

Mrs Karen Jane Speak

# Tru Care - Worcester

## 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

The inspection took place on 23 March 2016 and was announced.

We gave the provider 48 hours notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This service was not required to have a registered manager in post. The service supported 24 people with care in their home when we inspected.

People told us they felt safe with staff in their home. People were familiar with the staff supporting them. Staff understood the signs of abuse and understood what needed to be done in order to raise their concerns. The registered provider also understood their obligations and ensured staff training on the subject was up to date. Staff understood the health conditions people lived with and the associated risks to their health. Staff knew the symptoms to look out for and what action need to be taken. Staff followed recruitment processes that included background checks to assure the registered provider of their suitability to work at the service. People were supported by the correct number of staff and staff attendance at calls was monitored by the registered provider. People's support to take their medicines was also monitored and any anomalies were highlighted to staff to minimise any reoccurrence.

People received care and support from staff who were regularly supervised and who could discuss people's care and clarify anything they required support on. Staff used supervision meetings to have open discussions and identify areas of further development if they were needed. Staff training was monitored, so that people benefitted from staff that had up to date training. People were involved in their care so that their consent was obtained and they understood what staff were doing. Staff understood the importance of obtaining a person's consent and benefitted from training on the subject. The registered provider understood the requirements of the law and acted accordingly. People were given choices about the meals and drinks prepared for them. Staff knew people's preferences and ensured people received the food they liked and had access to drinks before they left. If people required support to access further medical help, staff recognised what needed to be done to ensure the person received this.

People's care needs were updated regularly and people's preferences were known and understood by staff. People were familiar with care staff who regularly attended their calls and felt this helped because it enabled people to gain continuity from staff. People's privacy and dignity were respected in ways that were important to them. Staff understood each person's background and about things that were important to them. People knew who to complain to and the process for raising complaints. The registered provider had a system for recording and responding to complaints.

People knew the registered provider and were familiar with them. Staff felt supported and understood they

could raise any issue they needed to with the registered provider. The registered provider assured themselves of the quality of care being delivered by sharing some of the care calls. This was supplemented by spot checks and satisfaction surveys. People's records were also regularly reviewed to ensure people's needs were correctly documented for staff to refer to.

## 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.

People trusted care staff and felt comfortable with them in their home. Staff understood how to keep people safe. People's medications were checked to ensure they received them as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were supported with supervision and training. People were cared for by staff who understood people's health and the risks associated with their health. People were offered choices about their care and the food prepared for them.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked and staff engaged positively with them. People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions to change and adapt their care to meet their needs. People understood they could complain if needed and how to make a complaint.

### Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. The registered provider worked alongside staff to assure themselves of the quality of care delivered

# Tru Care - Worcester

## **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 inspection took place on 23 March 2016 and was announced.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

As part of the inspection we spoke to four people using the service. We also spoke two relatives, three staff and the registered provider.

We reviewed care records, the complaints folder, recruitments processes as well as monthly checks the provider completed.

# Is the service safe?

## Our findings

People told us they knew the staff that supported them and that they felt safe around them. One person told us they were "Perfectly safe. No worries whatsoever."

Staff we spoke with told us they had received training on safeguarding people and understood the different forms of abuse that could take place. Staff told us if they were concerned about something they would discuss it with the registered provider. The registered provider explained there had been some instances when they had contacted the local authority for further advice and that this was their process for confirming whether a matter needed to be logged as a safeguarding.

People told us staff attended for the duration of time they were supposed to. One relative told us, "They always stayed the full time and sometimes over if needed." One person told us, "They come about the same time." Call attendance times were monitored through timesheets which people signed to confirm the times staff arrived and left at. People told us that the same staff usually supported them and that the correct number of staff usually attended calls. The registered provider told us they had a steady small team of staff. Staff we spoke with told us there were sufficient staff to cope with workload. One staff member told us, "There's always enough staff." The registered provider told us they regularly reviewed alerts from the local authority about care packages and that these were responded based on staffing numbers and whether packages could be fitted into staff work schedules. If packages could not be fitted in they were not pursued.

