

Miss Margaret Anne Morrison

Trust Life Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Trust Life Care on 24 May and 16 June 2016. This was an announced inspection. We informed the registered provider at short notice we would be visiting to inspect to ensure there would be someone in the office. We last inspected the service in January 2014 and it was meeting the regulations at that time.

The service is registered to provide personal care to people living in their own homes. The service can provide care and support to older people and younger adults, people with mental health conditions, people with a physical disability or people with a sensory impairment.

The service had a registered manager who was also the registered provider. 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 2008 and associated Regulations about how the service is run.

Systems were not robustly in place for the management of medicines to ensure people received their medicines safely.

There were systems and processes in place to protect people from the risk of harm. Staff were aware of the different types of abuse and what would constitute poor practice however some had not received training in this area of their role to ensure they had up to date knowledge.

Recruitment and selection procedures were in place but we saw appropriate checks had not been undertaken before some staff began work. The checks not completed included obtaining references from previous employers and relevant police checks to show staff employed were safe to work with vulnerable people.

There were enough staff employed to provide support and ensure people's needs were met. People told us they felt it would help if late calls were communicated better when staff were running late.

There were risk assessments in place for people who used the service but they did not always capture all known risks and plan to mitigate such risks to ensure people were supported safely.

Staff told us the registered manager was supportive. Most staff had received regular and recent supervision. Staff appraisal was due to be introduced to the service.

Staff had not received all the training for induction and also to refresh their knowledge to ensure they were able to carry out the duties they were employed to perform with competence and skill.

The registered provider was not ensuring assessments were carried out on people's capacity and decisions made in peoples best interests were not recorded in line with the Mental Capacity Act 2005.

There were systems in place to monitor and improve the quality of the service provided but they were not effective in picking up issues and were not completed frequently. Some areas were not checked by the registered provider such as medication charts and people's daily notes. Staff told us the service had an open, inclusive and positive culture.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the person's likes, dislikes and personal choices but this could be more robust. A document to gather a person's history was not used to help staff get to know the person better and to build a relationship with people.

People and relatives told us staff treated people with dignity and respect. People were supported with their meals and where needed had their nutrition monitored. Staff at the service worked with other healthcare professionals to ensure people received the correct support.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident staff would respond and take action to support them. The registered manager did not keep all known concerns together to assess patterns and trends which would help prevent future incidences.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection. You can see what action we told the provider to take at the end of this report.

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 not always safe.

Systems in place for the management and administration of medicines were not robust enough and therefore people were at risk of not receiving their prescribed medicines correctly. Where risks had been identified in assessment people did not always have a corresponding risk assessment in their care plan.

Staff told us how they would recognise signs of potential abuse and said they would report any concerns regarding the safety of people to the registered manager. However they required training in this area to ensure they were fully up to date.

Safe recruitment procedures were not always followed which meant appropriate checks were not undertaken before staff started work.

Requires Improvement 

Is the service effective?

The service was not always effective

Staff had not received all the training required to do their role. Most staff had received supervision and they said they felt supported. None of the staff had received an annual appraisal.

The registered manager and most staff had an understanding of the Mental Capacity Act 2005 but people who lacked capacity did not have assessments or best interest decisions documented in their care plan.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Requires Improvement 

Is the service caring?

This service was caring.

People told us they were well cared for. People were treated in a kind way.

Good 

People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in assessment and informal reviews of their care.

Is the service responsive?

The service was not always responsive.

People's needs were assessed and care plans were in place. Some plans needed more information to ensure risk assessments were reflected in them and also a personal history which could help people to develop relationships with staff quicker.

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way. The records of concerns raised were not always kept together to enable the assessment of patterns and trends.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were systems in place to monitor and improve the quality of the service provided but they were not effective and did not cover the range of checks required to ensure safety.

Staff were supported by their registered manager and felt able to have open and transparent discussions.

Requires Improvement ●

Trust Life Care

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.

We inspected Trust Life Care on 24 May and 16 June 2016. This was an announced inspection. We informed the registered provider at short notice we would be visiting to inspect and to ensure there would be someone in the office.

The inspection team consisted of one adult social care inspector and an expert by experience who had experience of domiciliary care. The expert by experience made telephone calls to people who used the service and family members to find out their views on the care and service they received.

