

Tracscare Lifestyles (South West) Limited

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## Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

This announced comprehensive inspection took place on 29 August 2017. We announced this inspection in line with our methodology for inspecting domiciliary care services.

The last comprehensive inspection took place on 27 August 2015. There was a breach of the regulations at that time. We were concerned that information held at the service's office including people's care records, staff contact details and service user contact details were not always up to date and accurate. There were shortages of staff at the time of the last inspection which were leading to staff working long hours. This had led to the cancellation of some training, supervision and staff support meetings. This meant some staff had not had regular supervision and support provided. Some training updates were overdue for some staff. The service was not using the Care Certificate for staff who were new to the role.

We carried out a focused inspection 2 March 2017 to check on the actions taken by the service to meet the requirements of the regulation. We judged that the service had taken appropriate effective action and met the requirements of the regulations. The service was rated Good.

Trascare is a community service that provides care and support to adults of all ages in their own homes. This includes people with learning and physical disabilities. The service provides some 24 hour live-in care for people in their own homes. The service also provides outreach support for people who require support with accessing the local area and work placements. At the time of this inspection the service was supporting 36 people.

The service had been taken over by a new provider and was in the process of transferring paperwork and processes over to the new provider's format.

People told us they felt safe while receiving care and support and reported that staff always respected their privacy and dignity. People who used the service were positive about the people who cared for them.

People confirmed that staff arrived when expected. Comments included, "Most of the time the carers are on time. They let me know if they are going to be late. Usually the Office rings me" and "They (staff) come on time and stay for the right amount of time."

The service was recruiting new staff to cover vacant posts at the time of this inspection. Existing staff were covering these vacancies. The service did not use agency staff as they felt it was important for the people they supported to have continuity of care staff. We judged that people were not impacted by the staff vacancies. However, as found at previous inspections some staff supervision had not been provided as planned due to staff shortages.

The service operated safe recruitment practices and all staff had received safeguarding training. The providers' safeguarding policy did not contain details of local contact numbers for staff to use if they needed

to raise a safeguarding concern. This was addressed by the service during the inspection, with the contact details for the Cornwall safeguarding unit printed and sent out to all staff.

All staff received induction training when they joined the service. The induction was in line with the care certificate. The new provider had asked the service to plan for all existing staff to undertake the care certificate as well as staff who were new to the care role. Training was regularly refreshed and appropriate additional training was provided to help ensure staff remained sufficiently skilled to meet people's individual needs. Despite some staff supervisions not taking place as regularly as planned, staff told us they were well supported. The service operated an on call manager system to provide staff with any necessary guidance outside of office hours. Staff told us, "The staff meetings are very helpful. If you need help with anything or if something is not working, you can bring it up. At the next meeting we see how things have improved" and "The managers are always available. If they are not around, they can be contacted by phone. Everything I've approached them about has been handled professionally."

Support plans were in the process of being transferred over to the new provider's format. There was a great deal of information held in some people's care files, some of which was historic. There was also duplicated information which made it difficult to always find the most recent version of a person's support plan and assessments. Support planning was reviewed regularly and people's changing needs recorded. People and their families were involved in any reviews.

People were supported to take part in varied activities and attend work placements that they enjoyed.

The registered manager was supported by two project managers and three team leaders and an office administrator. People were provided with information to support them to raise any concerns they may have. The service did not have any formal complaints at the time of this inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remained good.       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remained good.  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remained caring.   | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remained good. | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remained good.   | <b>Good</b> ● |

# Tracscare Lifestyles (South West) Limited

## **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.

The inspection took place on 29 August 2017. The inspection was carried out by one adult social care 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.

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 reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service. We spoke with, registered manager, the regional manager, a project manager, the administrator, three staff and three family members. We visited one person in their own home.

We looked at care documentation for three people, six staff files, training records and other records relating to the management of the service.

## Is the service safe?

### Our findings

People and their families told us they felt safe when being supported by the service. One family member commented, "On the whole, the people are competent, they talk to my daughter nicely, they listen to her and they interact with her." People told us, "I get on with the support workers OK" and "The support workers take me out wherever I want to go. I am happy with everything."

