

Trust Home Care Ltd

Longfields Court

Inspection report

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Barnsley
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Tel: 01226630024

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

The inspection took place on 21 November 2018 with the registered provider being given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. At our previous inspection in September 2017 the service was given an overall rating of 'Good'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Longfields Court' on our website at www.cqc.org.uk.

Since that inspection we received information that indicated the service may not be operating as expected. As a result, we brought our next planned inspection forward, so we could consider the concerns.

Longfields Court is a domiciliary care agency which provides care services, including personal care, to people with a range of disabilities who are living in their own houses and flats in the community. People who used the service and staff knew the service as Trust Home Care rather than Longfields Court, therefore the service is referred to by this name throughout this report. At the time of the inspection the service was supporting approximately 80 people who needed assistance with their personal care, such as their personal hygiene and taking medication.

The service had a registered manager in post at the time of our inspection. 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.

Recruitment processes helped the employer make safer recruitment decisions when employing staff. However, we found the provider's recruitment policy had not always been entirely followed.

Medication was managed safely. However, more information was required about medicines that were only given as and when the person required them.

People we spoke with were very happy with the quality of the care the service provided and how it was run. They said care workers met their needs and delivered their care as they preferred. People told us their privacy and dignity was respected, and staff were kind, compassionate, respectful and polite.

People had been involved in assessing and planning their care. Care plans provided clear, comprehensive information and guidance to staff, which assisted them to deliver care that was specifically tailored to people's individual needs and preferences. However, one care plan we checked had not been updated in a timely manner.

Systems in place continued to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Staff had received a structured induction, essential training and regular support, to help develop their knowledge and skills, so they could effectively meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Records showed people had consented to their planned care and staff understood the importance of gaining people's consent and acting in their best interest.

Where needed people were supported to maintain a balanced diet, and their dietary needs and choices were met.

People knew how to raise complaints and concerns. People told us they would feel comfortable raising concerns, if they had any, but said this had not been necessary.

People spoke positively about the management team. There were systems in place to monitor the quality of the service provided and highlight areas for improvement. However, these had only recently been introduced, so needed to be embedded into practice. The registered manager listened to and learnt from the feedback of others, which helped to make changes to improve the service.

Further information is in the detailed findings below.

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.

Recruitment procedures, aimed to make sure the service recruited staff who were suitable to work with people who may be vulnerable, had not always been followed.

Systems were in place which helped to keep people safe from the risk of harm and abuse.

People received the right medicines at the right time. However, clearer guidance was needed about the medicines people were only taking as and when required.

Is the service effective?

Good ●

The service was effective.

People had consented to their care and staff understood how to protect people's rights and act in their best interest.

People's health care and nutritional needs were met.

Staff received the right level of training and support to enable them to feel confident and skilled in their role.

Is the service caring?

Good ●

The service was caring.

People were involved in their care and staff respected their wishes.

Staff treated people with care and compassion, respecting their choices, privacy and dignity.

People were very happy with the way staff delivered their care.

Is the service responsive?

Good ●

The service was responsive

Care and support was tailored to people's individual needs and this was reflected in their care plan.

The company's complaints policy enabled people to raise complaints or concerns in the knowledge they would be addressed.

People were encouraged to express their views about the care provision.

Is the service well-led?

The service was not always well led.

Systems were in place to evaluate how the service was operating and ensure staff were working to company policies. However, these needed to be embedded into practice.

The service was led by a registered manager who knew people well and aimed to continually improve the service.

People using the service, and staff, were encouraged to voice their opinions on how the service operated.

Staff knew what their roles and responsibilities were. They told us they felt well supported by the management team.

Requires Improvement 

Longfields Court

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 registered provider was 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.

We carried this inspection out earlier than planned due to information we received that indicated the service may not be operating as expected.

The inspection included a visit to the agency's office on 21 November 2018. We announced the inspection two days before the visit to make sure key staff were available to assist with the inspection. An adult social care inspector carried out the inspection with the assistance of an expert by experience, who spoke with people who used the service or their relatives on the telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

To help us to plan and identify areas to focus on during the inspection we considered all the information we held about the service, such as notifications sent to us by the registered provider and any concerns raised. We also requested the views of other agencies that worked with the service, such as service commissioners and Healthwatch Doncaster. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke on the telephone with five people who used the service and five relatives. We also spoke with staff, including the registered manager, two senior staff and five care workers, either face to face or on the telephone.

We looked at documentation relating to people who used the service, staff and the management of the service. This included checking three people's care records, eight staff recruitment records, staff training and support documentation. We also looked at the systems in place to monitor the quality of the service provided.

