

Trinity Care Services Limited

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Inspection report

1445 London Road
Norbury
SW16 4AQ

Date of inspection visit:
20 November 2020
27 November 2020

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12 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Trinity Care Services Ltd is a domiciliary care agency. There were 73 people using the service at the time of our inspection. 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.

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

The provider had made improvements to the way risks to people were identified and monitored. People and their families told us staff knew how to keep them safe. Staff were confident in identifying any additional support needs to help reduce risk and records were updated to help staff manage people's needs safely.

The provider had improved their record keeping and the systems used to record and support people with their medicines. This meant the provider could make sure people received their medicines in a safe way at the right time.

Staff understood infection control requirements and worked in a safe way to limit the spread of infections such as COVID-19. Personal Protective Equipment (PPE) was appropriately used and staff followed infection control procedures.

People told us they were happy with the care and support provided by Trinity Care Services Limited. People told us they were involved in their care and support plans. Staff respected their views and wishes and they had the same staff member or staff team to provide care and support to them.

The provider had introduced a new computerised system that allowed them to monitor the time and length of calls to people. This meant office staff could tell people when care staff were running late and make sure staff had the most up to date information about people's care and healthcare needs.

Staff told us they felt well supported by the registered manager and had received enough training to help them do their jobs. The registered manager spoke about the improvements they had made since the last inspection and their plans to further improve systems and processes so they could make sure people continued to receive good quality care and support.

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

Rating at last inspection

The last rating for this service was requires improvement (16 October 2019).

Why we inspected

This was a focused inspection to follow up breaches of regulation.

We carried out an announced comprehensive inspection of this service on 5 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and to meet the requirement to display performance assessments.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection and the ratings awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trinity Care Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trinity Care Services 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 Care Act 2014.

Inspection team

The inspection was carried out by one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

The inspection activity started on 20 November 2020 by visiting the office to meet with the provider. We asked the provider to send us some information and then spoke to them on 27 November 2020 to ask additional questions.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We carried out telephone calls to people or their relatives. We spoke with six people and five family members of people who used the service. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with the provider who was also the registered manager, one member of office staff and three care staff. We reviewed a range of records. These included care and staff records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to record enough information for staff to help them manage and reduce risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- Risk to people had been identified and detailed guidance helped staff to support people safely. For example, one person had received advice from a healthcare professional concerning their diet and nutrition. The person's care records had been updated to incorporate this advice with details of how staff could support the person to keep safe.
- Risk to people around mobility and the equipment they needed to use had been identified and the provider made sure any updates or changes were communicated to staff using the new computerised care planning system.
- People and their relatives told us they had the same care staff who knew them well. This meant staff were able to manage existing risks but also identify and address new risks. For example, one relative told us how care staff had reported a change in one person's skin integrity while supporting them with personal care. This meant action could be taken to reduce the risk of infection.

Using medicines safely

At our last inspection we recommended the provider consider the current guidance on managing medicines for adults receiving social care in the community. During this inspection we found the provider had made improvements.

- People received their medicines safely. People told us staff reminded them to take their medicines and this was given to them in accordance with their prescription, for example, with food.
- People's medicines were managed and monitored using an on-line computerised system. This meant staff could make real time changes. For example when a course of anti-biotics had been prescribed. Office staff were able to monitor people's medicines administration and could speak to care staff immediately if medicines were late or the system indicated medicines had been missed.

- Staff continued to receive yearly training in medicines management. Regular competency checks made sure they remained up to date with their skills and knowledge in this area.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People told us they liked and trusted the staff they received care and support from. Comments included, "I'm 100% pleased with the carers over and above", "The carers are A1, I'm joyfully happy with them, they have got to know me and my family very well" and "I have got a marvellous carer, she goes beyond the call of duty. I can't rate her any higher, I respect her and she respects me."
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place.
- Systems and procedures were in place to report, investigate and review safeguarding concerns. The provider told us they understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Staffing and recruitment

- There were enough staff to care for people and the service was continually recruiting to make sure there were enough staff to meet people's needs.
- People told us staff arrived on time and stayed the right amount of time so staff did not hurry or rush them.
- The service followed appropriate recruitment practices. Staff files showed all the pre-employment checks the provider had obtained in respect of each staff member. This included criminal records checks, references from former employers and proof of their eligibility to work in the UK.

Preventing and controlling infection

- People told us staff arrived wearing masks and observed good hand hygiene while they supported them. People and their relatives had no concerns about infection control practices.
- The provider made sure staff understood and followed current COVID-19 infection control guidance.
- Staff were provided with suitable personal protective equipment (PPE) to reduce the risk of the spread of infections.

Learning lessons when things go wrong

- Systems were in place to record, review and analyse any accidents and incidents. These were monitored by the provider.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found improvements has been made but not enough progress had been made to meet the breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

During this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had assessed risk to people risk and systems were in place to review and amend people's risk as their circumstances changed. When healthcare professionals were involved in people's care additional guidance was put into place to help staff recognise and manage risks.
- The provider had moved to a computerised care planning system that allowed them to show a clear audit trail of changes made and why. The system produced on-going quality assurance audits that allowed a continuous review of work undertaken and those areas of potential risk, for example late calls.
- The provider had made improvements in all elements of record keeping, this included making people's care plan's more person centred and ensuring mental capacity assessments were in place when people were not able to make decisions about their care.
- The provider spoke positively about the new computerised management system in place and the changes it had made. They were now able to monitor and make updates in real time and this provided better outcomes for people. For example, having the most up to date information to pass to emergency services about a person's care should a person go into hospital.

During our last inspection we found the provider was failing to display their rating and this was a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As soon as we notified the provider they updated their website to show their rating correctly. At this inspection we found they were no longer in breach of regulation 20A.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People spoke highly of the support they received from their care staff and told us when they telephoned the office they found managers and office staff to be friendly and supportive.
- Staff were respectful of people's cultural and spiritual needs. The provider ensured people had information that was easy for them to understand. The provider made sure staff were available to speak people's first language. One relative told us, "We are very lucky that we have a carer that speaks [person's first language]".
- Senior staff carried out spot checks on care staff to observe their working practice and to check they were providing the care and support people needed. People told us they had their care plans at home and staff had taken the time to explain and involve them in planning their care.
- People and staff were able to have their say about how the service could improve. People were asked what they thought about their care and support during spot checks, surveys and telephone reviews of their care and support needs.
- Staff told us they felt supported by the registered manager and were able to discuss any concerns or express their views through individual supervision and at team meetings with the provider.

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 ; Continuous learning and improving care

- The provider had systems in place to investigate accidents and incidents involving people. These were monitored to look for triggers and trends and action taken to reduce risks to people. For example, the provider monitored people when they had a fall and made sure they involved the appropriate healthcare professionals so people had the additional support they needed.

Working in partnership with others

- The service continued to work closely with healthcare professionals in relation to people's care. This included joint working with the occupational therapists, GP's and the local authority to ensure people received the care and support that was right for them.