Staff were confident of the action to take within the service if they had any concerns or suspected abuse was taking place. One member of staff told us, "I have not raised anything major. I spoke with my managers about one of the tenants, so they called a meeting and it led to a CQC safeguarding." The registered manager had raised past concerns to the safeguarding unit appropriately. Most staff had received recent training updates on Safeguarding Adults. Whistleblowing and safeguarding policies and procedures were in place. The provider's safeguarding policy did not contain the contact details for the Cornwall safeguarding unit should staff wish to raise any concerns. This was addressed during the inspection with the contact details for the local unit printed and sent out to all staff.

Staff supported people with their personal money. People told us, "I am happy with the way they help me with my money and when I need it" and "My support workers are good people. I have been out with them. They mind my money and give it to me when I ask. I have no concerns with staff. They are all positive." Money was kept safely, records were kept by staff and audited by the registered manager regularly.

Accidents and incidents that took place were recorded by the registered manager. Such events were monitored by the registered manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

Staff supported people generally with their prescribed medicines by prompting them and opening packaging in readiness for medicine to be taken. Medicines were stored safely in people's own homes. No one was receiving their medicines covertly. This meant medicine hidden in food or drink. No one was receiving medicines that required stricter controls. Medicine administration records (MAR) were completed by staff to document when people had taken their medicines. Staff had received training in the safe management of medicines. Medicine records were regularly audited by team leaders.

Support plans contained risk assessments for a range of circumstances including moving and handling and supporting people when they became anxious or distressed. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, one person suffered from epileptic seizures and staff were provided with specific training and guidance on how to support the person when this happened. Additional monitoring equipment was also in place so that staff were aware if this person needed support at night.

Some people were at risk of becoming anxious or confused which could lead to behaviour which might challenge staff and cause anxiety to other people when out in the community. Support plans contained

information for staff on how to avoid this occurring and what to do when incidents occurred. For example, details of possible triggers and de-escalation techniques were provided for staff. Some people had additional staff to support them when out of their home to keep them safe whilst allowing them as much independence as possible. Risk assessments were regularly reviewed to ensure they were accurate and reflected the person's current needs.

Each person had information held in their support plans which identified the action to be taken for each person in the event of an emergency evacuation of their home. Health and safety checks were regularly reviewed of each person's home where staff supported them.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. People were asked if they would like to be involved in the recruitment of their new staff. One person told us, "We are part of the interview process so we can say whether we do or don't like the support workers."

The service had vacancies to which they were actively recruiting at the time of this inspection. Some posts had been recruited to and were awaiting checks to be completed before the person commenced their induction. Existing staff were covering the vacancies. The service did not use agency staff as they felt it was important for the people they supported to have continuity of care staff. The registered manager provided care and support to people in their homes, working alongside staff. We judged that people were not impacted by the staff vacancies at the time of this inspection. People told us they received copies of the rota so that they would know which staff were going to be on each shift.

## Is the service effective?

### Our findings

People and their families were generally happy with the service provided by Tracscare. Staff arrived at people's homes on time and stayed for the amount of time agreed. Relatives told us, "Most of the time the carers are on time. They let me know if they are going to be late. Usually the office rings me" and "My daughter gets routine. Every month I get a rota. If there is a problem I can ring the manager and she will sort it out. I can talk to her. I am happy with the carers. My daughter is happy." One relative told us, "Several months ago my daughter got a new person. I didn't feel she was trained properly. I have had a few altercations. She is finishing this week. I told the company. They took her away for a few days and gave her more training."

People commented, "The best thing is the way they help me improve things," "Don't think that anything could be done better" and "The support workers have helped me with a lot of things. It feels special to me. They are good listeners and always patient. If I've got a problem with the cooker or fridge they will help me. They will either ring the Council or come themselves."

Support plans provided staff with guidance on how to help ensure peoples' nutritional needs and preferences were met. Some people had been identified as requiring their weight to be monitored. Staff supported them to make healthy choices to help them manage their weight. Staff supported people with their food and drinks. One person told us, "The support workers are able to help me with my laundry, cooking meals and making choices. They help me with healthy eating. I like spaghetti bolognese and lasagnes."

