

Trewcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

TrewCare provides care and support to people in their own homes. The majority of people who used the service, at the time of the inspection, were elderly, although the service also provided services to younger adults, and is registered to provide services to children. The service provides help with people's personal care needs primarily in the Redruth-Camborne, and Falmouth-Penryn areas.

At the time of our inspection 108 people were receiving a personal care service. These services were funded either privately, through Cornwall Council or NHS funding.

There was a registered manager in post who was responsible for the day-to-day running of the service. 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 and associated Regulations about how the service is run.

We carried out this announced inspection on 2 and 3 May 2017. The service was last inspected in September 2015 and was found to be meeting the regulations.

People we spoke with told us they were positive about the support they received from the service. We were told "We were extremely impressed and reassured by the staff (who helped us)." People said the service was, "Very good," "They can't do enough to help you," "I have every confidence in them," and "Pretty good, I have no trouble with them." A health care professional told us the service was, "A very good care agency...they are very respectful....very good with clients."

People told us they felt safe. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

There were enough suitably qualified staff available to meet people's needs. The service was flexible and responded to people's changing needs. People told us they had a team of regular staff and their visits were at the agreed times. People told us they had never experienced a missed care visit.

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke very highly of staff. Typical comments included; "(Staff are) nice, polite and friendly", "Wonderful carers. They are dedicated, kind, patient and they go out of their way to help us," and "Very helpful."

Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed.

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff were kind and compassionate and treated people with dignity and respect.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

Staff told us there was good communication with the management of the service. Staff said management were, "Very supportive," and "Brilliant."

There were effective quality assurance systems in place. The service had an effective management team, and Care Quality Commission registration, and notification requirements had been complied with.

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 using the service.

Staff knew how to recognise and report the signs of abuse.

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

People's capacity to consent to care and treatment was assessed in line with legislation and guidance.

People received suitable support with eating and drinking, and their health care needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected and care records were stored securely.

People were encouraged to make choices about how they lived their lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support responsive to their changing needs.

Care plans were kept up to date.

People were able to make choices and have control over the care and support they received.

People told us if they had any concerns or complaints they would be happy to speak to staff or the manager of the service. People felt any concerns or complaints would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People and staff said management ran the service well, and were approachable and supportive.

There were systems in place to monitor the quality of the service.

The service had a positive culture. People we spoke with said communication was good.

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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.

The inspection took place on 2 and 3 May 2017. One inspector and an Expert by Experience undertook the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service. We also reviewed other information we held about the service such as notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we went to the provider's office and spoke with the registered manager. We had contact with seven staff face to face or on the telephone. We looked at eight records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

We visited eight people in their own homes. We also spoke on the telephone with a further 15 people or their relatives. We also had contact with three social or healthcare professionals. We also carried out a postal survey. We sent surveys to 50 people who used the service and we received responses from 23 people (46% response); 50 relatives of whom three responded (6% response), and surveyed two community professionals of whom one responded.

Is the service safe?

Our findings

People told us they felt safe using the service. They said "Yes. They always make sure I am safe. I use a frame and they always stand behind me making sure I am okay," and "I feel confident in their hands." A health care professional said, "I find TrewCare to be safe and effective, and people are happy with their input." All respondents, from different groups, said people were safe from abuse and harm.

Staff had received training in safeguarding adults and were aware of the service's safeguarding and whistleblowing policies. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would have no hesitation in reporting any concerns to management, and they said they thought management would take any necessary action.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Assessments completed included environmental risks, and any risks in relation to the health and support needs of the person. Staff were informed of any potential risks before they went into someone's home for the first time. Risk assessments in people's files were thorough.

Staff were aware of the reporting process for any accidents or incidents that occurred. Managers ensured accidents and incidents were reviewed. Appropriate action was subsequently taken, and where necessary changes are made to reduce the risk of a re-occurrence of the incident.

