

Triple Home Care Limited

# Triple Home Care Ltd

## Inspection report

17 Butts Grove Way  
Huntingdon  
Cambridgeshire  
PE29 1PP

Tel: 01480432496

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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

Triple Home Care Ltd is a domiciliary care agency and it is registered to provide a personal care service to people living in their own home. At the time of our inspection there were 37 people using the service. The agency provides care to people living in Cambridgeshire and Peterborough areas. Their head office is located in the town of Huntingdon.

This announced comprehensive inspection was undertaken by one inspector and an expert by experience and took place on 20 September 2017. At the previous inspection on 29 April 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 2008 and associated Regulations about how the service is run.

Staff had been trained about keeping people safe from harm and the risk of this occurring. Staff knew the correct procedures to follow should they need to report any concerns they may have had about people's safety.

Accidents and incidents such as falls, injuries and medicines administration were effectively acted upon when required. Only staff who had been deemed suitable to work with people using the service were employed. This was following a robust recruitment process.

People were supported with the safe management and administration of their prescribed medicines by staff who had been trained and deemed competent to do this.

People were supported to stay safe with the effective use of risk assessments such as those for moving and handling requirements.

People's needs were met by a sufficient number of competent staff who had the right skills to provide people with support when they needed it.

Staff continued to have received appropriate training, support and development to carry out their role to the best of their abilities.

People were effectively supported with their health, care, and nutritional needs. Staff supported people to access external health care professionals promptly.

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.

People were treated with kindness, dignity and compassion by staff who respected people's right to privacy.

People were given many opportunities to feed back on the service and their views were acted on promptly and effectively. This made a positive difference to the lives people led.

People were offered and took an active part in a wide variety of interests and pastimes that were available. People's needs were responded to in a person centred way and as a result people led a more meaningful life.

The registered manager had created an inclusive atmosphere within the service and this had fostered an open and honest staff team culture.

Audit and effective quality assurance systems and procedures were in place and this helped identify the potential for shortfalls. Timely actions were then taken to improve the quality and standard of service that was provided.

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?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# Triple Home Care Ltd

## 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 announced inspection on 20 September 2017 was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people and dementia care.

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 looked at this and other information we hold about the service. This included the responses to our questionnaires we sent as part of the inspection, from 12 people, eight relatives and a community health care professional.

As part of our inspection planning we requested information from those organisations who commission care at the service. We looked at this and other information we hold about the service.

During the inspection we spoke with seven people who used the service and four relatives. We also spoke with the registered manager who was also the nominated individual. This is the person who has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the service provided. This was as well as speaking with a care manager, two team leaders and three care staff.

We looked at five people's care records, medication administration records and records in relation to the management of the service and staff. This included records of accidents and incidents and staff recruitment details.

# Is the service safe?

## Our findings

All 12 people who responded to our survey questionnaire confirmed that they felt safe from poor care or harm. Everybody we spoke with also told us that they felt safe with their care staff. One person said, "I do feel safe with them. For example, if I don't feel like a shower that day as I haven't got the energy then they don't try to persuade me – they listen to me." A relative said that when their family member needed hoisting that staff were confident using the equipment. This showed us that staff considered people's human rights and safety.

Staff we spoke with talked confidently about what keeping people safe meant, how to recognise any signs of harm and who they could report this to. For example, the registered manager or local safeguarding authority as well as any actions required to keep people safe. One staff member said, "Any unexplained bruising, change in the person's behaviour or being very withdrawn, I would tell [registered] the manager straight away."

Staff continued to be recruited in a safe way with checks on their suitability being completed such as an employment history and photographic identity. One staff member told us, "I was interviewed to assess my suitability and then I had to bring in proof of address, my qualification records and driving licence." This was as well as having checks in place for the safety of people's home environment. This was to help ensure that the place where people were cared for was a safe place for staff to work in. People were assured that they would as far as possible be safeguarded from the risk of harm.