Before the inspection we reviewed all the information we held about the service. This included statutory notifications and information received through whistleblowing and safeguarding since the last inspection. We contacted the local authority to find out their views of the service. They did not report any concerns.

The registered provider was asked to complete 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.

At the time of our inspection visit there were 30 people who used the service.

During the inspection we spoke with eight people who used the service or their relatives / representatives. We also spoke with the registered manager, business manager and five care staff. We looked at three people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at the system in place for the management of medicines. We saw that the system was not safe for example the medication administration record (MAR) did not contain all the information staff needed to ensure they gave the person the correct medication at the correct time. Staff did not always sign to confirm medicines had been given.

There were no documents for the administration of topical creams and lotions and where people were prescribed 'as and when required' medication protocols for staff to follow were not in place.

The registered manager did not complete an audit of the recordings made on the MAR when they were returned to the office to ensure MARs were completed each time medicines were administered.

On day one of the inspection we were told by the registered manager that not all staff had received training in safe medication management or had their competency check recorded. Staff we spoke with were able to tell us what they would do if they felt there had been a medication error and they confirmed that during induction they were shadowed to ensure they were competent to administer medication. Other staff who had worked at the service longer were not sure if they had been competency checked.

On day two of the inspection the registered manager showed us updated documents they had devised to improve the medication system in place. We saw records to confirm 10 out of the 13 staff had received training in safe medication management since the first day of our inspection and that staff had used the new documents and they were more robustly completed. The registered manager told us that they still had to implement the new paperwork across all people they supported with medication and that audit process and 'as and when required' protocols were still to be completed. The registered manager had also organised for competency checks to be completed for all staff.

As part of the inspection process we spoke with people who used the service who needed help from staff to administer their medicines. People did not report any problems and advised care staff were reliable. One person said "My carer's are very good they call four times per day, they are regular and sort my meds for me."

The lack of appropriate systems for medicines management placed people at risk of not receiving their medications as prescribed. This was a breach of Regulation 12 (Safe Care and Treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff about their understanding of protecting people who used the service. Staff were aware of the different types of abuse and what to do if they witnessed any poor practice. The registered manager was aware of local safeguarding protocols.

People who used the service and the relatives we spoke with during the inspection were aware of who to speak with should they need to raise a concern. They told us they felt safe and trusted the staff who helped to provide them with the care and support they needed. We found the service had safeguarding and whistle

blowing policies and procedures in place. These outlined to staff what action they needed to take if they suspected a person was at risk of abuse from anyone.

The registered manager told us they had taken immediate action in the past when incidents occurred in order to protect people and minimise the risk of further incidents.

Some staff told us they had not received training in respect of abuse and safeguarding of vulnerable adults recently. We looked at records of staff training and saw the last time three out of the 13 staff had last received training in this area was prior to 2010 and five staff had never received safeguarding training from the registered provider. The safeguarding policy and procedure dated April 2015 states 'During induction training, all employees will complete the 'understanding abuse' workbook. We did not see evidence this had happened in the staff files we looked at.

Lack of staff training means people are at risk of being supported by staff who do not have the knowledge to carry out their duties they are employed to perform. This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we looked at the records of four newly recruited staff to check the services recruitment procedure was effective and safe. We saw that three of the four staff did not have Disclosure and Barring Service checks (DBS) carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions.

References had not been obtained for two of the staff prior to them supporting people with personal care in their own homes; they were received after they had started working. The registered manager told us that all new staff worked alongside senior care staff and the registered manager when they started and therefore were not left unsupervised. Staff confirmed this to us.

Gaps in people's employment history were not explored to ensure staff recruited had no adverse reason for leaving previous employment or adverse reason for a gap in employment which would affect their suitability to work with vulnerable people. The registered manager told us they would record reasons for any gaps at interview in future recruitment.

The registered providers recruitment policy dated April 2015 states 'In no circumstances proceed beyond this point to offer a candidate a post unless: At least two satisfactory written employer references have been received for that candidate, including one from the last employer who has been verbally spoken with to confirm employment. A DBS check is satisfactory (with no exceptions)'.

