

Trafalgar Community Care Ltd

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Inspection report

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Date of inspection visit:

03 March 2016

10 March 2016

Date of publication:

22 April 2016

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 was an unannounced inspection carried out on 3 and 10 March 2016. We contacted the registered provider 48 hours prior to us visiting the service. Notice of the inspection was given as we needed to be sure that the registered manager or someone who could act on their behalf would be available to support our inspection.

Trafalgar Community Care Limited is a domiciliary care agency which provides support and care for people over the age of 18 years in their own homes. The service is based in Huyton, a suburb of Liverpool. The office is situated on the first floor, over a row of shops, and is easily accessible by public transport. At the time of this inspection the service was supporting 34 people.

A registered manager was in post. 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.

At the previous inspection of the service in October 2013 the service was found to be meeting all of the regulations we assessed.

Systems were in place to keep people safe. These systems included safe medicines procedures and assessing and minimising risks to people in and around their homes.

Policies and procedures were in place to minimise the risk of abuse to people. In addition staff had received training in protecting people from harm. Staff were confident on what action they would take if they thought a person was at risk from harm.

People were protected by safe recruitment practices that ensured appropriate checks were carried out prior to a member of staff starting their role. These procedures also helped ensure that only suitable people were employed by the service.

People were supported by a staff team who they knew well and who received regular training and support to carry out their role.

Plans of how people needed to be cared for and supported were available. The plans contained information specific to individuals' and how they wanted to be cared for. People told us that they had been included in the development of their care plans.

A complaints procedure was in place and people told us that if they needed to make a complaint they knew who to speak to.

The registered provider had systems in place to monitor the quality of the service provided by Trafalgar Community Care Ltd.

People told us that staff respected their privacy and dignity and were respectful when delivering care and support.

During this inspection the registered manager and director recognised that one to one conversations with staff needed to be recorded on a regular basis. In addition, a formal process for monitoring accidents and incident information needed to be further developed. The registered manager and the director of the service demonstrated a commitment to making these improvements during the inspection process.

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 felt safe when being supported by staff.

Procedures were in place to help ensure that people received their medication safely.

Identified risks to people were assessed and their care was planned in a way that minimised any risk of harm.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

Is the service effective?

Good ●

The service was effective.

People were supported by a team of staff that knew them well and who met their needs.

People's consent to their care was obtained.

People's needs were assessed prior to the service commencing. This ensured that the staff had the skills and knowledge to meet the person's needs and wishes.

People received a flexible service when they needed it.

Is the service caring?

Good ●

The service was caring.

People felt that staff were caring and respectful of their individual needs and wishes.

People felt that their dignity and privacy were respected by the service and the staff delivering their care and support.

Information was available to people about what services could be provided and the standards of support they should receive.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place that demonstrated what people's needs were and what support they required.

People were happy with the care and support they received.

A complaints procedure was available and people knew who to contact if they wished to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in place.

Policies and procedures were in place and available to staff to help ensure that people received safe and effective care.

Effective systems were in place to review and monitor the care and support people received.

Trafalgar Community Care 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 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 the 3 and 10 March 2016.

The inspection team consisted of one adult social care inspector.

We looked in detail at the care planning records of three people who used the service. In addition, we looked at records relating to the planning and management of the service, policies and procedures, staff rotas and the recruitment records of four members of staff. We spoke with four people who used the service, the registered manager, the director of the service and six staff members.

Before our inspection we reviewed the information we held about the service including notifications of incidents that the registered provider had sent to us. The registered manager had completed and sent us a Provider Information Return (PIR). The PIR is a document that asks the registered provider to give us some key information about the service, including what the service does well and any future improvements they plan to make to the service. Six people completed a survey form at the time of the PIR. All six people told us positive things about the service they received.

We contacted the local authority to obtain their views on the service. They told us that they had no concerns regarding the service provided at Trafalgar Community Care Limited.

Is the service safe?

Our findings

People told us that they felt safe when staff were supporting them in their homes. Their comments included "I trust them, they are nice people" and "I feel safe, they always lock up the house". All six people who completed a survey told us that they felt safe and were protected from abuse or harm by the staff that supported them.

