

Trewcare Limited

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Inspection report

TrewCare House
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Falmouth
Cornwall
TR11 4SN

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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 14 & 20 June 2018. Our last inspection of the service was carried out on 2 and 3 May 2017. At that inspection the service was rated Good.

Trewcare is a domiciliary service providing personal care and support to people in their own homes. Trewcare office is situated on the outskirts of Falmouth and is accessible for people using the service and staff. The service was providing support for people living with Dementia, Mental Health, Older, People, People who misuse drugs and alcohol, Physical Disability and Sensory Impairment. At the time of our inspection 98 people were receiving support from the service.

There was a registered manager in place at the time of our inspection. 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.

We were alerted to a safeguarding incident where a person using the service sustained an injury. This investigation was on going and there have been safeguarding discussions around the reporting procedure and recording of incidents. Due to this the registered provider had provided a series of training to all staff in the importance of ensuring that all incidents are reported, that records are completed accurately and that staff know the correct procedure to follow. This training remains on going and continues to be a regular discussion in staff supervisions and team meetings.

People told us they had been visited by senior staff before their support began who carried out an assessment of their needs. There were procedures in place to protect people from abuse and unsafe care.

Risk assessments were in place which provided guidance for staff. This helped to minimise risks to people. Risk assessments for the environment were limited in the information they held in some instances. This was addressed within the inspection timeframe and evidence of more robust environmental assessments had been put in place.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people. They received training to carry out their role and were knowledgeable how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

People told us they felt safe and comfortable with staff, they received attentive care and they liked the staff who supported them. They said staff were friendly and respectful, punctual and conscientious. People told us staff had never missed visiting them and that they usually arrived on time and informed them if they were delayed. Staff were generally supported by the same group of staff who they knew and liked. One person said, "Lovely people, they treat me very well. Always on time, usually the same carers. We have a laugh

together, they help me with my medication – always write down when I've had my tablets." A relative told us, "We get an assortment of carers, they are all lovely, very kind, will do anything for us. Help my relative wash, have a shower, dress. They don't use any equipment. I sort the medication."

People received their medicines as prescribed and when needed and appropriate records had been completed. No-one spoken with raised concerns about their medicines.

Care plans contained a good level of information with guidance to support staff in their role and delivery of care and support. People who wished to be involved in care reviews did so. Care plans were more task based about the delivery of care. We discussed the merits of a person centred approach where the person was at the centre of their care. The registered manager acted on this with immediate effect providing evidence of the change following the inspection. It meant care plans were more meaningful.

Staffing levels were seen to be sufficient to meet the assessed needs of the people. People and relatives told us that staff were consistent and turned up on time.

People had been 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.

Staff we spoke with had a good understanding of protecting and respecting people's human rights. Staff spoke well about confidentiality, privacy and dignity and this came through when speaking with people.

The service had information with regards to support from an external advocate should this be required by them.

A number of audits were undertaken to ensure the on-going quality of the service was monitored appropriately and lessons were learned from issues that occurred.

The service communicated well with people, relatives and staff. We saw evidence of a number of ways this was done including memo's, newsletters and spot-checks.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked 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 was prompted in part by notification of an incident following which a person using the service sustained an injury. This incident was subject to a safeguarding investigation which is on going.

The information shared with CQC about the incident indicated potential concerns about the management of risk of reporting injuries. The actions that Trewcare have taken in line with this incident have been reviewed as part of this inspection. This in particular has looked at care planning, records and staff skill and experience.

This inspection took place on 15 and 20 June 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to help us gain access to the information we required.

The inspection was completed by one adult social care 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.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

We contacted fourteen people and successfully spoke with eight people who received care and support and five relatives. We also spoke with five members of staff including the registered manager and the provider.

We reviewed three care records of people using the service, medicine records and associated documentation for the operation of the service. We also reviewed three staff files, training records and records relating to the management of the service including quality audits and monitoring information.

Is the service safe?

Our findings

People told us there were sufficient staff to provide safe care and support for people. All people spoken with told us they felt safe receiving care from staff at the agency. They said, "I feel very safe with them, they talk to me and listen to what I say and do things my way," "Staff use a hoist to move my relative, they are competent to use it" and "I feel safe knowing that I am going to get the same staff. It's important because they [staff] are working in my home." A relative told us, "I know when I go out [Person's name] is very safe. It gives me total peace of mind."

Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. The registered manager told us if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate. Staff were able to explain the correct action that they would take if they witnessed or suspected that abuse had occurred.

