

Tru-care Limited

Tru Care Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Tru-care Limited is a service providing care to people in several supported living settings and to people in their own homes. The service is registered to provide care to autistic people and people with a learning disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 24 people receiving personal care across different locations at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people to live as independently as possible and be in control of their daily lives. People were supported by staff to take up paid employment and voluntary work which helped them to maintain their independence and reduce the level of support they required from staff. People were provided with a choice in all their decision-making and families were involved where they wanted to be. People's risks in relation to their care were managed well. Staff understood how to maintain and improve people's independence, including taking positive risks. There were sufficient staff to meet people's needs and their individual one-to-one hours were met. We were assured that the service was following good infection prevention and control (IPC) procedures to keep people safe.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care they received was consistent and that staff knew them well. Kitchen areas were always accessible to people and they were able to choose their meals with appropriate support from staff. People's right to privacy was respected and staff encouraged people to regularly provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences, challenges and hobbies. Services were located in residential streets and there were no outward signs to differentiate them from neighbouring properties. The properties were well maintained and reflected choices people made.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

Right Culture:

The culture of the service was open, inclusive and empowered people to live independent lives. Some improvements were required regarding the oversight of the service; these were fed back and positively embraced. Management needed to develop regular audits to look at ways of improving the service and identify issues. Policies and procedures were under review but needed to link to national guidance and reviewed when guidance was updated. People and their relatives felt their ideas and concerns would be listened to by management. People told us they felt that staff had helped them become more confident and independent. Staff were complimentary about the management of the service, felt valued and told us they were able to raise concerns with the manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This last report was good and was published on 16 December 2021.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Tru Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings and in their own homes so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we wanted to ensure the inspection could be facilitated.

Inspection activity started on 9 September 2022 and ended on 6 October 2022. We visited the location's services and people's homes where a regulated activity was taking place on 9 and 14 September 2022.

What we did before the inspection

We reviewed information we held about the service since its registration at the current address. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives about their experience of the care provided. We reviewed parts of 3 people's care records. We spoke with 6 members of staff on the days of our visits, including the registered manager. We received feedback from a further 9 staff by email. We reviewed 4 staff recruitment files. We received feedback from 3 health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The rating for this key question has good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems and processes in place to safeguard people from the risk of abuse. People and their relatives felt safe when being supported by staff. One person told us, "I feel safe living here." A relative told us, that their relative had a safe place to live that was consistent.
- Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us, "I feel that I have a really good understanding of safeguarding, due to the training I have attended. I know what it means and who to contact."
- Staff received regular training for safeguarding and whistleblowing. One staff member said, "There are policies in every unit and office regarding whistle blowing and people are aware you can look online. I would feel confident in what the steps are if I had to whistle blow."
- The provider undertook a regular analysis of 'serious occurrence' forms and looked at steps to reduce the risk of them happening again and any lessons which could be learnt.
- The provider had identified and agreed they would implement spot checks on people's finances to ensure any errors were quickly spotted.

Assessing risk, safety monitoring and management

- Staff took steps to identify risks to people and looked at ways of reducing these. People were involved in the development of risk reducing strategies. One person told us about how they were able to catch buses and go out on their own at night. Staff supported them to do this safely.
- Staff told us they knew risks associated with people's care and the steps they should take to reduce these. One member of staff told us, "Risks to individuals in our care are assessed regularly, in the form of written risk assessments that can be found in the daily notes and or care plans of the individuals we support."
- People were aware of their own risk assessments in care plans. One person was able to explain what they would do in the event of a fire.

Staffing and recruitment

- People and their relatives told us there were sufficient staff employed at the service to meet their needs. One person told us, "I can go to them and they will help me." Staff told us that there were sufficient staff that were suitably trained. One staff member explained Trucare, "develop all its support with the needs and wishes of the residents very much as the starting point."
- We observed there were sufficient staff to meet people's needs during the inspection. People did not appear rushed. Where people required further one-to-one hours, the provider worked with the local authority to review the number of hours available. One person told us, "They're really supportive. They've been flexible."
- The provider acknowledged and had plans to ensure recruitment practices were safe and effective. This

included ensuring the policy reflected current regulations, an audit of current staff files and researching skills for care values-based recruitment practices.

Using medicines safely

- People were appropriately supported by staff to take their prescribed medicines. Medicines were received, stored, administered and disposed of safely. People had medication administration records (MARs) in place. People gave us examples of how staff supported them to take their medicines safely.
- Where people were prescribed 'as required' (PRN) medicines, there were clear protocols in place for staff to follow. This included the maximum dose, the time intervals between doses and how to spot that the medicine may be required.
- The provider had a system in place to monitor medicines safety. The provider was sourcing and was to implement an improved medicines auditing system.
- Staff had undertaken training and competency checks to administer medicines. One member of staff told us, "Only trained staff members are allowed to carry out tasks related to the medication. Furthermore, after medication training, a staff member has to be witnessed administering medication by a senior member of staff at least 3 times before they can then do it on their own."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives and other visitors were able to visit at a time that suited them.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant that whilst service management was consistent, systems did not always support the delivery of a high-quality service. The service offered person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improvement.