Policies and procedures were in place to safeguard people. These procedures included Knowsley Council's joint agency safeguarding procedures along with the registered providers safeguarding procedures. The registered manager told us that the service operated a zero tolerance to any form of abuse. In addition to policies and procedures available in the service's office information relating to safeguarding people was also available in the staff handbook, a documents that all staff had a copy of. Records demonstrated that all staff had undertaken awareness training in safeguarding and staff we spoke with confirmed that they had received this training. Staff were able to explain what action they would take in the event of witnessing or suspecting that a person was being abused and had a good understanding of what inappropriate practices constituted abuse. This helped ensure that people were protected from inappropriate care practices and abuse.

Identified risks to people and their living environment were assessed and planned for. For example, an assessment of people's internal and external living environment took place. This assessment considered the safety of electrical appliances, utility services and trip hazards. If required further assessments were completed or referrals were made to other services so that any risk to individuals' and staff could be minimised. For example, if a person smoked in their home a referral would be made to the local fire and rescue service. The registered manager explained that these referrals had resulted in the fire and rescue service visiting the person's home to give safety advice and where appropriate smoke detectors had been fitted to help keep the household safe.

People's needs in relation to their medicines were recorded in their care planning records. Information recorded clearly stated what support a person required in order for them to have their prescribed medicines when they needed them. One person told us that staff supported them by ordering their prescriptions and getting them delivered, they told us "There is no pressure for us". All medicines administered by staff were recorded on a Medication Administration Record (MAR). Policies and procedures were in place to offer guidance to staff on how to support people with their medicines safely. In addition, information about medicines was also contained in the Staff handbook. Records demonstrated that staff had received medicine competency training and had signed that they had read and understood the services medicine policies and procedures. Staff told us that if they had any concerns regarding people's medicines they could contact the office or the manager on-call to discuss their concerns at any time.

Staff rotas were developed and allocated to the staff team on a weekly basis. The length of visits to people varied from 15 minutes to a full day. Staff told us that they generally supported the same people during their working week and had set days off. A contingency was in place for the event of a member of staff not being able to carry out their visits at short notice, this contingency included the registered manager or the deputy

manager always being available to support people if required. This helped ensure that people received the care and support they needed at all times. People who used the service told us that most of the time staff arrived at the times they should do and if staff were delayed the service would contact them. People told us that staff always stayed for the correct amount of time.

The registered provider had recruitment and selection procedures in place. We looked at the recruitment files of four staff members who had joined the service since our last inspection. The information contained in the files demonstrated that appropriate checks had been carried out prior to the staff starting their employment. For example, we saw that an application form had been completed, evidence of formal identification had been sought and written references had been obtained. In addition a Disclosure and Barring Service (DBS) had been carried out. These checks were carried out to ensure that only staff suitable to work with vulnerable people are employed by the registered provider.

Is the service effective?

Our findings

People told us that they were involved in the planning of their care and that staff would always do things differently if they asked them to. People comments included "They are very flexible, they will always change the times of the visits if asked, this helps when I need to go to an appointment", "They do everything I want them to and they do it well" and "Very happy with the staff and the service".

All six people who completed a survey form sent to them by the Care Quality Commission stated that they received consistent care and support from familiar staff and that they would recommend the service to others. In addition they confirmed that staff completed all of the tasks they should do during their visits.

People told us that they received a flexible service. They gave examples of the times of visits being changed to accommodate hospital and doctor appointments. A further example of the services flexibility was that they changed the times of the visits to one person when the season changed. During winter the person preferred an earlier visit than in the summer months and this was planned by the service. Another person told us that they had experienced a fall and were unable to get up from the floor. They contacted the service who sent two staff to assist the person in getting up. Following this incident the service contacted the local authority on the person's behalf which resulted in safety equipment being fitted in the person's home. They told us "I'd find it really hard without Trafalgar".

Prior to a person commencing the service an assessment of their needs and wishes was completed. The purpose of this assessment was to ensure that the service had the knowledge and skills to meet the person's needs. We saw that the assessment considered people's needs in relation to personal care and hygiene needs, health and medicines needs, mobility and any history in relation to falls. The registered provider gathered this information to help ensure that care and support could be planned for safely in a manner that met the wishes of people. People told us that they had been involved with their needs assessment. The service accepted referrals from individuals' and the local authority.

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 as far as possible people to make their own decisions and to be helped to do so when needed. When people lack mental capacity to make particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Policies and procedures were in place to offer guidance to staff in relation to the Mental Capacity Act. The registered manager had a good understanding of who could make a decision on behalf of an individual who wasn't able to make the decision independently and when this was appropriate. People spoken with told us that they had been asked for their consent for care to be delivered to them once their service had been arranged.

