

Tru Care (UK) Ltd

TruCARE UK Ltd

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

TruCARE UK Ltd is a domiciliary care agency providing personal care to older and younger people, people living with dementia, mental ill health, sensory impairments, or physical disabilities. At the time of our inspection there were 14 people receiving personal care from the service. 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

People felt safe. Staff were recruited safely, experienced and knew how to keep people safe from harm. Risk assessments for people and their homes were in place. Medicines were administered safely by staff who were trained to do this.

People received effective care from staff who received an induction. Care plans contained enough detail for care to be provided and considered people's cultural needs and preferences. Managers ensured staff were competent and confident in their roles, so people received safe care.

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 received care which was person centred. People's care was delivered by a regular group of staff who knew them well. Staff went above and beyond their normal duties to ensure people had everything they needed. Feedback from people and their relatives was extremely positive about the care being provided.

Staff were responsive to the needs of each individual. They spent time getting to know people so they could understand how to communicate with them. Visits were not rushed, and people had the time to chat to staff and be fully involved in the way their care was provided.

The service was well managed. The registered manager had good oversight of the service and ensured staff were well supported. People and staff described the service as being part of a 'family'.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service at the previous premises was Good, published on [03 July 2019].

### 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# TruCARE UK Ltd

## 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

One inspector carried out an inspection onsite and an Expert by Experience made calls to people and relatives. 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 and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 19 July 2023 and ended on 20 July 2023. We visited the location's office on 19 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 4 members of staff including the registered manager and care staff.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service was operated and managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff and with the support provided. One person said, "I do feel very safe with them, they are nice. We have a conversation, and we have a good rapport."
- Staff understood their responsibilities in keeping people safe. They gave examples of what to report and how to do this.
- The registered manager had effective safeguarding systems in place. They ensured staff received training and understood what to do to keep people safe from harm.

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

- People's safety and ongoing risk was managed well. One person said, "We did a care plan and risk assessment, I have a copy here in a folder."
- Staff had a good understanding of how to manage and reduce risks to people. People's supplementary records demonstrated staff were supporting people in line with their care plan and monitoring people's health and skin as required.
- The registered manager regularly audited risk assessments to ensure they were reviewed and up to date.
- The registered manager used the systems and processes in place to ensure people received a good level of care. Lessons were learnt from incidents and accidents and this information was shared with staff through weekly bulletins and regular support sessions.

Staffing and recruitment

- People and relatives said there were enough staff to meet individual needs. One relative said, "We get 1 of 3 regular carers come in. They are always punctual, and we get the full half hour call."
- Staff were recruited safely. This included asking for references and completing checks with the Disclosure and Barring Service. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager recruited more staff than required for each package to ensure care could always be delivered.

Using medicines safely

- Medicines were managed and administered safely. Staff received training in giving medicines. The registered manager checked they were competent to do this on a regular basis.
- We found all prescribed medicines including creams were recorded and the registered manager completed regular audits.
- Protocols were in place for the administration of 'as and when required' medicines such as pain relief and

staff used these to ensure this was administered safely.

#### Preventing and controlling infection

- People and their relatives said there had been no issues with staff using personal protective equipment (PPE) while providing care. One person said, "They wear PPE including masks. I have a health condition and can pick up infections easily."
- Staff had received training in the use of PPE and followed the guidance set out in the provider's policy.



# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans were detailed and personalised. Staff said they had no concerns with the care plans and felt they gave all the information needed to provide care. One staff member said, "All the information to provide care is accessible. It's good to have a detailed overview before providing care."
- The registered manager wrote care plans with people and their relatives to ensure they were relevant and personalised. The plans included information about a person's communication needs, health and well-being, religious and cultural needs and reflected how the person wanted to be supported.
- The provider ensured detailed pre-assessments were completed before taking on a new package of care to ensure they were able to train staff before care started.

Staff support: induction, training, skills and experience

- People and relatives said staff were trained and knew how to meet their needs. One relative told us, "They do seem to be trained and know what they should be doing."
- Staff were trained and received a full induction before providing care. They spent time going to visits with experienced staff so they could get to know people before going out on their own.
- The registered manager ensured staff received a range of training both online and face to face. This included training in areas such as medicines administration and moving and handling so they could meet people's needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People said staff supported them with food and drink when required. This ensured they maintained a healthy diet. One relative said, "They do prepare the midday meal and spend time with them [relatives name]. They know Friday is fish and chip day."