Is the service safe?

Our findings

At our last inspection in September 2017 this key question was rated 'Good'. However, at this inspection we found improvements were needed in some areas.

Staff had not always been recruited in line with the provider's recruitment policy. We checked the files of seven staff recruited since our last inspection. We found each file contained an application form, two written references and a Disclosure and Barring Service [DBS] check. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. However, references were not always from the referees on the application form and in five cases one reference was not from the person's last employer, as outlined in the provider's recruitment policy. We spoke with the registered manager about this. They said they had attempted to obtain appropriate references, but had not received a response, so they had sought alternative references. However, there was no audit trail to evidence that the correct process had been followed. Following our visit, the registered manager told us they had introduced new documentation that would enable them to track recruitment checks and processes better.

Overall, medication was administered safely. Where people needed assistance taking medication files contained a medication plan completed by a pharmacist. This outlined the medicines the person was taking and other necessary information. Care plans clearly outlined how people preferred to take their medication and staff's involvement. Staff had completed training on the local authority's medication policy and competency checks had taken place to make sure they were following the correct procedures. The registered manager told us they were also arranging additional training to enhance staff's knowledge. People being supported to take their medication told us they were satisfied with how staff supported them to take their medicines.

Medication administration records [MAR] sampled had been signed to indicate staff had administered medicines correctly, and periodic checks had been completed by the management team to monitor this. However, when someone was prescribed 'as and when required' medicines [also known as PRN medicines] protocols were not in place to provide staff with information about what the medication was prescribed for, how the person presented when they needed it or what to monitor for after it had been taken, to make sure it was effective. This information is particularly important if the person is unable to verbally tell staff when they need a PRN medicine. The registered manager said this had not been raised with them before, but they would address it straightaway.

People's care and support was planned and delivered in a way that helped ensure their safety and welfare. Assessments had been carried out to check if there were any potential risks involving the person using the service, staff or the environment. Where risks had been highlighted guidance was available to tell staff how they could reduce these risks. For instance, when someone used aids to move around their home safely. People told us staff supported them safely. One person said, "I think they [staff] are well trained. My relative has to have two carers and they use a mobile hoist to move them. I've seen when they've been using it and as far as I can see, they do it all properly."

People said they mainly had the same team of staff, who knew them well. One person told us, "The carers who come are brilliant. They are very careful. I think they are handpicked for this job. It's a while ago now, but I had a bad fall in the evening trying to take my stockings off and I ended up being on the floor for 15 hours. When the carer came in the morning, she was brilliant. She called the ambulance and looked after me until they came. She wouldn't leave me until she was sure I was safe. Now, they come morning and night time to take my stockings off and they tell me that I mustn't try to do it for myself." A relative said, "I can't fault them [staff] at all. The service is excellent and my relative really likes the carers as well, which is half the battle. They make sure the door is locked and everything is secure when they leave. They are really good like that."

The registered provider protected people from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and minimise the risk of it from happening. Staff had completed training in this topic and demonstrated a good awareness of the types of abuse that could take place, as well as their role in reporting any concerns.

The registered manager told us there had been no accidents or incidents over the last year, but there was a system in place to monitor and analyse any that happened. This would allow the service to learn lessons from past events and make changes where necessary.

There were sufficient staff employed, with the right experience and knowledge to meet the needs of people being supported and ongoing recruitment was in place to allow the service to grow. We saw a system was in place to plan visits and enable the management team to assess if they could accommodate new care packages and make sure calls were on time.

Rotas were organised and allowed travel time between calls. One person told us, "I always have a group of about five carers who come, depending which call it is or which day. It is nice to have the same people even if only for two or three days together. It takes me a while to get to trust people and I must say that I do feel safe with them." Another person commented, "The only time they've[staff] been late is if they've been held up because another person has been taken poorly. They ring through to let me know. I understand because I've had falls or been poorly and they've stayed with me for up to an hour after their time until the ambulance has come."

Staff we spoke with were knowledgeable about minimising the spread of infection. They had completed training in this topic and were provided with protective clothing, such as disposable gloves and aprons. This was also confirmed by the people we spoke with.

Is the service effective?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

People told us they are very happy with the service and felt staff were well trained and dedicated. One person told us, "They [staff] are really good. Brilliant. They will always wash my hair because I can't do it myself and they make sure I'm properly dried afterwards." Another person said the service was, "Marvellous" adding that they were highly satisfied and would recommend them to anyone. A relative commented, "They've made such a difference to my relative. I think they are all really well trained and, most importantly, they are really kind as well, which is worth its weight in gold."

