

Tracs Limited

Tracscare Supported Living Office

Inspection report

Unit 514
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08 November 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 3, 4, 7 and 8 August 2016 and was announced. Trascare Supported Living supports people with learning disabilities, mental health difficulties and physical disabilities. The service is registered to provide personal care to people living in their own homes or shared accommodation when they are unable to manage their own care. There were nine people using the service when we inspected.

At the time of the inspection there was no 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. There was a manager in post who was in the process of applying to become the registered manager.

There had been some instability in the management of the service which had meant that the systems in place to monitor the quality and standard of care had not always been effective; people had not always felt they had been listened to and their concerns addressed in a timely way. The new manager had begun to take action to address some of the concerns and the provider was in the process of introducing a system to monitor more closely the quality and effectiveness of the service. At the time of the inspection we were unable to assess the consistency or success of the new system.

People had not always been supported by staff who had the skills and knowledge to meet their needs nor who had received regular supervision. Action had been taken to address this and staff had had the opportunity to undertake specialist training; there was a programme in place to ensure all staff received consistent and regular supervision.

People had detailed support plans which were reviewed to ensure that people lived as fulfilled and enriched a life as possible. The new manager was committed to ensuring that people's needs were being met by staff that were well trained and experienced in supporting the individual.

People who could verbally communicate told us that they felt safe and secure in their own home with the staff that supported them. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Support plans contained risk assessments to protect people from identified risks and helped to keep them safe; they provided information for staff about the identified risk and informed staff of the measures to take to minimise any risks.

People were actively involved in decisions about their care and support needs. Staff understood their role in

caring for and supporting those people who were unable to communicate their needs and who lacked capacity to make specific decisions under the Mental Capacity Act 2005.

Staff had good relationships with the people who they supported and promoted people's independence and were committed to providing a high standard of care and support.

The manager was approachable and was focussed on ensuring that there were effective systems in place to monitor the quality of the service provided. Staff and people felt confident that the manager would address any issues they had.

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

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

People felt safe with the staff that supported them. Staff understood their responsibilities to keep people safe.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had not always been supported by staff who had been regularly supervised or who had the skills and knowledge to meet their individual needs.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA)

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and

preferences and interacted well with people.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

The service was not always responsive.

People and their relatives knew how to raise a concern or make a complaint but had not always had their concerns addressed in a timely way.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

At the time of the inspection there was no registered manager and there had been a succession of managers. There was a new manager in post who was in the process of applying to the Care Quality Commission to become the registered manager.

The systems in place to monitor the quality and standard of care had not always been consistently effective in identifying areas for development or responding to people's concerns.

The provider was committed to support the manager and staff team to develop the service and ensure that people lived fulfilled lives.

Requires Improvement ●

Tracscare Supported Living Office

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 announced inspection took place on 3, 4, 7 and 8 November 2016 and was undertaken by one inspector. The provider was given less than 24 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

We reviewed the information we held about the service, including any statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people supported by the service.

During our inspection we spoke with three people who were supported by the service, four support staff, two team leaders, an administrator, two managers, a clinical nurse manager and the provider. We also contacted relatives who were happy to be contacted.

We looked at care plan documentation relating to four people, and four staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

Prior to the inspection we had received information to suggest that medicine administration was not always safely managed and errors had been made. We were aware that the provider already knew about the concerns raised and had taken steps to address these. We were able to check out during the inspection the action the provider had taken. The clinical nurse manager had taken action to ensure that all staff training was refreshed and Medicine Administration Record (MAR) sheets were correctly completed. One person told us "[Name of staff] always makes sure I have my medicines on time, they are good and helpful." We observed that medicines were stored securely and that staff recorded the medicines they administered on MAR sheets. Staff told us about the training they had received before taking on the responsibility of administering medicines and they confirmed that their competencies had been assessed. One member of staff told us how important it was to make sure that medicines were administered at the right time. We could see from staff training records that regular observational competency reviews of staff were undertaken by the clinical nurse manager and audits of the medicines held were undertaken each month. We were satisfied that the administration of medicines was being safely managed.

People were supported by staff who knew how to keep them safe and understood their roles and responsibilities to safeguard people. Staff had taken time with people to ensure they understood the need to keep themselves safe. One person told us "I know I need to tell the staff where I am going, who I am with and what time I expect to be back; they look out for me." We saw in one of the shared living accommodation a notice on the front door to remind the people who lived there to make sure they knew who they were opening the door to before they let people into the house. Staff told us that they felt able to raise any concerns around people's safety with the manager and were confident that any concerns raised would be appropriately reported and managed. We saw from records that notifications in relation to safeguarding issues had been made to the local authority.