Accidents and incidents such as errors in administering medicines or a person experiencing a fall were acted upon swiftly by the registered manager. We saw that actions including staff retraining and the provision of new equipment had significantly reduced, or eliminated, the risk for any potential recurrences. Records also showed us where proactive actions had been taken to ensure staff administered medicines as prescribed

We found that the number of staff with the right skills was based upon people's assessed and known needs. This was confirmed by people and staff we spoke and what we found. People told us that staff were rarely ever late and then not by more than 15 minutes. People also told us that they would be notified if their staff were going to be late. People said that they mostly had the same regular care staff with whom they had developed a working relationship with. One person told us, "They are always 100% on time. I don't mind a bit early either. They have never missed a call." A relative said that they were given information about care staff so that they knew who was coming the next week. Sufficient staff were deployed in a way which safely met people's needs.

We found that plans were in place in the event of an emergency such as a flood or fire at the agency's head office. This was as well as staff knowledge about fire safety and what to do in an emergency situation. Risks to people were managed in a way which reduced the risk of harm to as low as practicable. A relative said, "They [staff] also always check our fire alarms when they come out which is good."

People we spoke with were satisfied with the way their medicines were administered. Records of staff

training confirmed that only competent staff were undertaking the safe administration of medicines. One person said, "When they [staff] get me up in the morning they apply a pain patch. There has never been a problem with this and I think they write that they have done this and sign the [medicines administration record]." Another person told us, "Because of my hands they [staff] have to help me get my tablets out of the blister packs and it has always been fine." Medicines were managed and administered safely.

## Is the service effective?

### Our findings

We found that people's feedback about the effectiveness of the service continued to describe it as good. People's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Staff had a thorough induction and on-going development opportunities that enabled them to have the skills and confidence to carry out their responsibilities. This was in such a way that people's needs were met and as a result their lives were enriched. One person told us, "I think they do keep an eye on the [staff] and make sure they are doing the job properly. Occasionally staff will say, 'I've got an assessment next week' and ask whether I am happy for that to happen on their visit to me. Then the senior carer comes out to watch them." A relative said, "They [the agency] were recommended to me by someone in the hospital and I have never regretted it. They have been immensely helpful and given me great advice. They have helped me to have my [family member] continue to live at home."

We found that staff's development was a central part of meeting people's assessed needs. All staff's training was up to date and refreshers for various subjects such as first aid, fire safety, moving and handling and the Mental Capacity Act 2005 (MCA). They put these skills into practice and ensured people's human and legal rights were respected and only where a valid consent had been given to provide care and support. One person told us, "They [staff] absolutely know that they are doing as I would complain if they didn't." A relative said, "They [staff] give my [family member] as much choice as possible and even give prompts when needed." 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.

A process was in place to support new staff such as shadowing experienced staff until they had the confidence to work on their own. This was as well as completing the Care Certificate (a nationally recognised qualification in care) and staff being able to progress their career development and experience. One person told us, "Only last week when I had a new girl [staff] a senior [care staff] came out with them. Once they are happy the new staff are let loose." One staff said, "My induction was very good. I didn't feel that any question I asked was a silly one. I feel completely supported." A relative told us, "New staff never come out unless they have been introduced to my [family member] and me." People's needs were met by staff who had the right skills and a compatibility with the people they cared for such as those living with dementia or diabetes.

The registered manager kept up to date with any new guidance or changes in best practise regarding care in the community. A competent trainer was also in post who kept abreast of any developments in the care industry such as new equipment for sensory impairments. Current information was then adapted to train staff and help drive improvement. We saw, and staff confirmed to us, that supervision and appraisal were used as a positive method to bring on staff's skills.

People's nutritional needs were supported and met by staff who assisted people to maintain a balanced diet as well as drinking sufficient quantities of fluids. One person said, "I am having pie and mash today." We also observed that when additional vegetables were requested that staff responded to this positively and



cooked these fresh. Another person told us, "They [staff] ask me what I would like before preparing my meals and the meals are always fine."