- The provider did not have embedded robust auditing systems within the service. These would identify issues in a timely fashion and enable matters to be addressed. The provider promptly sent an action plan with timescales setting out how they will implement systems.
- Policies and procedures were not kept under regular review and were kept in paper format. An action plan sent to us immediately after our visit showed the provider had purchased a reputable online source of policies and procedures that would be compliant to regulation and updated as legislation and guidance changed. These were to be enhanced to ensure they reflected Trucare systems.
- There were plans to develop the management structure within Trucare Limited. The roles of the nominated individual [The nominated individual is responsible for supervising the management of the service on behalf of the provider] and the registered manager were to be held by two different people. There were no plans to grow the business as we were told it had reached its optimal size.
- Expectations of staff were clearly communicated to them in order to maintain high standards of care support that were in line with the key values of the provider. The provider was ambitious for people to lead fulfilling lives based in their own community. This meant access to work placements, paid work, community transport and local leisure facilities. One person who used the service told us, "Being here is good because I can be independent." A member of staff told us, "Clients are happy and are supported to live their lives to the fullest, with staff members who go above and beyond to meet their needs, wants, wishes and preferences."
- Managers placed emphasis on treating people and staff as individuals. This meant ensuring staff had undertaken relevant training and discussed what it meant to have an 'ordinary life'. Managers told us that the key focus is, "On what people can do rather than what they cannot do."
- Staff understood that people deserve to live ordinary lives every day. For example, that a brief holiday once a year was not good enough if there was no meaningful engagement happening for the rest of the year. Staff were encouraged to share their ideas on how to promote people's independence and engagement.
- Staff told us they felt supported and valued by management. Staff spoke of managers being present and approachable. There were career and upskilling pathways and staff were actively encouraged by managers to undertake nationally recognised qualifications. One staff member told us, "I was able to complete a care certificate, and diploma levels 2 and 3 through working at Tru-Care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was a strong organisational commitment towards ensuring that there was equality and inclusion across the organisation. People's differences were respected throughout the organisation and there was a clear strategy which placed emphasis on tackling inequalities and promote equity, diversity and inclusion and human rights. One of the actions the provider was committed to was to ensure properties were exceptionally well maintained and in good locations that supported proactive and inclusive community engagement. We saw that this was the case and people were actively engaged in their local communities where they wished to.
- There were regular meetings for people who used the service and staff. These meetings were an opportunity to feed back on the service and people were empowered to speak up where they had ideas to improve the service. One person told us, "I can choose what I do." Another said they chose not to go on holiday. Everyone we spoke with knew they had a care support plan and what was in it as it had been read to them. Staff were consulted and involved in developments. One member of staff told us, "I feel that staff opinions are welcomed and valued especially when it comes to ideas or suggestions for improving the service."
- People and their relatives told us that communication was generally good. One relative said, "We have regular email correspondence with all the carers. We email if we have any issue that arise and these are dealt with immediately and appropriately. In fact, the communication we have with the carers is amazing!"

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's vision was about empowering people to lead aspiring and independent lives and this was reflected in the feedback we received. One person told us about their love of animals and therefore spent a day on work placement at a zoo and another day working with dogs. Another person told us about their joy in cake making. They had the basic food hygiene certificate and had a work placement in a local café.
- People and their relatives told us the support they had received had been invaluable and that the service had a positive impact on their lives. One relative told us, "The staff are amazing and definitely treat [named relative] with dignity, respect and kindness. I would definitely recommend Trucare! Another relative told us, "I am very reassured. I'm hoping [name of relative] will progress to paid employment."
- The provider's approach underpinned the way in which they wanted staff to support people, and managers knew people extremely well. A staff member said Trucare has "A positive culture, founders, managers and employees work with shared values and love what they do." We found this to be the case during our inspection.
- Staff told us they knew who to approach with concerns about their wellbeing and that managers operated an open-door policy. One member of staff told us, "Managers do respond and will support staff if needed with work related or personal problems and mental health. I enjoy working here and being part of an amazing team who all care deeply for our clients that we have the honour of supporting."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider was aware of their responsibilities to inform the CQC of events including significant incidents and safeguarding concerns in line with legal requirements.
- Relatives told us they had been contacted when there had been incidents and that the provider kept them updated throughout. One told us, "If there were ever any changes in [relatives] health they were very good at identifying these things and getting them addressed by professionals and kept family members up to date."