The registered provider had not followed safe recruitment policies and placed people at risk of being supported by staff who may not be suitable to work with vulnerable people. This was a breach of Regulation 19 (Fit and proper persons employed) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people had risk assessments in their care plan that covered care tasks such as dressing, spilling drinks and skin tears. However not all areas of a person's needs which posed a risk had been assessed, for example; a person who displayed challenging behaviour had no risk assessment and another person who was at risk of pressure sores had no risk assessment. Another person was supported with their finances for staff do shopping and no risk assessment was in place.

Recognised tools to assess areas such as nutrition and pressure care were not used. This meant preventative measures or control measures were not recorded in people's care plans.

Where staff were using monitoring charts for nutrition and pressure care the records had gaps in recordings which meant we could not assess if the support was successful for the person.

We discussed this with the registered manager and business manager; they told us that they would review their documentation to produce more robust assessments. Staff we spoke with could tell us the support they delivered and how they ensured it was safe. We saw that one person had been discharged from hospital with a pressure sore and the support delivered by the service had meant this had now healed. The registered manager could describe how they had directed staff to support this person well to prevent deterioration and aid recovery; however this support was not recorded in a risk assessment or care plan.

A lack of assessment of risk and systems to ensure the staff and registered manager had done all that was reasonable to mitigate risks, meant people were at risk of unsafe care and treatment. This was a breach of Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the service covered the calls to meet people's needs. At times people may have received a late call but this was communicated to people to let them know most of the time. People told us a call when staff were late did not always happen. We saw that on one occasion recently one person had not received a call and the service had ensured the person was safe once this had been highlighted. People told us timekeeping had improved recently.

The registered manager told us how senior staff were on call to provide support to staff. This showed the registered provider took steps to ensure the safety of people who used the service and staff.

Staff told us about how they work as a team when colleagues are sick or on leave and also how the registered manager supports the team and covers calls also. One staff member said "[Name of registered manager] is fantastic, they do the calls. I like that they are hands on and get involved they see what it is like." The registered manager told us there were enough staff employed to meet people's needs.

Is the service effective?

Our findings

The registered manager showed us staff training information which detailed training staff had undertaken since they were employed. We saw that out of 13 staff, two had been recruited and were asked to produce certificates from previous employment as evidence of knowledge and competence. One of those staff had commenced employment in April 2015 and certificates had not been received. We saw these certificates were still outstanding and therefore the registered provider did not know the training had actually happened. We saw that on day one of our inspection out of 13 staff three staff had not received any training from the registered provider. By day two the registered manager had completed training for two of the staff in mandatory topics.

Staff told us that their induction had been hands on and that they had shadowed senior staff until they felt confident. Staff told us they did feel the coaching style of induction meant they learnt about the people they would be supporting and their needs but that if they had been new to care this would not have been enough to prepare them for their role, and that training was required. One staff said "I went out with the co-ordinator; I have experience so I was told key codes etc. I did an induction booklet which was enough but we need more training."

We saw that six of the 13 staff had moving and handling training delivered in the past 12 months and 6 of the 13 staff had received training in the Mental Capacity Act. First aid was identified as a mandatory topic on the training matrix and we saw that 8 out of the 13 staff had this training.

Staff were supporting people who displayed behaviours that may challenge and also people living with dementia. We saw that no staff had received training in challenging behaviour and 4 out of 13 staff had received dementia training.

A person we spoke with who used the service said "I feel my carer is well trained to help me."

The staff supervision policy dated November 2015 stated 'Every employee will be invited to a supervision session with their manager or supervisor at least six times each year'. The registered manager gave us a copy of the supervision matrix which recorded the dates staff had a supervision meeting. We saw that two staff out of five staff who had been employed for twelve months or more had received two supervisions in a twelve months period not the required six per year the registered provider's policy required. Staff had not received an annual appraisal and the registered manager told us this was something to be introduced to the service.

We saw the registered provider did not have an organised system to ensure staff had formal supervision frequently, however the registered manager knew staff well and spent time working alongside staff and they told us they are always there should staff need them. The registered manager told us the policy around supervision needed to be reviewed to ensure the frequency is both effective and achievable. They told us they planned to do this following the inspection.