A community health care professional told us that the agency's staff went beyond what was expected of them regarding people's health conditions. This was because staff consistently applied any health care guidance such as that for diabetes, continence or catheter care. Records viewed showed us that staff promptly sought health care advice as well as emergency assistance if this had been required such as when people required hospitalisation. A relative told us, "They [agency] have told me about a couple of services which have turned out to be useful for [family member]. For example, an occupational therapist or physiotherapist." They are gentle with [family member's] health condition and they talk to him and tell him what they are doing. That makes him feel safe."

## Is the service caring?

### Our findings

Everybody we spoke with described their care as that of being kind, friendly and caring. One person said, "I'm more than happy with the attitude of the carers. I'm an independent person and they help me to keep that, such as encouraging me to do what I can myself. They understand and listen to me." A relative told us, "They [staff] are nice and chatty. They are patient and if there is anything extra we only have to ask such as putting cream on [family member's] legs."

We found that people's care plans provided an accurate and detailed account of each person's individual care needs. For example, '[person] prefers a shave with a [name of] disposable razor using [type of] shaving foam.' Other examples included the way staff should enter the person's home, how they liked to be greeted as well as how their privacy and dignity was upheld. One staff member told us, "I always make sure I cover people as much as possible as well as giving them privacy and independence in the bathroom as much as possible." We found from the staff we spoke with that they had a detailed knowledge of people's care needs and how best to meet these in a person centred way.

Other people gave us further examples of how caring the service and staff were, one person told us, "I have no concerns. They [staff] are always polite and kind and we talk as though we are family." Another said, "They will do extra things for example getting newly prescribed medication." And a third told us, "They are all so kind and easy to talk to right from the care staff through to the senior people who do come out to see how I am."

One person told us, "There has been a couple of occasions when having completed their specified care visit, they [staff] have actually called back to make sure my [family member] is okay." People could be confident that staff would see and treat them as an individual, make a difference to their lives and do this as compassionately as possible.

People we spoke with told us that the care staff maintained each person's confidentiality and only discussed information relevant to the person being cared for. One said, "They never talk about anybody else. They might say 'could we alter a time with you because another person needs us to go earlier on that day.' Only that sort of thing."

Where and if required, people or their representative were provided with details about advocacy services. For example, from national care organisations as well as the local authority. People could also have their voice heard through a lasting power of attorney who would uphold the person's best interests. This was in addition to those relatives who had a lawful power of attorney for subjects such as health and welfare.

## Is the service responsive?

### Our findings

People told us that the agency staff were able to be responsive and flexible around their needs. One person said, "The senior staff or [Registered] manager comes out to do care plan reviews about every six months. I do feel they involve me and take on board my feelings." A relative told us the service had responded to a request to cancel some care calls but was also being flexible in providing an earlier care call in support of a person going out. Another relative said, "They [agency] are very flexible. There is always somebody at the end of the phone. If I am going out for the day and I've booked a couple of hour visits they have said not to worry if I get delayed as they could get somebody to [family member] if I needed an extra bit of time."

We found that people's care plans included a description of the person, their life history, interests, pastimes and preferences. For example, if the person liked to watch their favourite sport, reading books, going out for lunch, taking part in charity events and being able to watch a family member's wedding. The registered manager told us and records confirmed how these events had enriched people's lives for the better. To enable a person to observe a special family event the registered manager had, with permission, used electronic media to allow the person to watch the whole event live. This had been despite the person thinking they would miss this special day.

On another occasion the agency staff were taking part in a charity walk. One person who required significant support with their mobility had their normal transport taken to the event. This had allowed them to fully enjoy the occasion with the staff who had enabled this to happen. Photographic records confirmed this as well as the smile on the person's face. A community health professional told us, "The [agency] provides a person centred approach for all people and they provide care tailored to their individual needs." Another event had been where a couple had been supported and enabled to attend a well know London restaurant as they had never been. Photographs we saw showed how much this couple had enjoyed and benefitted from the occasion.