When required, people's dietary needs were planned for. For example, one person told us that staff cooked them a hot meal every day. Another person told us that they too had their meals prepared and cooked by the staff and they always enjoyed these meals. They told us "They know what I like and how much I like to eat".

Staff received sufficient training for them to deliver care safely. Records demonstrated that staff had undertaken training in relation to their role. This training included dementia care, human rights and equality, medicines safe handling and awareness, prevention and control of infection, health and safety, food hygiene, fire safety and dignity, respect and personal care. Staff confirmed that they had received an induction when they started their employment. This induction had included training, being mentored and shadowing experienced members of staff whilst they supported people.

Staff received support from the management team to carry out their role. Comments included "I have regular supervision, every week when I go to pick up my rota", "They [the registered manager and assistant manager] are always contactable" and "I am very supported by the registered manager and the director". All staff spoken with told us that they visited the service on a weekly basis and had a chat with the registered manager and assistant manager. They told us that they used these times to discuss any issues they had and any concerns about the changing needs of people. We found that these discussions were not recorded. The registered provider's procedures in relation to staff supervision stated that six supervision meetings would take place each year and be recorded. Discussions took place regarding the need for records to be maintained to ensure the registered provider's policy was being met. The registered manager and director recognised that improvements were needed in this area and demonstrated a commitment to ensuring that all one to one discussions with staff would be recorded in the future.

Is the service caring?

Our findings

People told us that they felt staff were caring. People's comments included "They look after us brilliantly", "I've got confidence in the carers", "They are very, very caring" and "They do a lot for me".

All six people who completed a survey form sent to them by the Care Quality Commission told us that they were happy with the care and support they received and were always treated with respect and dignity. People spoken with told us that staff always treated them in a respectful manner and respected their privacy.

People told us that staff were very caring. One person told us that staff always made sure that they had the groceries they needed and if they needed something staff would always go to the shop for them. Another person told us that staff went that "extra mile" for them. They gave the example of a member of staff taking their pet to see them. The person explained that they enjoyed the company of animals but wasn't in a position have one themselves, therefore staff bringing their pet to visit them met their needs for having contact with animals. They told us that staff send them birthday and Christmas cards which they felt showed how caring they were.

One person told us that staff sit with them once they have completed what they needed to do and ask them if they are well and what they have been doing that day. The person told us "They don't have to do this once my care needs have been met but they are genuine people who are interested in me and care about me."

One person told us that having the same staff supporting them with their care "Builds confidence" as staff "Get to know you and how you want your care delivered".

Two people told us of their experiences in which staff had enabled them to improve their confidence when receiving care and support. One person told us that they used to get embarrassed when staff supported them to have a shower. They confirmed that they are no longer embarrassed as staff talk with them and have helped them overcome their embarrassment.

During our visit to the office, we observed staff supporting a person who used the service on the telephone to get assistance with fixing an appliance in their home. The person had requested that the registered manager contacted their landlord to assist with the repair. Staff had assisted in arranging for the repair to take place. This demonstrated that staff were caring by ensuring that the appropriate support for the person was available.

People had a choice in the planning of who was to deliver their care and support. For example, people were asked their preference as to their preferred gender of staff. The registered manager gave an example of how one person's personal choices had been met by the service. They explained that the person had worked with one member of staff for some time and they had a positive working relationship. When the needs of the person changed they chose another member of staff to deliver their personal care as they didn't want their personal needs being addressed by the staff member who supported them in other aspects of day to day

life. This demonstrated a person centred approach to delivering people's care and support.

Staff spoken with demonstrated a good understanding of the needs and wishes of the people they supported. They were able to explain people's individual likes and dislikes and how they liked their care delivered. Staff were able to tell us what actions they would take in ensuring that people's privacy and dignity were met when personal care was being delivered. Staff gave examples of ensuring that curtains and blinds were closed, that people were covered whenever possible and that people were asked if there was anything else they wished staff to do to maintain their dignity and privacy.

The service had a comprehensive statement of purpose that contained a service user guide that was available to people who used the service. The information gave clear details as to what standards of care and support people should expect from the service at all times. In addition, there was clear information as to what tasks and care practices staff could and could not deliver when providing a service to people. This information helped ensure that people were aware of the services that could be delivered by Trafalgar Community Care.

Is the service responsive?

Our findings

People told us that they felt that the service was responsive. They told us that they had a care plan and that they had been consulted in planning how their care and support needs were to be met. People told us that they had no concerns regarding the service they received, however, if they had they would contact the director or the registered manager of the service as they felt they would be listened to.