Some people told us they lived with diabetes. Staff understood the health risks people lived with and they accessed this information from people's care plans and from speaking to people. We reviewed two care plans and saw this information and other risks people lived with detailed for staff to refer to. Staff demonstrated their understanding of risks to people's health by describing some of the symptoms people lived with and what they were monitored. For example, for people living with diabetes, staff ensured people always had a drink prepared for them before they left and that they did not display any physical symptoms such as drowsiness.

The registered provider completed DBS checks (Disclosure and Barring Service) for prospective staff. The DBS is a national service that keeps records of criminal convictions. This information supported the registered provider to ensure suitable people were employed, so people using the service were not placed at risk through recruitment practices. Two staff files we reviewed demonstrated that the necessary checks had been followed before staff were allowed to work at the service. Staff we spoke with also confirmed that all the necessary background checks and suitable references were completed before new staff commenced work.

Some people were supported to take their medicines. People told us they were usually supported to take their medicines at the same time. When asked whether people received support with the medicines at the same time, one person told us, "They come at the same time." We reviewed monthly checks the registered provider completed of people's medication records. This review included whether people

received their medicines at the time they were supposed to and the correct dosage. Staff told us they were contacted if there were any anomalies in how medicines were recorded. One staff member told us, "Every month [registered manager] checks and if she comes across missed records she's on the phone to us." Staff told us if issues were repeatedly identified, staff were asked to refresh their training.

# Is the service effective?

## Our findings

Staff we spoke with told us they felt supported and attended regular supervision meetings. One staff member told us, "Of yes I get plenty of training and supervision." Another staff member told us, supervision meetings were helpful because it allowed staff another opportunity to discuss areas they may want advice on. For example, one staff member was unsure about a person's challenging behaviour and raised this with the registered provider who then attended some call with the staff member. Staff described some of the training they received and how this helped them. One staff member told us, "I've just completed a two day course in Dementia." The staff member explained this helped to reinforce their knowledge of Dementia and understanding of how this affected people's memory.

The 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.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

We looked at the way the registered provider was meeting the requirements of MCA. The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to.

Staff we spoke with understood the importance of obtaining a person's consent. They told us they explained things to people before they supported them. One staff member told us one person had refused personal care for a number of days and respected their wishes. However, they then became concerned for the person and raised the issue with the registered provider so that that they could discuss the best way forward with family members of the person.

People told us staff would help them access medical help if they needed. People told us they had confidence that if they needed help to call a doctor or an ambulance they would require it. One staff member told us about the people they supported, "I have called the doctor out." We spoke with the registered provider about how people were supported to access other help. They told us that worked closely with staff to understand people's needs. They had contacted social workers and mental health practitioners to ensure people received the coordinated or correct support they needed.

People told us staff offered them choices in the drinks and meals they prepared for them. One person told us that their family member purchased ready meals for them and staff always asked the person which they would like heated. People also told us they staff prepared drinks as well as ensure they had access to drinks before they left. Staff we spoke with also confirmed that they always ensured people had access to drinks,



irrespective of whether they received support with their meals.

## Is the service caring?

### Our findings

People told us they liked the staff supporting them and that they had a good relationship with staff. One person told us "They'll do anything for me." A relative told us "They're all brilliant."

People told us that regular staff attended their calls and that this made it easier for staff to understand their needs. People told us this prevented them from having to repeat their care needs to different staff. One person told us, "Its usually the same girls who come out to us." Another person told, "I like Weetabix every day and the girls know that."

People told us they were given choices about their care. One person told us that staff asked them, "So what do we need to do today?" People felt comfortable asking staff for support with different tasks because people described a rapport they had built with staff. For example, people told us that before staff left they would ask people if everything was ok?

Staff we spoke with could describe peoples like and dislikes and personal preferences. Staff we spoke with spoke confidently about the people they cared for. Staff described people's routines and how they preferred certain tasks to be done. For example, people's religious beliefs were known to staff and staff felt comfortable discussing this with the person.