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support. Staff received regular training updates. Training records showed the registered manager monitored mandatory staff training needs. Staff told us, "I received a week long induction. There was also e-learning. There is a resident autism specialist. She has held a couple of training sessions. The training is exceptional. It is the best place I have ever worked for training. The autism trainer has a young gentleman who helps her. He has autism himself. Everyone comes away inspired" and "I have not done this work before. I have been well supported by other support workers and management. I feel I have learnt a lot."

Most staff received regular supervision. However, some staff did not always receive supervision as often as planned. Some supervisions had been cancelled due to sickness absence, staff moving to other services and staff shortages. Most staff received annual appraisals. Staff told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Comments included, "Most weeks my manager tries to get me into the office. I regularly meet with the other seniors. It depends on what is happening. We are in the middle of recruiting as staff have left. Before that we met every week" and "The staff meetings are very helpful. If you need help with anything or if something is not working, you can bring it up. At the next meeting we see how things have improved."

Newly employed staff were required to complete an induction before starting work. This included training



identified as necessary for the service and familiarisation with the organisation's policies and procedures. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. The induction was in line with the Care Certificate. The Care Certificate is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. The new provider planned for all staff to undertake this certificate, the administrator told us this was in process.

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 checked whether the service was working within the principles of the MCA. People's support plans showed when a specific decision was not able to be made by the person and that the decision needed to be made following a best interest meeting. Support plans held records of such meetings and the outcome agreed. People, their families and professionals were involved in the best interest meetings.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes any applications to deprive people of their liberty must be made to the Court of Protection. At the time of the inspection no-one was subject to a Court of Protection order. From our discussions with staff and management we found they had an understanding of the need to gain consent from people when planning and delivering care. Training records showed that staff were provided with regular updates on this legislation.

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 provided with choices and staff respected people's wishes. People's preferences and choices were clearly recorded by in their support plans. One person told us, "The support workers do what I ask."

People had access to healthcare professionals including GP's, opticians, speech and language therapists and dentists. Some people regularly saw their specialist nurse or doctor. People's files contained records of any multi-disciplinary notes.

## Is the service caring?

### Our findings

People told us, "The support workers are very good at listening if I'm upset," "The support workers calm me down if I get angry" and "I can't lift heavy things. The support workers support me when I am shopping. They will carry some heavy bags for me."

Relatives told us, "The carers are OK and the management is approachable" and "The support workers are loving. They are really good. The two main ones would rather do it out of love than money."

It was clear from our conversations that the management team and care staff knew people well and had a detailed understanding of people's care needs and individual preferences. Staff spoke about people with fondness and displayed a genuine concern for their health and emotional well-being. Support plans contained information about people's backgrounds and personal histories. This information helped staff to build relationships with people as it identified potential topics of conversation and activities that people were likely to enjoy and engage in.

People said care staff respected their decisions and choices during care visits and they were treated with dignity. We visited one person in their own home and the person and their partner both told us how kind and caring the staff were. Positive comments were made by the person's partner about specific staff who had enormous empathy for the person and were sensitive in how they provided personal care.

People's preferences regarding how they liked to be supported were recorded in care plans. One care file advised staff, "Likes to make a special effort regarding their hair for occasions such as parties." People were asked by what name they would like to be called by staff, and this was recorded. One care plan guided staff to not wear strong smelling perfume or aftershave as the person was sensitive to this. Staff were directed to avoid loud noisy places when supporting a person in the community as it made the person anxious.

People and their families were involved in decisions about their care. Relatives told us they knew about their family members support plans and the registered manager would invite them to attend any review meeting if they wished. Easy read pictorial versions of support plans were produced for people so that they were supported to understand what it included.

People and their families were invited to share their views and experiences of the service provided to them in their homes. A survey was recently carried out and the responses were positive. The registered manager and the management team carried out monthly quality assurance checks to ensure the service was constantly improving the support it provided.

## Is the service responsive?

### Our findings

Relatives told us, "The best thing is that the carers enable my daughter to access the water activities she enjoys" and "My daughter has got three support workers. One is a bubbly person. One does outdoor activities. I had a few issues with one support worker. I told the Manager and she sorted it. My daughter has to be very routine with everything."

People who wished to start being supported by Tracscare had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was clear that the service was not easily able to take short notice packages of care as most of the people they supported had very specialised and complex needs. We were told that before Tracscare could support people safely, careful planning and recruiting the right staff with the right skills to meet the person's specific needs must have taken place.

