Train2Care Academy

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Inspection report

85 St Anns Road
London
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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

This inspection took place on the 8 August 2018 and was announced. This was the first inspection of Train2Care Academy since registering with the Care Quality Commission (CQC) in December 2016.

Train2Care Academy is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults who mainly come from Somali background. At the time of our inspection the regulated activity 'Personal Care' was provided to one person and one person was assisted with domestic tasks and meal preparation.

Not everyone using Train2Care Academy received the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A manager has been registered with the CQC. 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.

The registered manager and care workers understood their roles and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. Checks were carried out on staff to assess their suitability to support vulnerable people.

Care workers received regular supervision and the training needed to meet people's needs. The registered manager and care workers understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

People were cared for by care workers who knew them well. Care workers treated people with dignity and respect. Care was taken to ensure care workers could communicate with people using their preferred language. The registered manager and staff had a good understanding of equality, diversity and human rights.

The service was responsive and people received individualised care and support. People were encouraged to make their views known and the service responded by making changes. The registered manager said they welcomed comments and complaints and saw them as an opportunity to improve the care provided.

The vision, values and culture of the service were clearly communicated to and understood by care workers. A quality assurance system was in place. This ensured the quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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 told us they felt safe while being supported by care workers from Train2Care Academy.

Care workers were recruited safely and had all pre-employment checks in place prior to commencing employment.

People who used the service received robust risk assessments to support their care and support needs.

While none of the people who use the service received any assistance with medicines administration, care workers had received appropriate training to carry out these tasks in the future.

Is the service effective?

Good

The service was effective. People received thorough pre-assessments prior to using the service.

Care workers received training suitable to their role and regular supervisions and appraisals were arranged to discuss performance and professional development.

Were people received assistance with their meals this has been clearly documents in their care records.

The service was working within the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People who used the service and relatives told that care workers had good caring and kind relationships with people who used the service.

People who used the service and relatives told us that they received dignified and respectful care.

People were given choice as to how they preferred their care.

Is the service responsive?

Good

The service was responsive. People who used the service and their relatives were involved in the pre-assessment of needs and care planning.

Care plans were person centred and fully described the support people required.

A complaints procedure was in place and people who used the service and relatives knew how to raise concerns.

Is the service well-led?

Good

The service was well led. People who used the service, relatives and care workers found the registered manager kind and approachable.

Appropriate audits were in place to monitor and improve the service.

The registered manager was clear about his responsibility to notify the CQC of incidents in a timely manner.

Train2Care Academy

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 comprehensive inspection took place on 8 August 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was undertaken by one inspector.

Before the inspection, we reviewed information we held about the service this included information sent to us by the provider. We used this information to plan the inspection.

During the inspection we spoke with all two people who used the service, one relative, the registered manager and two care workers.

We looked at two people's care plans and risk assessments. We reviewed two staff personnel files and records relating to recruitment, induction, training and supervision. We looked at audits relating to recruitment and quality assurance. We checked people's feedback on the service including the timeliness of calls and whether people were involved in planning their care. We looked at health and safety and infection control and how risks were managed. We reviewed policies and procedures and business continuity planning.

Good

Is the service safe?

Our findings

One person told us, "I am happy with [carers name], he does what I want him to do and we get on well." One relative told us, "[Persons name] is safe with [carers name], they have a very good relationship."

Care workers recognised the signs of abuse and knew how and whom to report them to. One care worker said, "I would tell the manager if anything is unusual with [person's name], but I can also contact the police, you or social services." Safeguarding and whistleblowing policies and procedures were available for care workers to access and they were given copies of them with their induction handbook. Care workers had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed.

The registered manager understood their responsibilities to raise concerns and record safety incidents and report these internally and externally as necessary. Care workers told us if they had concerns, management would listen and take suitable action. If the registered manager had concerns about people's welfare, they liaised with external professionals.

During the assessments of need the registered manager carried out risk assessments to identify any risks to the person using the service and to the care workers supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as falls, moving and handling, letting care workers in the home and risks when people are on their own.

There were systems in place to safeguard and protect care workers. There was a lone working policy, which care workers knew about and care workers said they could contact the registered manager at any time and they would respond. One care worker said, "I can always ring the office or the manager when the office is closed."