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. We found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to live their lives in the way they chose, and their wishes and preferences were respected. People had been involved in care assessments before their care package started. This meant information about their needs, choices and preferences could be determined and guidance on how best to support them made available to staff straightaway. This enabled staff to provide a more effective service. One person said, "I think the carers are very good. I make all my own decisions and if they are doing anything for me they constantly ask if it's alright. I have freezer meals at lunchtime and they will fetch a selection out for me in the morning to look at to decide what I fancy."

Staff had received training on this topic and demonstrated a satisfactory knowledge of gaining consent from people routinely as part of care provision and acting in a person's best interest. People had signed to acknowledge they were happy with the planned care.

People's nutritional and hydration needs were met. Where people required help with their meals this information was built into their care plan. Information included special dietary needs such as eating a soft diet and the level of assistance they needed to eat their meals. Visit records showed staff were acting in accordance with people's care plans and meeting their individual needs. A relative told us, "The carers are the best. They even gave us tips to try to encourage my relative to eat when we were worrying that they weren't eating enough."

People continued to be supported by staff who had received a structured induction, which included essential training and shadowing an experienced member of staff until they were confident and competent in their role. This was followed by on-going refresher training and new topics as needed, to maintain or enhance their knowledge and skills. The service employed a trainer to facilitate staff training and outside

trainers were used when necessary.

All the staff we spoke with felt the training and support provided met their needs, and the needs of the people they visited. They confirmed they had taken part in one to one support sessions, 'spot checks' on their performance and, where applicable, an annual appraisal of their work.

People were supported to access health professionals when needed. People's health conditions were recorded in their files and information around input from health professionals was updated as required. People gave us examples where staff had stayed with them while medical assistance arrived.

Is the service caring?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

Everyone we spoke with was complimentary about the staff and how they delivered their care. They told us staff were kind, compassionate, respectful and polite, and maintained their rights and dignity. People's comments included, "I can't fault the carers in terms of kindness. It doesn't matter how busy they are, they will always sit down for five minutes to have a little chat and listen to me" and "They [staff] are fabulous. They're like family to me. It makes all the difference to me."

People's relatives also spoke positively about how their family member was supported. One relative told us, "The carers really go the extra mile all the time." Another relative said, "The carers who come definitely needs some kind of award. They always make sure my relative is comfortable in the chair before they leave. I can sleep easy because if they are at all worried about her, they will let me know straightaway."

People's privacy and dignity was respected by staff. The registered manager had clear values about respecting people's dignity and providing a caring service to people, which they instilled in staff. This included providing a high standard of person-centred care and listening to people's views. Staff gave us examples of how they did this, such as covering people up while washing them and allowing them privacy while using the toilet.

People were offered choice regarding how their care and support was delivered. People had been involved in making decisions about how their care and support was delivered. Each person's care plan reflected their preferred name and how they would like to be referred to. Care plans encouraged people to be independent, gave detailed information about their individual preferences and highlighted that it was always important to give choice.

People were provided with a service user guide when their service commenced. This set out their rights and provided details about what they should expect from Trust Care. This helped to ensure people could access relevant information to enable them to be involved in decisions about their care.

Senior staff had undertaken 'spot checks' where they had assessed staff's competency in supporting people. These also gave them the opportunity to gain people's views about their care provision. People confirmed communication within the agency was good.

People's rights were respected. The company had an equality and diversity policy, and this topic was included in the staff training programme. Through talking to people who used the service, and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

Is the service responsive?

Our findings

At our last inspection this key question was rated as 'Good'. At this inspection we have judged the rating remains 'Good'.

People told us staff were responsive to their needs. They said they were flexible and took into consideration their needs and abilities. One person said, "They are never rushed, and they'll take five minutes to have a chat which is as important as everything." Another person told us Trust Care had made a big difference to their life. They said all the staff had been "Kind, lovely and wonderful" adding, "I could not survive without them."

People's care was assessed and planned to consider their needs and preferences. People had been involved in planning their care. One person told us, "They [senior managers] came and had a chat with me about what I needed. They did a review of things when I needed a bit more help. They are a really good company." Another person said, "I feel a lot happier than I did when I first came out of hospital. I think the carers are a happy bunch, they are working really well with me."

Care files contained detailed assessments and individualised care plans for each visit staff made. Care plans were extremely detailed and clearly tailored to meet the person's needs. They promoted people's independence, as well as highlighting how to protect their privacy and dignity. For instance, one plan stated, 'I can wash my hands and face myself', but went on to say, 'I would like the carers to soak my feet in a bowl of warm water'. Another plan described in detail what staff needed to do to support someone to take their medicines, while maintaining their independence as much as possible. However, in one file we saw the person's care had been reviewed the previous month, but the care plan had not been updated to reflect their changing needs. The management team said this was an oversight, but all the staff supporting the person knew about the changes as the information had been shared with them. They said they would update the paperwork immediately. We later received confirmation the written plan had been updated.