There were enough staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. People said staff who visited them were well matched. We were told that if people had not felt a member of staff was suitable, they had informed managers, and the staff member had not visited them again. Staff felt that there were enough staff to meet people's needs.

The service produced a staff roster each week to record details of the times people needed their visits and what staff were allocated to go to each visit. A copy of the rota was issued to people (if requested) and staff in advance. Staff said they were allocated enough time to travel between calls. Visit schedules showed that travel time was allocated for visits between appointments. Staff told us they were paid travel time through a 'time and motion' payment covering their time and costs, through an hourly wage enhancement.

A member of the management team was on call outside of office hours and carried details of the roster, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties need to be re-arranged due to staff sickness. People had telephone numbers for the service so they could ring at any time should they have a query. People told us phones were always answered, inside and outside of office hours.

Staff had been recruited using a suitable recruitment process to ensure they had appropriate skills and knowledge to provide care to meet people's needs. The registered manager said staff turnover was low, with many staff having worked for the service for many years.

Most staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Two references were obtained for each member of staff. Staff were required to fill out an application form which included their previous work history.

Some people needed help with their medicines and the assistance needed was detailed in care records for example if people needed to be physically given their medicines, or whether they just needed to be reminded to take it. The service had a medicine policy which gave staff suitable instructions about how to help people with their medicines. Staff who administered medicines had received training in the administration of medicines.

People said staff were always well dressed, and clean and presentable. We were told staff where necessary, always wore disposable aprons, and gloves. Staff also told us aprons and gloves were always provided for them. Infection control training was provided during induction.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "They are like my own daughters...very nice," "Marvellous," and, "Dedicated." An external professional told us, "The staff I meet seem to genuinely care."

Staff completed an induction when they started employment. The registered manager told us this included three days initial training, followed by at least two days shadowing a more experienced staff member. New staff then spent a further day or two at the office before the induction was completed. New staff then worked alongside experienced staff again until they were confident to work on their own. Staff received a copy of the organisation's "Staff Handbook" which provided them with relevant information about the organisation and key policies and procedures. The registered manager was aware of the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. The registered manager said all staff who had not worked in care received support to obtain the Care Certificate. There was suitable documentation on staff files to show people had received an induction. The registered manager also told us when staff had completed the Care Certificate; they were enrolled to complete a Diploma in Care.

Essential training was completed during the induction period. Staff received refresher training, where this was necessary, such as in moving and handling training. Some training files did not always contain confirmation that staff had obtained all necessary training for example infection control. The registered manager said staff did receive all necessary training such as safeguarding, dementia, infection control, food handling, first aid Mental Capacity Act 2005, and fire prevention during the induction period. It was agreed the certification for the induction period would be improved. Staff told us "We receive training on a regular basis," and "They keep us up to date...we have done loads." A health care professional said "Staff appear to have good training and are knowledgeable about people and their circumstances."

Staff told us they received supervision twice a year, and an annual appraisal. Supervision gives staff a formal opportunity to discuss their performance and identify any further training they require. Staff said managers were, "Very supportive," "Very positive. They have always supported me and good to me." and "They look after the carers." The registered manager of the service said managers would work alongside staff to provide support and check their work was completed to a good standard.

Most people who used the service made their own healthcare appointments and their health needs were co-ordinated by themselves or their relatives. However, staff were available to arrange and support people to access healthcare appointments if needed. Staff also worked with health and social care professionals involved in people's care if their health or support needs changed. People told us about occasions when care appointments had to be rearranged, at short notice, so they could attend health appointments. A health care professional said "Staff have developed supportive and caring relationships and they will call me when they think there are adjustments to be considered or if they have concerns about the person's health or social situation."

Staff supported some people at mealtimes to have food and drinks of their choice. People said the support received was suitable, and when staff prepared food this was always done well, meals were served hot, and any support they needed with eating and drinking was according to their personal needs.