Staff we spoke with told us they felt well supported and they could approach the office for support at any time and the office is very accommodating and they have an open door policy. One staff member said "Supervision is not very often but I would definitely let them know if I had any issues and they do deal with concerns. I feel quite supported and they value what I say." A new staff member told us they had been to a supervision session since they started and that it was a really good experience.

Lack of staff training and supervision support meant people were at risk of being supported by staff who do not have the knowledge, skill and competence to carry out their duties they are employed to perform. This was a breach of Regulation 18 (Staffing) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 saw that people had signed consent forms for medications and consent to care in their records. We saw that some people known not to have capacity had signed their own forms when it was known they were not able to consent themselves. The registered provider was not conducting mental capacity assessments or recording best interest decisions made on a person's behalf in line with the Mental Capacity Act 2005.

Staff we spoke with had varying levels of knowledge about MCA but when we discussed how they support people day to day and seek consent they were able to provide examples of positive practice. For example; staff knew a person has the right to refuse and this must be respected, also how to communicate with a person to help them understand better what the staff member is trying to do for them.

The registered provider was not formally assessing and recording best interest decisions this was a breach of Regulation 11 (Need for Consent) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service provided support to some people at meal times. Staff told us they looked for signs that a person's appetite was changing or they were losing weight and they contacted families and the GP if required for people. Staff also gave examples where they have implemented charts to monitor what people ate when they were concerned.

The registered manager and staff we spoke with told us they worked with other healthcare professionals to support the people. The registered manager told us how they communicated with social workers, occupational therapists and hospital staff as part of the assessment process and on going care. We saw in people's records where professionals had been involved to advise staff on how to support people with their health needs. This meant people were supported to maintain good health and had access to healthcare services.

Is the service caring?

Our findings

People we spoke with as part of the inspection process were complimentary about the care and service received. One person said, "My carer is good they are caring, I am glad for anything what I can get done." Another person said "My carers are a good laugh; they are very pleasant and sometimes ask if I need anything else before they go if they have time." And "I am quite satisfied with the care, I know they (Local Authority) are changing over but I am not changing."

The registered manager told us there was a person centred approach to the support and care people received. Staff knew and understood the individual needs of each person, what their likes and dislikes were and how best to communicate with them so they could be empowered to make choices and decisions. One staff member told us "We treat people how you wish to be treated yourself." And another staff said "The carers are fantastic, I feel privileged and I do the best job I possibly can." A family member told us "We have the same girl now she is very nice which is better, she is very good and we are both very happy with the care."

It was clear from our discussions with staff the values of privacy, dignity, independence and choice underpinned the work they carried out with people. Staff told us examples of how they ensured curtains were closed and people were covered by a towel during personal care to protect their privacy and dignity. Also how they supported people to be independent for example; by putting their own arm in a t-shirt or washing their face where the person could. A staff member said "We help people to walk if they can, people feel better for it and achieve something, and it is good to see."

We were told by the registered manager and staff how they worked with people and their relatives to deliver the package of support a person needs. We were told lots of examples of shared working and how positive communication between the service and relatives meant people got the right support at the right time. One staff member told us how they work with a person's family who lives with the person to know how to approach situations to provide the best possible support. We also heard the registered manager liaising directly with a family to organise a person's support in a flexible way during our visit.

A family member told us "I was involved at the start when the care plan was made but I don't seem to get asked about it now, although things haven't got worse."

Is the service responsive?

Our findings

People and relatives we spoke with during the inspection told us staff knew them well and were responsive to their needs. People and their relatives were clear that they were asked and participated in developing the plan of care the service would deliver. This involved being part of the assessment and discussing the progress of the care delivered and changes that maybe needed.

We looked at three care plans and saw that person centred detail was included and how people wanted their care and support to be delivered. For example what a person liked to drink and at what stage in the day they wanted to have a wash and sit in their lounge.

The care plan contained a 'Plan of how identified needs will be met' document which listed the care tasks the person required to meet their needs. It had sections for each of the calls staff would make in a day and it directed staff on what tasks to complete at each call. Staff told us they found this useful and that it gave all the information they needed to complete tasks. However staff told us they would like a document which told you about the person's history to be included in the care plan file. They said this would help them get to know the person quicker. They reiterated they did know people but it took longer when they did not know the person's life history before they met them.

