was something they wanted to do.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were discussed during the initial stages of the care planning process. This meant the provider could identify if information needed to be developed in accessible formats.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. The provider had acted upon feedback and ensured people and relatives were provided with a copy of the complaints policy.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing systems were in place. However, we found that they were not always effective. For example, not all concerns found with risk assessments, accident and incidents analysis and electronic call monitoring data had been picked up by the providers monitoring systems. This meant there was a risk that opportunities to improve quality and safety could be missed.

We recommend the provider reviews their governance systems to ensure information on areas of care provision are recorded and effective action taken to drive improvements in quality and safety in a timely manner.

- The provider was clear regarding their role and responsibilities in accordance with reporting notifiable incidents to the CQC. However, we found that not all notifications were sufficiently detailed or submitted in a timely manner. The provider was receptive to our feedback and gave assurances that improvements would be made in this area.
- People we spoke with had no concerns about the management of the service. Comments included, "The service they provide is first class" and "They are a real find and it's a real pleasure."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The culture of the service focused on ensuring people received person-centred care that met their needs and preferences.
- People and relatives felt that the service was helping to meet their needs and outcomes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider involved people, relatives and staff through regular reviews, team meetings and satisfaction surveys. The provider understood the importance of using this feedback to improve the service.
- The provider worked well with external professionals and shared information in an open and honest manner.