Staff told us they asked people for their consent before delivering care or treatment and they respected people's choice to refuse support. People also said they were always addressed in their preferred manner for example 'Mr', 'Mrs' and by their first names only when there was agreement.

People told us they had a team of regular staff and their visits were at the agreed times. People said staff had not missed any visits. People also reported that if staff were delayed they would most of the time, if not always, be phoned to minimise anxiety. However, people told us staff would not normally be more than 15 minutes late and there was usually a good reason such as traffic problems or a previous person required additional support. Staff told us if they were running late they were to ring the office or the on call. A decision was made by the person in charge to either let the person know when the carer would arrive, or for an alternative carer to be sent. Staff said visit lengths were usually satisfactory for them to deliver the care which was needed. In our survey, all or a significant majority (plus 85%) of the 15 people who responded, and relatives, were all positive about staff time keeping; people being allocated and staying for the correct amount of time to provide care; and staffing knowing the needs and preferences of people they support. For example we were told: "99% of the time they are here on time," "If they are late they will ring me," "I have never been let down," and "They don't ever cut me short. They are very good."

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. 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 people 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. We checked whether the service was working within the principles of the MCA. Care records showed the service recorded whether people had the capacity to make decisions about their care.

Is the service caring?

Our findings

People received care, as much as possible, from the same group of care workers. People and their relatives told us they were happy with all of the staff and got on well with them. People said staff did not appear rushed. People told us; "I am well impressed. Virtually all of them are jolly and cheerful, and will have a bit of a laugh," "(Staff are) polite and kind," and "I don't look upon them as strangers but as friends." Staff told us: "There is a very good standard of care," "All staff are very good, everyone tries their best. ...all are very dedicated," and "(Carers are) fantastic, every one of us goes the extra mile." A healthcare professional told us, "A patient of mine describes their carers as 'little rays of sunshine,' and I have witnessed genuine care, compassion and sense of humour. At present I would not hesitate to recommend this agency to a family member." Our postal survey judged the majority of respondents (plus 85%) were happy with the care and support they received from the service, staff were caring and kind, and people were treated with respect and dignity.

People we spoke with and those who responded to our survey consistently reported that their care staff always treated them respectfully and asked them how they wanted their care and support to be provided. People said their staff were kind and caring, for example staff were described as "Nice and polite," "Very impressed, absolutely brilliant care," and "Always helpful."

None of the people we spoke with said staff ever outwardly appeared to be rushed, or cut corners in the care provided to them. Staff arrived for care appointments on time, and stayed for the correct amount of time.

People were aware of their care plans, and they were available in people's homes to read. People we met said they had been involved in drawing up, and in reviewing, their care plans. Everyone we spoke with said the care they received was completed in a manner they wanted.

The care records we inspected were to a good standard. They contained a concise, but satisfactory care plan and relevant risk assessments. Records at the service's office, contained assessments completed by the care commissioners such as the health care trust or local authority.

People said they felt information about them was kept confidentially. People and staff said they did not think information was shared with others, unless there was a suitable reason to do so. People told us staff would never talk about others who used the service, and they had no reason to believe staff ever spoke about their care with others who received support from the agency.

The service provided 'End of Life' care for some people. The registered manager of the service said the service had well developed links with district nurses and the palliative care team.

Is the service responsive?

Our findings

People we spoke with said a manager had met with them to ask what help they needed, and to find out what their needs were. Where possible assessments completed by the local authority or healthcare trust are obtained, and these were kept on most of the files we inspected. The registered manager said senior staff would always contact people a week after their service commenced to check how things were going, and there would be three monthly reviews of care thereafter.

Care plans were developed with the person from information gathered during the assessment process. People were asked for their agreement on how they would like their care and support to be provided and this information was included within their care plan. Care plans provided staff with clear guidance and direction about how to provide care and support that met people's needs and wishes. Some care plans provided a brief history or pen picture of the person, although this information was not provided on every file we inspected. Such information would give staff useful information about people's backgrounds and interests to help them understand the individual's current care needs.