The registered provider had a complaints procedure that gave information to people as to what they should expect when they had made a complaint about the service. Information of how to raise a complaint was available at the service's office and in the Service User Guide. People spoken with were confident that any complaints they had would be appropriately addressed.

The registered manager told us that they had not received any formal written complaints about the service. However, they did on occasions receive minor verbal complaints from people who used the service. They told us that these minor complaints were dealt with immediately. We found that there was no system for recording minor concerns raised about the service. This was discussed with the registered manager who recognised that there was a need to record all information that the office received. The registered manager demonstrated a commitment to recording all future minor concerns and complaints received.

All six people who completed a survey form sent to them by the Care Quality Commission stated that they had been involved in the decision making process around their care and support and all knew how to make a complaint about the service if needed.

Each person who used the service had a care plan that detailed their care and support needs. We looked at the care planning documents of three people who used the service. We saw that the information contained specific details as to how a person's needs were to be met. For example, we saw information relating to people's personal care, mobility, mental and psychological needs, physical health needs and support required to maintain social connections and relationships. Each care plan contained a summary of the person's needs and how these needs were to be met. For example, one person's care summary stated "Arrive at 11am, entry front door, [X] will be in bed in living room, [staff] to put heating on and heater in bathroom". This information gave clear guidance as to what action staff needed to take when they entered the person's home. The information informed staff of what they needed to do to deliver care and support to people in a way they wished.

Records demonstrated that people's care planning documents were reviewed annually by the registered manager or assistant manager. The registered manager explained in the event of a person's needs changing prior to this review the care planning documents could be updated at any time to meet the needs of individuals.

Daily records were maintained of the care and support that people had been offered and received during staff visits. The registered manager told us that during people's care planning reviews the content and the

quality of the daily records were reviewed.

Is the service well-led?

Our findings

A registered manager was in post who was also a co-owner of the service. The registered manager was supported by a fellow director and an assistant manager for the overall management of the service. Staff told us that they felt supported by the management team, their comments included "Very supported by the [registered manager] and [director] as they are always there" and "Brilliant". All staff told us that the service was a good place to work and the registered manager was proud of the quality of the service delivered by Trafalgar Community Care Ltd.

People who used the service felt that it was well led. Their comments included "They are all very good", "If you want anything you just ring them" and "Can't knock them at all, they do a hell of a good job".

People we spoke with and all of the people who completed a survey form sent to them by the Care Quality Commission stated that they knew who to contact at the service if they needed to and that the service had asked people their views on the service they received.

Systems were in place for the registered manager to monitor the service being delivered to people. For example, the registered manager met informally on a weekly basis with each member of staff when they visited the office to pick up their rota. Both staff and the registered manager told us that this was an opportunity to discuss anything they needed to. In addition, the registered manager and the assistant manager carried out random spot checks when staff were delivering care and support to people. These spot checks gave the registered manager the opportunity to assess the quality of care being delivered, the quality of people's care planning records and to speak with the people receiving the service. Records demonstrated that following spot checks actions had been taken to address issues with staff. For example, disciplinary action had been taken for staff not wearing their appropriate uniform or identity badge whilst on duty.

In 2015 the registered manager had carried out a quality assurance survey with the people that used the service to measure their success as a service. The survey asked people for their opinions on all aspects of the service they received. We looked at the completed survey and saw that all feedback had been positive. People's comments had included "I have my main carer in a morning, all the girls are lovely", "I am very happy with the girls that do my calls" and "I have the same carer all the time who I am very happy with". The registered manager and the director told us that the planned survey for 2016 would be carried out differently as they felt that people should have the opportunity to complete the survey without any support from the service. They were in the process of exploring ways in which to do this at the time of this inspection. This demonstrated that the registered provider valued people's opinions and feedback.

The registered provider had purchased a full library of policies and procedures to protect people and to guide and advise staff on current best practice. These policies and procedures were available electronically and were updated on a regular basis. Computers in use in the office were password protected so that only authorised people could access the information. Paper records which included staff recruitment information and care planning documents were stored in lockable cabinets. This helped ensure that people's personal information was kept safe.

Accidents and incidents were recorded in people's individual care planning documents. However, there was no formal system in place to monitor these accidents and incidents as the registered manager and the director were personally aware of any accidents or incidents that had occurred, as they maintained regular contact with people and the staff team. The registered manager recognised the need for a formal recording and monitoring system to be in place and discussions took place as to how they would implement an effective monitoring system.