Safe recruitment processes were completed. Care workers had completed an application form prior to their employment and provided information about their employment history. The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

The provider currently employed two care workers and the registered manager told us they would not take on additional care packages until they had employed more suitable care workers.

Care workers received information about care visits in advance and the provider ensured that the same care workers supported the same person. The registered manager told us that this ensured consistency and care workers and people who use the service could built healthy professional relationships.

Currently none of the people who used the service received any support in the administration of medicines. However, we saw in training records, that all care workers had received medicines administration training

and a medicines administration procedure was in place

Care workers told us that they can pick up personal protective equipment such as gloves from the office. Staff had received training on infection control and understood their role in preventing the spread of infection. One care worker said, "I will always wear gloves when helping somebody, it's much cleaner."

Since registering with the CQC no accidents or incidents had been reported, Care workers told us that they would contact the office if they were any accidents or incidents, but could also call 999 if it was an emergency. The register manager told us, that he would document all incidents and accidents and discuss them with the care workers to minimise the risk of similar events from occurring.

Good

Is the service effective?

Our findings

One person told us, "[Managers name] came to see me at the beginning and we talked about what I needed help with, for how many hours and for how many days. The care is exactly what I want."

The agency had suitable processes to assess people's needs and choices. Before people who used the service received care, the registered manager visited people in their home, to assess peoples care needs. Copies of the pre-admission assessments on people's files were comprehensive. The assessments formed the basis of peoples care plans in line with current legislation, standards, and guidance.

Nobody we spoke with said they felt they had been subject to any discriminatory practice, for example on the grounds of their gender, race, sexuality, disability, or age. For example, one person told us, "The good thing about this agency is we can talk in Somali and the staff understand my religion and go with me to the mosque."

Staff had appropriate skills, knowledge, and experience to deliver effective care and support. Everyone we spoke with said care workers knew them and their needs well. One relative told us, "Yes [carer's name] is very good, my relative is very happy and they have a great relationship."

Care workers completed an induction when they commenced employment, which included shadowing shifts. All new care workers completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to working in the care sector.

The care provider is also a recognised training provider and care workers received a comprehensive training package during their induction, this enabled care workers to carry out their roles effectively. The training provided included first aid, health and safety, manual handling, safeguarding, medicines management and infection control.

Care workers also received a formal supervision approximately every three months. The registered manager told us, that he talked to the care workers regularly. Care workers said that the registered manager was very helpful and supportive. Supervisions were used to discuss development of care workers and we saw in one record that a specific qualification in relation to the health and social care sector was discussed to support the person to develop in their career.

People did not require assistance to eat, but both people who used the service required some support around preparing meals. This was clearly documented in people's care records and people who used the service told us they were happy with the support the received. For example, one person told us, "[Carers name] cooks Somali food and I tell her what I want and she makes it." Care workers completed food hygiene training and evidenced they knew about good practices when it came to food.

Currently people's health care needs were either dealt with by the person independently or with the help of

the persons relative. Some people required support at mealtimes to access food and drink of their choice.

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 made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for people living in supported living situations or in their own homes can only be authorised through the Court of Protection. These applications are completed and submitted to the court by the local authority. At the time of the inspection, no one receiving personal care from the service currently required this level of protection.

Care workers told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. Care records showed that people signed a contract of care where they gave their consent to the care and support provided. In addition, people and relatives we spoke with confirmed this.

Good

Is the service caring?

Our findings

People told us their relationship with the staff was good and they were caring. One person told us, "I get on very well, with both of my carers, they look after me well." One relative told us, "They [carer and relative] have a great relationship, which is important we had lots of problems with the agency we used in the past."

Care workers we spoke with understood the importance of people receiving support in a way that upheld the principles relating to equality and diversity. For example, one told us, "I would accept everyone as an equal and treat people as I wanted to be treated, it's important to accept different people." The agency mainly provides care to people from Somali background and staff were specifically recruited to understand the Somali culture. All care workers spoke fluent Somali and understood the cultural and religious background of people who used the service.

We discussed Accessible Information Standard with the registered manager. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The registered manager told us that the agency was planning to translate care records and important policies and procedures in Somali to help people to have a better understanding of what the agency was doing.

