

Trinity House Care Services Limited

Trinity House Care Services Limited¹

Inspection report

The Old Vicarage
Oaklands
Egremont
Cumbria
CA22 2NX
Tel: 01946 841577

Date of inspection visit: 20th March 2015
Date of publication: 29/04/2015

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 

Overall summary

This was an announced inspection that took place on Friday 20th March 2015.

Trinity House provides care in people's own homes in the Copeland area. On the day of the inspection care was being delivered to one person. The company also run a nursing agency from this location. Nursing agencies are not registered with the Care Quality Commission.

The service has a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

We judged that people who used this service were safe because there were suitable arrangements in place to safeguard vulnerable people from harm, abuse or neglect. Staff understood how to keep people safe.

The office was secure and confidential files were kept locked away. Good recording systems were in place so that any accidents or incidents would be monitored appropriately.

We judged that staffing levels were suitable. Staff were recruited appropriately with checks on candidates' background made prior to the staff member having access to people in the community. There were suitable disciplinary procedures in place.

We checked on medicines management for the service user. This was being done appropriately. The registered manager ensured that staff had suitable training and guidance on management of medicines.

We checked on the files of two members of staff and we saw that they received appropriate training, induction, supervision and appraisal. We judged that staff development was important to the registered manager.

The registered manager was aware of her responsibilities under the Mental Capacity Act 2005.

The agency's office needed some decorative improvements and we were told that this was being dealt with. The office had suitable secure, fireproof storage. Telephone and IT systems were in place.

We had evidence to show that the person who used the service found the staff who visited to be kind, caring and respectful. We learned that privacy, dignity and confidentiality were important in this agency.

We had evidence to show that good assessments of need were completed before the new service started. We read a detailed care plan and saw a copy of tasks to be completed in the person's home. We noted that staff were supporting this person to be less socially isolated.

The agency had a registered manager who had suitable training and experience.

There was a suitable quality monitoring system in place and we had evidence to show that the registered manager made weekly checks on the quality of care delivery. Training, risk management, management of medicines and delivery of care were all monitored closely. There was a quality monitoring plan in place and a business development plan.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm because staff were suitably trained and good safeguarding systems were in place.

Staffing levels were appropriate

Medicines management was appropriate.

Good



Is the service effective?

The service was effective.

Staff were being suitably trained and developed.

The registered manager understood her responsibilities under the Mental Capacity Act 2005.

Good



Is the service caring?

The service was caring.

The person who used the service judged the staff to be caring and respectful.

We learned that the person receiving care was satisfied with the way their privacy and dignity was maintained.

Good



Is the service responsive?

The service was responsive.

Suitable assessment of need was in place.

There was a suitably detailed and up to date care plan in place. The staff worked with the person to lessen social isolation.

Good



Is the service well-led?

The service was well led.

The registered manager conveyed her vision and values to the staff.

There were suitable systems in place to monitor quality.

Good



Trinity House Care Services Limited¹

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 checked 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 20th March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

We looked at the care file kept in the office for the person in receipt of care. We also looked at paperwork kept in this person's home.

We met one person who used the service and a member of this person's family.

We spoke with the registered manager and we telephoned the care assistant who delivered care in this agency.

We looked at the care file kept in the office for the person in receipt of care. We also looked at paperwork kept in this person's home.

We looked at the file for the member of staff who delivered the care. We also looked at the staff file of one other person who might be called on to deliver care if the main care assistant was not available. These files contained evidence of how recruitment was managed and the ongoing supervision and appraisal of these staff.

We looked at the record of training received and the training plan.

We saw records related to the monitoring of quality, the management of the office and the business plan for the agency.

We also spoke with commissioners prior to our visit but they had no information about the agency.

Is the service safe?

Our findings

We asked the person who used the service about how safe they felt being cared for by the agency. They told us they felt safe. We also met with one of their relatives who also said that they were confident about the safety of the care delivery.

We looked at the arrangements in place in the service to protect people from harm and abuse. We had evidence to show that staff were trained in these matters. There were suitable policies and procedures in place. The member of staff we spoke to was confident that matters of safeguarding would be handled appropriately by the registered manager or the provider.

There had been no incidents of concern or accidents in the service. We saw evidence to show that arrangements were in place for reporting accidents. Suitable risk assessments were in place.

We looked at the files for two members of staff and saw that they had been appropriately recruited. Suitable checks were made prior to a member of staff starting with the agency.

We looked at the arrangements around staff disciplinary procedures. We saw that there were suitable systems in place. There had been no disciplinary actions in the agency.

On the day of our visit the agency was delivering care to only one person. This person was in receipt of care in the morning and in the evening. One member of staff delivered the care. When this member of staff was on their days off the registered manager delivered the care. The registered manager told us that there were staff employed by the nursing agency who would step in to deliver care if necessary. We judged that staffing levels were suitable to deliver care to one person.

There were suitable policies and procedures in place for staff to support people to take their medicines. We checked on medicines management in person's home. These were being managed appropriately.