Other events were also being planned to allow people to meet others as well as holding social events such as going out for a lunch. This was to help promote people's social inclusion and lead meaningful lives as they would get to know other people using the service and staff they might otherwise have never seen. People could be assured that the agency saw what each person could achieve. This was as well as providing ways that enabled such occasions to happen.

Reviews of care plans were as frequent as each person's needs dictated. One person told us, "My file [care plan] reflects my views and needs." People told us that the senior staff would visit every few months to review care plans and generally see how they were getting on. Everybody we spoke with said that they felt listened to and involved in their care plans and everybody reported that the staff would document their visits in the daily care records. A relative said, "The seniors [staff name] come out and see how we are but when she comes she doesn't just sit there talking. She does something whilst she goes through the care plan and makes sure we are happy." The relative went on to say how much their family member liked this occasion. This was in addition to staff being given on the job training on how it could be possible to enable the person to be as comfortable in bed as possible and in a person centred way.

People we spoke with had not had a need to raise an official complaint. People did say that they were able to get through to the office staff easily and messages were responded to. A person told us, "The [registered] manager and I have talked about minor problems and we have resolved them. For example, where to put my pain patch; we might have a discussion about the best place and then it's sorted out." Records of verbal complaints showed us that these had been responded to in line with the provider's policies and to the complainant's satisfaction.

## Is the service well-led?

### Our findings

A registered manager was in post and had been so since 2012 when the service was first registered. People and relatives spoke highly of the agency and about the quality of service provided. This was as well as people and relatives knowing the names of the registered manager, care managers, senior and care staff. Everybody we spoke with stated that they were able to get through to speak to somebody in the office and that communication was good between the office and the care staff. One person said, "We have never met the [registered] manager but I know their name. They do seem quite well organised as an agency. They always manage to find somebody to cover my visits if the carer has gone off sick." A relative said, "We have no complaints, they are excellent as an organisation."

The registered manager and care managers had undertaken checks to confirm the quality of staff's performance. This was in addition to them completing a range of quality assurance audits to observe staff in relation to their adherence to policies and procedures. This audit process had been effective in driving improvements in care plans, medicines' administration and identified what worked well. For example in the past 12 months the provider had received 50 compliments. A sample of these included comments such as, "Thank you to all the girls [staff] who looked after [family member] so well as a team," "thank you for making our [celebration] a day to remember and making it so special," and "[family member] enjoyed all the company and care that staff provided."

Staff told us they could contact the registered manager at any time. They said that support was provided no matter how trivial the staff member concerned thought the issue may come across and that an open door policy was actively promoted. One person said, "The carers [staff] work well with each other." A relative told us that senior staff always made sure that the right protective clothing was worn. We saw and found that the values of the agency including 'delivering care, in people's home in a manner which is non - discriminatory needs and respectful of their environment', were demonstrated by staff.

Staff's support included regular and constructive supervision, meetings, additional qualifications in care and guidance from the registered manager. All staff we spoke with praised the way these methods which were used to get the best out of them. For example, by being reminded to accurately record administered medicines. We found that no further errors had occurred since December 2016.

An open and honest staff culture was in place. Staff told us that they felt very confident and without fear of reporting any poor standards of care should this need arise. One staff member told us, "I am confident that every staff member would do the right thing and report any unacceptable standards of care. It is people's lives we deal with and we have to make sure they live it well."

People were involved in contributing how the service was run and how the provision of care was determined. For example, we saw that the registered manager and other staff met regularly with people. This was in a way each person preferred such as face-to-face to obtain details about people's satisfaction of the care they received and if anything needed to be improved or changed. Changes made included making referrals for equipment to enable people to live at home and making it possible for people to enjoy special

occasions.

A community health professional told us, "I am extremely happy when [the agency] support my clients as they offer personal care, medication management as well as cleaning and shopping. In fact, everything needed to maintain people to stay in the comfort of their own homes." This showed us that the provider's ethos of enabling people to, 'be informed about all important decisions that affect them, and to have a say,' was effectively implemented.