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

- People receiving care had a range of professionals involved and staff liaised with them and followed the advice they provided, so people had the best health outcomes possible.
- Relatives said staff knew people well and identified when they needed additional support and treatment. One relative said, "They have noticed changes in [relative's name]. They have problems with their feet. The carer or registered manager tell me if they think she needs anything checking."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- People and their relatives were included in all decisions about their care, and this was documented in their records.
- One relative said, "They always ask for their [relative's] consent and talk them through what they [staff] are going to do."
- The registered manager and staff demonstrated a good understanding of the MCA and how this is used to support people.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff were caring and knew them well. One person said, "They [staff] are very, very kind. I'm not rushed at all, and they are very respectful."
- People confirmed they received care from the same staff. This helped to ensure staff knew people's risks and safety needs well. One person said, "Its a small company I get all regular carers."
- Staff delivered care in a way which was respectful and considered the choices and preferences of each person. One relative said, "They [staff] talk everything through with [relative's name], and how they [relative] like things done. They [staff] are very patient."
- Staff understood their roles through training and support from managers. Staff gave examples of how they worked alongside people in partnership and treated them with dignity and respect. They gave examples of visiting people in hospital and going over and above their usual duties to make phone calls to make appointments by phone for people who found this difficult. One staff member said, "We do go over and above for people. If we can't sort a problem, then we speak to the registered manager who will sort it for them."

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

- People and where appropriate, their relatives, were involved in making decisions about their care. We saw this was written in the care plans which people had signed and in the daily records. One person said, "We did a care plan and risk assessment with [Managers name]. We have a copy and reviews are done with the manager."
- The registered manager made regular contact with people and their relatives to ensure they were happy with the care provided. As a small organisation the feedback was done in an individual and personalised way.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. One person said, "They [staff] come when they should, stay the allocated time in fact probably stay longer than they should."
- Staff considered the needs of the people they supported and knew them well. Staff gave examples of using personalised care plans to engage and build trust with the people they supported.
- The registered manager audited care plans and the daily records and gave feedback to staff about the quality of these, so they were continually being improved and easy to use.

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.

- Relatives said staff knew how to communicate with people. One relative said, "They talk [relative] through what they [staff] are going to do and check she is happy and understands everything."
- Staff understood how people liked to communicate. This was set out in care plans and staff used these to meet the individual needs of people in their care. They gave examples taking time to listen to someone who had a health condition and the importance of waiting for a response.
- The registered manager ensured people had access to information in a way they could understand such as large print or easy read.

Improving care quality in response to complaints or concerns

- People and relatives felt confident they could raise a concern, and this would be responded to appropriately. One person said, "We have no complaints because there is nothing to complain about. We would speak to the manager if we needed to."
- The registered manager ensured complaints were responded to in line with the providers policy. Records showed the service had not received any complaints or concerns for a long time but did receive lots of compliments.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives said they felt positive about the service. They all knew the registered manager by name and had regular contact with them to review the care they received. One relative said, "If we call the office, we always manage to speak to someone."
- Staff told us the service was well-managed. They used words such as supportive and approachable to describe senior staff and said it was a good company to work for. One staff member said, "I went into care to help people. I wouldn't want to work anywhere else. It's like a family." Another staff member said, "The manager and staff are supportive. I can call anyone if I need to."
- Staff told us that although they didn't have regular staff meetings as they are a small team, they received regular supervision and bulletin updates every week. They said they could speak to the registered manager whenever they needed to. One staff member said, "The registered manager is always at the end of the phone."

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

- People and relatives said they were informed if something went wrong, or a carer was going to be delayed. One person said, "They [staff] let me know if they are held up."
- The registered manager understood their responsibility to inform CQC about events which affected their service such as safeguarding, or absence of the manager for more than 28 days.

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

- The service had a registered manager who was supported by a small team. An experienced carer provided cover when needed.
- The registered manager had good oversight of the service. They used audits of care records and observations of staff practice to ensure care was being provided as it should be. These were used to continually improve the service and ensure staff were competent to do their roles.
- The registered manager used a weekly bulletin to share learning and changes with staff.

Working in partnership with others

- The registered manager and staff ensured each person had the right professionals involved in their care

and support, so they felt safe and happy. This included health professionals and social care staff.