

TrinityPlus Healthcare Services Ltd

# TrinityPlus Healthcare Services

## Inspection report

Suite 2A, First Floor, The Co-operative Buildings  
215-255 Linthorpe Road  
Middlesbrough  
TS1 4AT

Tel: 01642247229

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

TrinityPlus Healthcare Services is a domiciliary care agency providing support for people in their own homes. The service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service was supporting 12 people at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider had systems in place to investigate safeguarding concerns. Staff had completed safeguarding training. Individual and environmental risks were identified and mitigated.

### Right Care:

Safe recruitment practices were in place and staff received an induction to be able to provide safe care. Staff had completed training designed to meet people's needs. People were supported by a familiar and consistent team. Regular spot checks were conducted to ensure standards of care were maintained. Staff treated people with dignity and respect.

### Right Culture:

The provider had made improvements throughout the service. Effective systems were in place to monitor the safety and quality of the service. The provider and registered manager were passionate about providing good quality care. The registered manager had developed good working relationships with health and social work teams. The service regularly sought feedback from people and relatives. Staff told us they were supported by the management team and enjoyed working at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (29 December 2022) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We received concerns in relation to people's care and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# TrinityPlus Healthcare Services

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by 1 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 also provides care and support to 1 person living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 15 January 2024 and ended on 23 January 2024. We visited the office on 15 January 2024 and an Expert by Experience conducted calls to people and relatives on 18 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people who used the service and 6 relatives about their experience of the care provided. We looked at records relating to the management of the service. We reviewed 3 people's care and support files. We spoke with the registered manager, the nominated individual and a co-ordinator during our office visits and gathered written feedback from 9 support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider failed to maintain securely appropriate recruitment documentation. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff were recruited safely. A new system had been introduced ensuring appropriate checks, including Disclosure and Barring Service checks (DBS) were conducted.
- The registered manager had oversight of recruitment. Effective systems were in place and recruitment files were accurate and complete.
- People were supported by a regular staff team. One person told us, "They (care workers) know me and what I want. I usually get the same carer and she knows my routine. That's essential and makes things easy for me."
- The majority of feedback about staff was positive. People told us, staff were respectful, caring and knowledgeable. The provider addressed concerns raised during the inspection.

### Using medicines safely

At our last inspection the provider failed to maintain complete records for the administration of people's medicines. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Medicines were managed safely. The provider had invested in an electronic management system, this included medication records. This allowed the management team to have access to live and current information. If a medication administration was delayed or missed, the team received an alert which enabled staff to resolve the matter immediately.
- Staff had completed medication training. Competency reviews and spot checks were regularly conducted.

### Learning lessons when things go wrong

At the last inspection the provider failed to have sufficient systems in place to identify when things went wrong and learn from this. This was a breach of regulation 17 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems to learn when things went wrong. Systems were in place to record, and support learning from complaints, safeguardings and accidents and incidents.
- The service had procedures to learn from situations when people expressed their anxieties. Information was recorded, analysed and learning points were cascaded to staff and shared with health care professionals.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure people were protected from the risk of abuse. Staff had completed safeguarding training.
- Safeguarding incidents were fully investigated and referred to the appropriate authorities.

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified and managed. Risk assessments were put in place outlining how best to support people to remain safe.
- Equipment safety checks were monitored.

Preventing and controlling infection

- Staff had completed infection control training. Staff had access to personal protective equipment to help prevent the spread of infections.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- Staff had completed MCA training. Staff understood consent and how best to support people with making decisions. One staff member said, "I would involve them in the decision-making process to the extent possible. This may include considering their preferences, observing non-verbal cues, and consulting with family or friends who know their wishes."

Staff support: induction, training, skills and experience

- New staff completed induction training before supporting people without supervision. This included shadowing an experienced staff member.
- Staff had completed mandatory training. Staff working with people with complex conditions had received training specific to their needs. Some complex training was delivered by the healthcare professional involved with the person's care.
- The monitoring of training and supervisions was not always accurate. The monitoring system displayed incorrect dates and some training which had been completed was not recorded. The nominated individual was aware of this failing and had taken action to address the issue.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed to ensure their needs could be met. This allowed equipment and staff to be in place ready for when a person started to use the service.

- People and relatives engaged in discussions about their care and support. The information was used to create care plans and gather people's preferences.
- Regular reviews were completed to ensure care records were accurate.

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples nutritional and hydration needs were met.
- Where people required assistance to manage their nutritional needs, care plans outlined the level of support for staff to follow. One person told us, "The carer microwaves it for me and gives me tea. I can make a choice of meal."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals. The service worked well with other health and social care professionals. Where appropriate, reviews of people's care included external healthcare professionals involved in the delivery of their care and support.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has changed 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; Continuous learning and improving care

At the last inspection the provider failed to have systems and processes in place to effectively monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements throughout the service. New processes had been introduced to monitor and assess the quality and safety of their service. A new electronic management system had been purchased, which included the monitoring of medication and visits.
- The management team had expanded, and staff had defined roles and responsibilities, led by an experienced registered manager. The registered manager embraced learning and regularly attended Provider learning events in 2 local authority areas.
- Observational visits were regularly conducted to monitor staff performance and ensure people received safe care and support.
- The registered manager had submitted the required statutory notifications to CQC following significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others

- The provider and registered manager were passionate about providing quality care.
- Staff were positive about the management team. Staff felt supported by the registered manager. One staff member said, "Trinityplus healthcare Ltd comes through for me all the time and encourage me to do my best always."
- The registered manager worked in partnership with health and social care organisations to achieve positive outcomes for people using the service.
- The provider worked with external healthcare professionals; information was included in care plans to support staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was gathered from people and their relatives. People received regularly telephone calls and visits from the management team to ask if they were happy with the service.
- Staff had opportunities to express their opinions in regular team meetings.

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

- The provider understood their duty of candour. The provider and management team acknowledged when things went wrong and gave a full explanation. One relative told us, "We had concerns when we started as a part of teething problems. We were listened to, and someone came and apologised."
- The registered manager fully engaged with the inspection process and took immediate action when required.