People were supported to express their views and be actively involved in making decisions about their care and support. For example, care workers told us that would always ask people who used the service first before they provided care and support. We also saw that care records were signed by people who used the service or their relative to confirm they agreed with the care offered and provided by care workers.

Care workers had a good appreciation of people's individual needs around privacy and dignity. For example, care workers told us they would always knock on people's doors, draw the curtains and close the doors when providing person care in people's homes. People who used the service and relatives we spoke with confirmed this.

Care workers had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than those available in people's homes were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. The registered manager was aware of the changes in the legislation governing data protection and was working hard to ensure the agency was compliant with the new regulations.

Good

Is the service responsive?

Our findings

People who used the service and relatives we spoke with told us how important the care workers were to their wellbeing. For example, one person told us, "The carer is great, we chat about religion, he supports me to go to Friday prayer, we have a great relationship."

The registered manager documented in care plans each person's social requirements and their likes and dislikes to guide care workers to their interests. Care delivery centred on a consistent approach to ensuring staff engaged with people whilst supporting them. For example, we saw the registered manager recorded in one individual's documentation the importance of the persons religious interests and in another care plan information about what the person likes to wear. We saw from timesheets we viewed that the same care workers were consistently provided to work with people who used the service, which ensured good awareness of care workers in respect of people's needs.

Care records we looked at showed the registered manager had assessed people's needs before they were offered a care package from Train2CareAcademy. The registered manager told us, "I visit people at the start and did an assessment, I also make sure to contact people regularly to find out if they want anything done differently." This ensured support continued to be responsive to their needs.

The registered manager completed a variety of assessments to develop the person's care package and support. These included movement and handling, medication, nutrition, security in their own home and personal care.

We saw that care workers had a good knowledge of people's life histories and preferences and understood the person's backgrounds. This included details about their preferred names, gender of staff member, meals and activities. We found care workers had a good understanding of delivering care with a person-centred approach.

People who used the service we spoke with said the registered manager frequently contacted them to ask for their feedback about their experiences of accessing the service. The complaints procedure was made available to them should they wish to raise concerns. Since registering with the CQC the agency had not received any complaints.

At the time of our inspection, Train2Care Academy did not provide end of life care to people who used the service. However, we saw that people who used the service were asked during the initial assessment if they had any particular end of life care wishes they wanted to have considered.

Good

Is the service well-led?

Our findings

We received positive feedback about the registered manager. People said, "[The registered manager] always calls me and listens to what I have to say." A care worker said, "[Registered manager] listens to what I have to say, in particular if I need some advice around caring for [person's name]."

Care workers we spoke with told us they felt supported and the registered manager was approachable. Care workers told us they felt valued by the registered manager. They told us they had been supported by the provider to undertake qualifications in Health and Social Care. We saw that one care worker completed a National Vocational Qualification (NVQ) in Health and Social Care and a second care worker was currently being enrolled to complete a similar qualification. This demonstrated support for staff in their personal development through coaching and training to grow into senior roles.

We found that audits and checks were taking place within the service. The registered manager showed us all the checks they were carrying out on all aspects of the service. This included checking care workers timesheets and daily records against people's care plans to ensure the service assessed for matched what was being provided. People who used the service we spoke with
confirmed that checks were carried out on care workers. One person said, "The registered manager does unannounced visits to check what staff are doing." One relative told us, "The registered manager contacts me to check if I am satisfied with the service my relative receives."

Care workers we spoke with confirmed that the standard of their work was checked by the registered manager. We saw evidence that a range of checks, spot checks and telephone calls were made to monitor the quality of the service.

We saw that people who used the service completed a questionnaire to comment on the care, care worker and service provided. This was undertaken in six-monthly intervals. The feedback we saw was very positive and none of the people questioned raised any concerns about the care provided. We talked with the registered manager about the questionnaires and he told us they would use the feedback to make improvements to the care if required.

Train2Care Academy had a whistleblowing policy in place. This gave guidance to care staff about how they could raise concerns about the service anonymously. Care workers we spoke with told us they knew about the policy and how and when it should be used.

The registered manager had ensured they complied with all relevant legal requirements, including registration and safety obligations and the submission of notifications. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.