Peoples' individual support plans contained risk assessments to reduce and manage the risks to people's safety; for example people had risk assessments around the management of their medicines which provided staff with guidance about what to do if a person wanted to take their medicines out with them as they accessed the community. Risk assessments were also in place to manage other risks within the environment including the risk of using equipment to support people's personal care needs. The support plans were reviewed to ensure that risk assessments and care plans were updated regularly or as changes occurred.

Any accidents or incidents were recorded and the manager and staff took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff had received health and safety and first aid training.

Each person receiving support had their own personalised budget which included the level of staff support they had been assessed for to meet their needs. We could see that there were enough staff to support people and that staff were organised so that they regularly supported the same person; the times they worked reflected the needs of people that used the service. Further funding was sought if the provider identified someone's needs had changed.

People could be assured that they were supported by staff that were suitable and the recruitment processes were safe. Staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people and staff employment histories were checked with previous employers.

Is the service effective?

Our findings

Prior to the inspection we had received information that staff did not always feel supported by managers; as part of this inspection we reviewed how staff were supported by the management team. We found that staff experience of supervision was mixed; the majority of the staff we spoke to said they had received regular supervision but others felt that supervision had not been as regular as they expected. All staff felt able to highlight their own further training needs in supervision and felt they could discuss any concerns or issues they may have. One member of staff told us "I am currently seeking support with undertaking a National Vocational Qualification (Level 5) which I am sure I will get." The new manager had recently put a plan in place to ensure that staff received consistent and regular supervision which supported them to fulfil their goals and expectations. Staff said they felt supported and could speak to one of the managers when they needed to. One person told us "There is always someone available if we need it."

We had also received information during the inspection that families had not always felt that the staff were always appropriately trained to have the knowledge and skills to support people who had complex needs. We spoke to the manager about this who said that they had been made aware of this concern and were in the process of ensuring that all the staff had the correct level of training to work with the people they supported. We found that there was a training program in place which was focused on ensuring that the staff were equipped to understand people's needs and how to safely meet these. Specialist training in areas relevant to the care and support needs of people that staff provided support to such as training about autism was available for staff to complete. A couple of staff spoke very positively about the autism training and how it had helped their practice. One member of staff said "It made me reflect and think about how the way I did things may impact on the person I am supporting; it has helped me to better understand one of the people I support." All staff had completed the basic training they needed and there were regular updates of the training available to help refresh and enhance their learning. The manager told us that all the staff were currently refreshing their skills and knowledge through undertaking the Care Certificate. One member of staff told us "I am well supported with training and developing my knowledge; I have been supported to complete a diploma in health and social care."

Staff told us that when they were first employed by Tracscare they undertook an induction which included a variety of classroom based training, e-learning and specialist training in relation to how to support people who may behave in a way that puts themselves or others at risk. Following the induction staff shadowed more experienced staff before they were allowed to support people alone. One member of staff told us "As part of my induction I was given a 'Custodian of Care' folder which has all the policies and procedures we should follow and guidance." New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The manager and staff were aware of their responsibilities under the MCA. Capacity assessments had been undertaken and we observed staff seeking people's consent when supporting people with day to day tasks. Where people had been assessed to lack capacity there was appropriate documentation to inform staff of this and any best interest decisions taken had been recorded.

People's care and support was regularly reviewed; people and their families were involved in decisions about the way their support was delivered. One person told us that they felt listened to and told us about the meetings they had about their care and support.

People were supported with their meals and drinks when necessary. The level of support they needed was recorded in the support plan. For example in one plan we saw information about supporting the person who had diabetes; there was guidance for staff and information about the food the person could have.

People's healthcare needs were monitored and action taken to ensure that people were supported to access health professionals, including a dentist, community nurses and GP's. One person told us that they were supported to attend a dentist regularly which they had not done before they received support and needed to.

Is the service caring?

Our findings

People were supported by staff that were committed to enabling them to live a fulfilled and as independent a life as they were able. One person told us "The staff are very good, they know me well." We saw from records that staff had contributed to a plan to support one person to access as many activities as they wished to help them have a fulfilled life.

During visits to people's homes we saw staff interact well with people and engaged them in conversation and decisions about their activities of daily living. People said they were happy and appeared contented in their homes; staff offered encouragement and support to people if they wanted it.

Staff appeared to know people well and people were able to choose what they wanted to do. One member of staff described to us how through observing the various responses a person with limited communication made to different experiences they were developing an activity programme for them to try things, such as swimming. One person told us "I have lots of choices in what I do; the staff know me and what I like."