We discussed this with the registered manager and on day two we were shown a care plan which contained much more person centred details and it made the care plan more robust.

We saw that risks had not always been assessed and were not written into the care plan document. The registered manager told us they were going to redevise the tools for risk assessment and would be building the information into the care plan document.

Reviews were not always documented in people's care plans. Although relatives and people said they did discuss their care frequently, this was when the registered manager or care co-ordinator had visited the person's home. A more formal and frequent review process was not documented.

We looked at the complaints procedure, which informed people how and whom to make a complaint to. The procedure gave people timescales for the registered provider to take action by.

People we spoke with told us they knew where to raise concerns and those who had raised concerns previously told us they had been dealt with to their satisfaction. One person said "We did complain to the office about lateness and timekeeping which is better now." People told us the registered manager is very good at listening and that they try to help if they can.

We saw that issues raised earlier in 2016 direct to the CQC had not been logged in the services complaints file. We discussed with the registered manager that all concerns raised must be logged in the complaints file so that they can assess patterns and trends in the future.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help registered providers assess the safety and quality of their service.

There were systems in place to monitor and improve the quality of the service provided; however this did not include all aspects of the service. Checks were undertaken on accident and incidents and spot checks on staff performance. It was noted that there was no set frequency of these checks and no action plan was completed to improve where issues were noted. We also saw that some checks had not been completed for a long period of time, for example accident and incidents had not been completed since May 2015. No checks were carried out in some areas such as daily notes, medication charts or health monitoring charts.

The registered manager and care coordinators spent lots of time working alongside staff and in people's homes so they told us they felt confident support delivery was good quality. However they had not picked up the issues we had identified during this inspection such as gaps on medicine charts and a lack of risk assessments for people they supported.

Staff told us they did have staff meetings that were productive but that they would like to have them more frequently. We saw records to confirm four staff meetings took place in 2015 but none had taken place in 2016. The registered manager told us it was difficult to arrange meetings for all staff but they were aware of these issues and were working to improve the frequency of meetings. Staff also said they received memos and updates via email to help communicate and they are a team and they worked as a team well.

The systems in place were not effective in ensuring the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post at the time of the inspection. People who used the service and their family members we spoke with during the inspection spoke highly of the registered manager and said the office was reliable.

Staff told us the registered manager and other senior staff had an open door policy so staff had access to support at all times. From discussion with staff we found the registered manager was an effective role model for staff and this resulted in strong teamwork, with a clear focus on working together. One staff member we spoke with said, "[Name of registered manager] has a very tough job and you have to admire them. Watching them do care is amazing. I told them a few weeks ago 'I have to take my hat off to you', I wish I could do what you just did; a person had refused support, but they went in and nothing fazed them." Another staff member said "I have a lot of respect for [Name of registered manager] as a boss, they are fantastic, very hands on and they see what we are going through, comes out to see us. They put things in place and are very supportive."

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in

following these should they have any concerns about the quality of the provision. A staff member we spoke with said, "I am always comfy with [Name of registered manager], she seems approachable and I could go to her. I like working for a small company."

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us surveys were sent out to people on an annual basis to seek their views on the care and service provided. We saw records to confirm in November 2015 questionnaires were sent out to 20 people and 11 were returned. The survey results were mostly positive. People said they were satisfied with their service. For those areas requiring improvement action had been taken to improve in the areas identified, however no formal communication had been sent to people to tell them the outcome of the survey they had participated in.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The service was not assessing mental capacity or recording best interest decisions in line with the Mental Capacity Act 2005. Regulation 11 (1), (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely in the service and this placed people at risk of harm. Regulation 12 (1) (2) (g).</p> <p>Risks to people's health and wellbeing were not always assessed and actions to mitigate such risks in place Regulation 12 (1), (2) (a), (b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The system in place for assessing the quality and safety of the service was not effective. Not all areas of the service were checked for quality and safety. Regulation 17 91), (2) (a), (b), (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment process did not ensure staff employed were of good character prior to</p>

delivering personal care in peoples own homes.
Regulation 19 (1) (a), (3) (c).

Regulated activity

Regulation

Personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not all received training in all mandatory topics and had not been supervised in line with the registered provider's procedure. Staff had not received an annual appraisal.
Regulation 18 (1), (2) (a).