People told us they were treated with dignity and respect. People described lots of different ways in which they felt respected. One person told us that staff always left their home tidy and put things back where they ought to go and that that they appreciated their space being respected. People told us they were supported with tasks they requested but when they asked staff to let them do things for themselves this was also respected. One relative told us their family member always felt "relaxed and never uncomfortable" even when staff helped them with their personal care. Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing curtains when people were getting dressed as well as ensuring closing the door.

## Is the service responsive?

### Our findings

People told us they discussed their care needs with the registered provider before their package of care started. They shared their preferences, information about tasks they needed completing and information about their background. This information was then held in people's care plans so that staff had access to the information when supporting people. Three staff we spoke with described reading people's care plans to understand people's needs.

People told us if they wanted to make changes to their care needs they could speak to the registered provider about doing this. One person told us they increased the number of calls they received and this was arranged promptly. One relative told us their family member had a period when they required more support and that calls times were adjusted based on their family member's needs. One relative described speaking to the registered provider about breaks in the care and the registered provider worked with the family member to achieve this. Care staff and the registered provider understood people's individual preferences that made their call tailored to their specific needs. For example, one person had religious beliefs and staff and the provider chatted with them about this.

The registered provider had a number of ways in which they gained feedback from people using the service. As well as attending calls with staff, they also sent out satisfaction surveys for people to complete. One person told us, "Oh yes I've filled in a questionnaire." We saw one feedback form where the person had stated they would like to change the call time. A review was completed with the person and another call time was offered.

Three care plans we reviewed demonstrated how staff recognised and raised concerns about a person's welfare with the registered provider if needed. One staff member told us any concerns about a person were recorded in communication logs so that staff taking over could access the information immediately and note it. The staff member told us, "We record everything and log it." Another staff member told us about when observations they recorded of people who are short term antibiotics, so that people could be monitored so that their condition did not deteriorate.

People we spoke with knew, they could complain if they needed to and understood the complaints process. However, people told us they preferred to explain directly to staff if there were things they wanted changed or amended. Although the registered provider did not have any complaints they described how they would review complaints and respond to them if needed.

## Is the service well-led?

### Our findings

Staff we spoke with described an easy relationship with the registered provider where they felt able to raise issues they needed to discuss. One staff member told us about having to change their working hours due to personal circumstances and how the registered provider had worked with them to find a workable solution. Staff told us they regularly attended staff meetings and felt well informed about the service and people who used the service. The registered provider used staff meetings to consult staff. For example, there had recently been a change in the way staff pay was calculated and staff were asked for their feedback about some of the options. The registered provider told us they also used meetings to encourage and motivate staff. They told us "I always tell them (staff) they are amazing." We also saw memo's sent to staff to make them aware of things they needed to be informed of such as reminders about training dates or changes to peoples care needs.

The registered provider understood people's individual care needs because they often took up shifts alongside staff. The registered provider told us they did this to assure themselves of the quality of care being delivered as well as maintaining links with people using the service. The registered provider told us, "I like to do care work so I can understand what the carers are doing." Staff told us they found this hands on access useful and reassuring. One staff member told us they had become concerned about a person and the registered provider had attended the call with them to identify what could be done to help the person. Another staff member told us "[Registered Provider] is great at mucking in with everybody." The registered provider also completed spot checks. The registered provider checked staff timeliness, record keeping at people's home as well as how staff interacted with people. Staff told us they this took place regularly and that feedback was given to staff on the outcome of visit.

The registered provider completed a number of monthly checks to assure themselves of the quality of care being delivered. Timesheets, Medical Administration Records, care records and daily logs were all reviewed monthly. We reviewed how the registered provider checked these and saw that because there were a small number of people using the service, the registered provider was able to check all records monthly.

The registered provider kept their knowledge up to date by regularly attending events organised by the local authority. The registered provider also told us, they accessed the Social Care in Excellence website and had registered for alerts. The registered provider told us about their ideas for expanding the service and how this was slowly being managed to reduce the impact on people using the service at present. As staff number increased, care packages were increased to manage to process safely.