Since the last comprehensive inspection the service had begun to support people living together at one location containing 14 flats and one house. This had posed new challenges for the service, of staffing and managing a larger location where many people lived in a shared environment. Positive reports from people and their families have been received following a transition period. We were told that some families had initial reservations about the move but that their family member had flourished and benefited from the mutually supportive environment. The property was beginning to host events to showcase this model of supported living to other agencies.

Support plans were in the process of being transferred over to the new provider's format. There was a great deal of information held in some people's care files, some of which was historic. There was also duplicated information which made it difficult to always find the most recent version of a person's support plan and assessments. The registered manager assured us that this would be addressed as each care plan was transferred to the new format and fully reviewed.

Care and support plans held detailed information about each person's day, how, where and when they liked to have their care and support provided. Staff were provided with detailed guidance and direction on how to support each person according to their specific needs. The plans were reviewed regularly and people's changing needs recorded. People and their families were involved in any reviews. One person confirmed that they had a support plan and that it was reviewed. They told us, "I was very involved in my care plan. Me and the staff who work here did the paperwork together." Another person told us, "They called me down to the office to do the care plan. There is a copy in my file. It is brilliant." A relative confirmed that her daughter had a care plan, "For the care plan we had round the table meetings."

People received care and support that was responsive to their needs because staff had a good knowledge of the people they supported. Staff knew people well and recognised if there was any change in their health or social care needs. One care file advised staff, "May not reliably report pain, so may trigger escalation in behaviours." There was guidance for staff on how to monitor such a situation.

People had access to varied range of activities and work placements. A relative told us, "My daughter enjoys

exercise. She goes cycling, to the gym, swimming and to the beach." One person had a pet cat who they took great pleasure from. People went out with support most days for walks, to the coffee shops or supermarket or in a car for swimming and kayaking. One person was supported to attend a dance class in Plymouth. A bar-b-q had been held at the service offices the weekend prior to this inspection. This provided an opportunity for people who received support from Trascare to meet up and socialise.

People were provided with information about how to raise any concerns they may have. This was available in an easy read pictorial format. We were told there had been no formal complaints raised. People told us they felt they could raise any issues with the staff or registered manager and were confident that the matter would be addressed quickly and effectively. One relative told us, "I think it is a very good organisation. They are good at the job they do. I would give them ten out of ten."

## Is the service well-led?

### Our findings

Relatives told us the registered manager was approachable and friendly. Comments included, "The immediate manager and the one in charge of the area are both very approachable" and "I raise issues with the manager. She gets back to me. She tries to sort things out." Some relatives told us that they did not always receive rotas or invoices in a timely manner.

Staff told us, "The managers are always available. If they are not around, they can be contacted by phone. Everything I've approached them about has been handled professionally" and "The best thing is that all the staff get on really well and we get on really well with the tenants."

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager in post.

There were clear lines of accountability and responsibility both within the service and at provider level. The registered manager was supported by a two project managers, three team leaders and an administrator. The registered manager told us they received good support from the regional manager and the provider.

Staff told us they felt well supported through supervision and regular staff meetings. One staff member commented, "The best thing is the training and the tenants. We have got some lovely tenants."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Senior care workers also had regular team meetings where training, people's needs and forthcoming activities or events were discussed.

The registered manager worked in the service every day providing care and supporting staff. This meant they were aware of the culture of the service at all times. There were systems in place to monitor the quality of the service provided. Audits were carried out over a range of areas, for example, support plans, goal setting and progress to meeting a goal, staff files, record keeping at people's homes, medication records, premises checks, equipment servicing and health and safety issues.

The service had an action plan in place with the provider which was set out following the CQC key lines of enquiry. This meant the service was monitoring its progress under the five domains inspected by CQC. Any outstanding actions had a completion date set and this was monitored regularly by the registered manager. One action, which was in progress, was for staff to ensure that they recorded evidence of people's personal goals and successes. Staff were starting to take photographs and record additional notes of such events to demonstrate people's progress towards their chosen goals.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well managed by the administrator and reviewed regularly. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example safeguarding concerns or police incidents.