Staff explained to us how they ensured that they protected people's privacy and dignity; for example ensuring doors were closed when people were supported with their personal care and ensuring female staff were available to people who had expressed a preference for female only staff. The staff also explained to us how they would protect people's privacy and dignity while being supported in the community and undertaking leisure activities. They understood not to discuss individual's needs with the public and demonstrated how they would speak to people discreetly if they needed help when they were out. People told us that they felt that the staff always treated them with respect. However, a relative told us that they felt that their relative's dignity had not always been protected. We spoke to the manager about this who was able to explain that measures had now been put in place to ensure that the person's dignity was always maintained and respected.

The people currently using the service relied on their families to advocate on their behalf if needed. Staff were aware that people could seek the support of an advocate and the manager was in the process of ensuring that information was available to people about any advocacy services in the area.

Is the service responsive?

Our findings

People had been given information about how they could raise a complaint if they needed to. The information was available in various formats such as easy read and pictorial information to ensure everyone was enabled to make a complaint or give their feedback. People told us they would speak to the staff or a manager if they were unhappy about anything. However, we were made aware that when complaints had been made they had not always been responded to in a timely way and any agreed actions in response to the complaint had taken time to implement. We spoke to the new manager who had become aware of some of the concerns that had been raised in the past and had taken steps to address these. The provider needed to ensure that any complaints were properly logged and managed in accordance with their policy. We could see that the new manager had a system in place to log complaints and share any lessons learnt with the staff team. The manager had recently implemented this system and we were unable to assess whether this system was effective at managing people's complaints during this inspection.

People were assessed to ensure that their individual needs could be met before the service was provided. Each person had a bespoke package of care which was tailored to meet their individual needs. Other health professionals had been consulted to seek their advice and guidance as to how best to provide the support individuals needed.

The individual care and support plans were written in a way to best meet the different methods of communication people had; they were reviewed on a regular basis with people and, where appropriate, their relative to ensure they were kept up to date and reflected each individual's current needs. We saw that the support plans had been regularly updated and details of any meetings with the people being supported were recorded. This included where other professionals had been consulted.

The staff we spoke to and observed demonstrated a good knowledge and understanding of the people they supported. A number of the staff had known some of the people for a number of years and spoke of how they had developed an understanding of people's needs and recognised when people's needs were changing. We could see from the support plans that where people's health and wellbeing had been a concern that plans had been put in place to monitor them and other professional advice had been sought.

Is the service well-led?

Our findings

Prior to the inspection we had received information that there had been a number of different managers in post which had led to frustrations within the staff team trying to work to the different expectations of each new manager and that the current manager was not planning to stay. When we inspected we found that there was no registered manager in place and there had been a number of different managers. The manager at the time of the inspection had come into post at the end of August and was in the process of applying to the Care Quality Commission to be the registered manager. The staff we spoke to all felt the new manager was approachable.

We had also received information which suggested that prior to the new manager being in post that the provider had not had systems in place to monitor the quality and standard of the service. We found at the time of the inspection that there had been systems in place to monitor the quality of the service but that with the number of changes with managers that these had not always been consistent and effective in identifying areas for improving or responding to concerns raised. The provider and new manager had recognised some of the shortcomings and had begun to look at ways to improve the monitoring of the service to aid the continuous improvement of the service; such as involving people, their families and the staff who support them to look at ways to improve the care and support given to them and sharing any lessons learnt from complaints. These improvements had been made recently and during this inspection we were unable to assess the consistency or success of the new systems being adopted.

There was culture of openness, people and staff were encouraged to give their feedback about the service through visits from the provider. One member of staff told us that the provider did visit and everyone had an opportunity to speak to them if they wished.

There was a 'Whistle – blowing' policy in place which the staff had accessed and the provider had taken steps to address the issues raised; such as undertaking 'spot checks' to ensure that staff were fulfilling their roles and supporting people for the amount of time they required. The staff we spoke to all felt able to raise suggestions and concerns to their relevant supervisor and said they would be happy to contact the manager if needed. The manager had a programme of staff meetings in place and we read in notes from staff meetings that demonstrated the manager encouraged staff to contribute to the development of the service and support packages for people.

The staff we spoke to and observed appeared committed to fulfilling the aim of the service, which was to promote independence and support people to stay in their own homes and live their lives as they chose. Staff spoke to people in a way which encouraged them to do things for themselves for example when someone had returned from a shopping trip the staff encouraged the person to put their food away and decide what they wanted to cook for their meal.

Records relating to the day-to-day management of the agency were up-to-date. Care records accurately reflected the level of care received by people. There were records in place for each member of staff which contained information about their recruitment and the checks that had been undertaken prior to their

employment. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.

The staff were provided with up to date policies and procedures to support their roles which included safeguarding, whistleblowing, health and safety and recruitment procedures.

The manager was focussed on supporting the staff to provide people with the care and support they needed to live as fulfilled a life as possible and in the way they chose. The manager was committed to providing well trained and motivated staff.