A record of each visit had been completed, entries were detailed and reflected the planned care. We saw care reviews had also taken place periodically, or as people's needs changed. One person told us that due to their needs changing the registered manager had made several visits to make sure everything was in place for them.

People's care was adjusted to meet their end of life preferences. The registered manager gave us an example of how in the past they had worked with GP's and MacMillan nurses to support someone at the end of their life. They said they had provided feedback to the nurses about the person's pain and general condition, to enhance the care they received. The registered manager said not all staff had received specific training on end of life care. However, they told us this had been added to the induction programme and they were in the process of accessing further training through the local hospice.

The provider continued to enable people to raise concerns and complaints with the confidence they would be taken seriously and addressed appropriately. Compliments were also being logged and shared with staff.

No complaints had been recorded, but eight compliments and thank you cards had been received.

People told us they had seen information about the service's complaints policy, but had not felt the need to use it as the registered manager was approachable and responsive to anything they spoke with them about. One person said, "I don't have any complaints. If there have been any little niggles I've got in touch with them [managers] and it's been sorted out straightaway. I would say that everything is going well. They are very professional." A relative told us, "There was only once in the early days when they missed one of the tablets out, but to be fair, it's one my relative only takes once a week. I phoned through and they were very apologetic, and it's never happened again."

Is the service well-led?

Our findings

At our last inspection in September 2017 this key question was rated 'Good'. However, at this inspection we found improvements were needed and systems needed embedding into practice.

The service had a manager in post who was registered with the Care Quality Commission, as required as a condition of provider's registration. They were supported by an operations manager, who co-ordinated care and deputised for them, and senior care staff.

Systems to check if Trust Care was operating as expected, and that policies and procedures had been followed, had only recently been introduced following a visit from the local authority. Therefore, these needed to be embedded into practice. Initial audits had been completed and plans were in place to carry out periodic checks on records such as care plans, visit notes and medication records. However, during our inspection we found the provider's recruitment policy had not always been followed, but as no checks had been in place this had not been highlighted. We also noted that following a care review the person's care plan had not been updated, which meant staff did not have written guidance that reflected the person's current needs. The management team actioned the latter immediately and later confirmed they had, or were taking action to make sure the other shortfalls we found were addressed.

The management team demonstrated a very good knowledge of the people being supported. We also observed them dealing with people's questions and requests effectively during our visit to the office. They were professional and courteous, and demonstrated a good understanding of the person's needs. For example, in one phone call the person requested an additional visit. The manager knew this would affect the timings for their medication, so suggested a better time for the call. This was accepted.

People spoke positively about the management team and felt Trust Care was managed well. Comments included, "They are very professional", "I can't think of anything [the service could do better]", "I can't think of any improvements they could make. All the carers and everyone involved gives me a bit of support. I can get through to the office on the phone, but I don't usually have to bother because the carers will pass on any messages. When I do [call the office] they are very approachable and listen to me" and "I feel very well looked after and very safe. The people in the office are always very nice."

People were consulted about the care and support they, or their family member received, and their comments were acted on. The registered manager had used questionnaires, care reviews, telephone calls and 'spot checks' on staff to gain people's views. The survey completed in April 2018 showed that overall people were very happy with the care provided. The outcome had been summarised and consideration given to any areas highlighted for improvement. This information had been shared with staff, but not people using the service. The registered manager said they would ensure this took place in future.

Staff were well supported by the management team. Periodic staff meeting, memos and staff supervision sessions had been used to share information and support staff. Staffs' performance was assessed at periodic 'spot checks' and an annual appraisal of their work performance. Following the recent visit by the

local authority a staff survey had been introduced, but this was still underway. Staff spoke positively about the registered manager and the support they received. One care worker told us, "They [management team] are brilliant, I love my job. They are really good people, very supportive." Another member of staff said, "Good communication between carers and management."

There was a contingency plan in place to forward plan for possible emergencies that may affect the running of the service, such as bad weather or the telephone system being out of service.

The service aimed to work effectively in partnership with other agencies. The management team could describe how they worked with various professionals in the community to help support people and improve the way the service operated. They had attended a session with the speech and language team [SALT] to increase their knowledge on enabling people to eat the correct consistency of food. They had also linked with the local hospice for end of life care and an occupational therapist.

The registered manager understood their responsibilities for sharing information with CQC in a timely manner. The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.