The staff we spoke with said care plans accessible to them both in people's homes, with a master copy stored at the service's office. Staff were involved with the daily update of records for the people they worked with. Staff said they knew well the people they worked with. When new people received care from the service, they were informed by managers of people's needs. Staff also said they were informed by managers of people's changing needs.

The service was flexible and responded to people's needs for example managers tried to ensure care appointments were at times which suited people, and changes were made, often at short notice, if people had to attend health appointments or were going out for a special occasion. An external professional said "TrewCare are approachable and flexible in their working practices, and work hard to accommodate requests of care packages."

People said they would not hesitate in speaking with staff if they had any concerns or complaints. Most people said they had no cause to complain, for example; "We have had no cause to complain. The girls are super and very professional," but we were told if people did have an issue: "They have always sorted things out when things have arisen." Details of how to make a complaint were contained in the organisation's 'Service User Guide' which was provided to people when they started with the service. A copy of the organisation's complaints procedure was also contained in their files, which were kept at people's homes. Most people said if they had any concerns the agency responded quickly although one person said "The response to any complaints is very slow." People we spoke with said they found office staff approachable and were sure, if they needed to make a complaint, it would be taken seriously and resolved to a satisfactory standard. The registered persons ensured a record was kept of all complaints, with a record of what actions were taken to resolve the matter. No complaints had been received in the last 12 months.

The registered manager said there were good links with GP's, district nurses, community psychiatric services, and social workers. One health professional said "Carers and managers worked collaboratively to

provide person centred and holistic care (with a person). Staff showed genuine sensitivity and compassion towards my patient and their family."

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. Survey respondents said they knew who to contact at the service if they needed to and people described management as; "On the ball," and "Good as gold." A community professional said, "Managers listen and are proactive." Staff told us "Managers are very supportive," "They do the job with us," "Brilliant," and "They are a really good care company."

People told us they knew who to contact in the agency if they needed to, the telephone was always answered promptly, and staff at the office were always as helpful as possible.

Staff said there was a positive culture in the organisation. For example a member of staff said "The most important thing is they put care first," "I am very proud of TrewCare," and "I really like working for TrewCare." We were told there were occasional staff meetings, although management ensured regular contact with the staff team, by ensuring they regularly worked alongside staff members and being readily available in the office or by telephone. We saw minutes of staff meetings dated September 2016 and November 2016. The last recorded management meeting was dated March 2017. Newsletters were also sent out to staff members.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, worked alongside other senior staff, and the other directors, to ensure the smooth day to day running of the service. The service had an assistant manager, and a registered nurse was also employed, with particular focus to assist with any care difficulties and care planning. Senior carers also helped to manage the care teams. There was an out of hours on call service. People we spoke with said when they had used this, any queries and problems had been resolved satisfactorily.

The service had effective systems to manage staff rosters; assessment and care planning, and health and safety. A computerised system helped to monitor that staff arrived at care appointments on time, stayed the correct amount of time, and alerted managers if staff were not arriving at care appointments within a half hour of the allotted appointment time. Statistics kept showed timekeeping was good.

The registered persons monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. One of the senior staff said "Our positive results are down to staff. We ensure any minor changes are dealt with which prevents big problems. The carers are very good at resolving little things."

People and their families told us the management team were very approachable and they were included in decisions about their care. People told us they had been asked what they thought about the service. A record of letters and cards, thanking the service for care provided, was also kept.

People were asked for their views on the service through informal discussion with staff and managers, and through an annual survey of people and, their relatives. A survey had been completed in 2016, and the

results showed people were happy with the service. The registered manager said the service was in the process of completing a further survey. This was corroborated by our survey which also found people were happy with the service. The service had other quality assurance measures in place such as audits of care plans, staff training, accidents and incidents.

The manager was registered with the CQC in 2010. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as of deaths or serious accidents, have been complied with.