We saw that staff were trained in infection control. When we visited the service user we had evidence to show that suitable infection control practices were in place when care was being delivered.

We spent some time in the office of this agency. We noted that there were suitable systems in place to make sure that this office was safe and secure. The office space was in a rural area and somewhat isolated. Confidential files were kept locked away, the office was locked and the house had a security alarm.

Is the service effective?

Our findings

We asked the person who received care about how effective they thought the care delivery was. This person was able to say to us that they felt confident about staff skills and knowledge. They said: "[The care assistant] used to be a nurse and knows what she's doing."

We looked at training records for two members of staff. We saw that staff were suitably inducted and that in 2014 staff in the agency had received training on all the core values and skills that the registered manager expected staff to have.

We looked at the supervision and appraisal notes for the member of staff who delivered care in the agency. We saw that this person visited the office weekly to discuss the care needs of the person. This meeting was recorded as supervision. The registered manager also met with staff every six months to appraise their work.

We were given this member of staff's training file. This contained evidence to show that this person had attended training, researched current good practice and had suitable levels of skills and knowledge.

We spoke to the registered manager about her understanding of the Mental Capacity Act. She was aware of her responsibilities under this act.

The registered manager told us that they would not consider taking any new service users whose behaviour might challenge and where restraint might be a possibility.

We asked the member of staff, the person using the service and the registered manager about the arrangements in relation to eating and drinking. The service user did not need support in this other than encouragement to make their own breakfast. Daily records showed that the member of staff encouraged the person. To undertake this task. Records showed that they made sure that the person had enough to eat and drink while they were in the house.

The person using the service and the family member we spoke with were confident that the agency could support the person with any health care needs.

The office for this agency was based in a large period property. The office was in one room of the house. The area was secure with all confidential files kept in locked, fireproof cabinets within an area which was protected with an alarm system.

There had been some water damage to the office due to a problem with the roof. These problems had been resolved and the office was to be redecorated. The registered manager said that they also had a property in Whitehaven which they used for meetings but no files were kept in these premises.

Is the service caring?

Our findings

We asked the person who received care about the caring qualities of the member of staff who delivered care and support. This person said: "[The care assistant] is great." This person's relative also confirmed that the care assistant and the registered manager were caring.

We observed the registered manager with the person who received care. We saw that this person was relaxed and the interactions were respectful. We noted that humour was used appropriately. The family were relaxed with the registered manager and we learned that they were happy with the support given by the staff.

We saw evidence in daily records that the staff encouraged independence. The person in receipt of care told us that they were encouraged to do as much as they could for themselves. We also had evidence to show that this person was given explanations about support by staff.

When we met with the person in receipt of care, checked the daily records and the care plan we noted that privacy and confidentiality were being maintained in the service. The person who received care said they were asked about their needs and preferences. The family member who lived in the house said they were asked about arrangements in the house and that they: "All get along fine...very happy with the service."

Is the service responsive?

Our findings

We spoke with the person who used this service and to their relative and they confirmed that they found the service to be responsive to their needs.

We looked at this person's care file and found that a thorough assessment had been completed prior to the service starting. There was an up-to-date and detailed care plan in the office. There was also a copy of this care plan in the person's home. We were told that it had been written with the service user. They confirmed that it met their needs.

We had evidence to show that the registered manager and the care assistant reviewed the way the care was delivered

every week. Any changes to the care plan were made after this weekly review. We noted that there was a detailed list of tasks to be done with the person who used the service and this had been reviewed.

The person who used the service had become somewhat socially isolated before the service started. We noted that the care team had taken the person out and were encouraging more outings. The staff supported the person to do light chores around the house and spend time on other activities with them.

The agency had detailed policies and procedures in place about complaints. There was a suitable complaints procedure in this person's home. There had been no complaints made to the service.

Is the service well-led?

Our findings

The one person who used the service and their family were happy with the way the care and support was organised and delivered. They had no issues with the leadership of the service. The person in receipt of care said: "I'm quite happy with everything."

We spent time with the registered manager for this service and we spoke with one member of staff who delivered care. The staff member said that they were more than satisfied with the way the service was managed. They said: "The registered manager is very conscientious and goes above and beyond..."

We discovered that there were specific lines of responsibility in the service. The registered manager was clear about her expectations of the one member of staff.

We had evidence to show that the registered manager was aware of her responsibilities as a registered manager. The registered manager was aware of current good practice issues and legislative changes.

We saw that there were formal and informal meetings where the member of staff from this agency and the nursing agency staff met together. The registered manager discussed values and expectations with staff who worked in the domiciliary care agency and/or the nursing agency.

The manager had written policies and procedures for the agency and these were of a suitable standard. Records showed that staff had read these.

We saw written evidence of quality audits of care delivery and training. We saw questionnaires that had been returned by people who had used the service. There was an action plan and a business plan in place. Quality systems were suitable for the volume of work done by the agency.

The registered manager checked with the service user and the family that they were satisfied with the care delivery. This was done on a weekly basis. We saw detailed time sheets and signing in and out records in the person's house. This showed that care and support was delivered in a timely fashion.