Staff were aware of the reporting process for any accidents or incidents. However this had not always been followed. In response to this the registered manager immediately took action. All staff undertook additional training. The service reinforced its policy to all staff by instructing them to immediately report all accidents or incidents. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments associated with the person's care and support and their medicines. Risk assessments for the environment were limited in the information they held in some instances. This was addressed within the inspection timeframe and evidence of more robust environmental assessments had been put in place.

Staffing levels were seen to be sufficient to meet the assessed needs of the people receiving care and support. People, relatives and staff told us they did not have any concerns about staffing levels. People told us they saw a consistent staff team and staff told us they had time to carry out their duties and to travel between visits. Nobody using the service told us they had experienced missed visits.

Staff recruitment procedures were in place, which demonstrated appropriate employment checks had been completed before staff began working for the service. All files contained proof of identity and satisfactory references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

People told us staff supported them with their medicines safely. Their care records identified the support they provided. Staff received medicines training to ensure they were competent to administer medicines and this was confirmed through regular 'spot checks' by senior staff. Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For

example, emergency service numbers including social service and health departments. Staff told us office on call numbers were always available to them if they had to contact a senior staff member out of office hours.

People told us that staff were well presented, wore a uniform and as far as they were aware followed good practice in terms of infection control procedures. Staff were trained in this area and had access to enough personal protective equipment.

Is the service effective?

Our findings

People told us staff were trained and knew how to support them. They told us they were pleased with the care and support they received. Staff were positive about the quality of training they received. They told us that by having a training room and equipment it helped support them in learning care practices.

New staff received an induction which included a period of working along experienced members of staff. A member of staff said, "I have had an excellent induction, from knowing nothing I feel I know what to do now. It helps we are able to ring the office if at all unsure." Staff new to care work completed the Care Certificate and some staff had achieved or were working towards national qualifications in care. A staff member told us, "We [staff] are encouraged to do training."

There was a system in place to remind staff when their training was due to be renewed or refreshed. The registered manager considered some areas to be mandatory, such as moving and handling, infection control and health and safety. In addition to these staff received training for specialist areas where necessary, including supporting people with specialist nutritional needs, dementia and Stoma care.

Staff told us they felt supported by the management team and through supervision with senior carers or the registered manager. Supervisions, spot checks, annual appraisals and training were taking place to make sure staff were supported to deliver their roles effectively. Staff we spoke with told us they felt supported both formally and informally. They said, "Most of us have worked here for some time but we support each other and it works well" and "I think I had a good induction and the training is good. We [staff] all get reminders when it's due."

People receiving care and support made positive comments about the staff who visited them. They said, "Absolutely brilliant. Three visits daily, get me up in the morning, prepare my meals, and help me to bed at night. I used to need a hoist, but don't need it now. So grateful to the agency, they've given me back the confidence I'd lost'. A relative told us, "Staff use a ceiling hoist to move my relative, they always talk to them, tell them what is going on. Staff are competent to use the hoist. I'm very happy with the service provided by Trewcare."

People's health and care needs were reported on in individual care plans a copy of which was retained at the main office. Care plans were written in a task centred way rather than person centred which would demonstrate people were at the forefront of the information. We discussed this with the registered manager who took immediate action and provided evidence to the inspector that a more meaningful person centred record was in place which showed the person was at the centre of their care plan.

Some people required support at mealtimes to access food and drink of their choice. Staff had received training in food safety and were aware of safe food handling practices.

People's care and support was regularly reviewed and any changes updated so staff had the most current information. For example the service worked closely with other health professionals and where changes had

occurred this was recorded. Staff told us they regularly shared any changes with the senior staff and registered manager. When we visited people at home they told us staff visited them to discuss any changes. A relative said, "They [staff] do come and visit and we go through the care plan for [Person's name]. They do keep on top of things."

People told us communication with the office was good and that people knew the numbers and who to call when the office was closed. We observed contact details were on the front of people's records in their home so it was very clear for them. Staff told us if they needed to speak with a senior support worker out of office hours they had never had any trouble.

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.

We checked whether the service was working within the principles of the MCA. Staff were knowledgeable about how the legislation could affect the people in their care and had received training in this area.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People confirmed staff asked for their agreement before they provided any care or support. One person said, "They [staff] never do anything until they ask if it's OK with me." Care records showed that people signed to give their consent to the care and support provided. The services consent form had been changed to meet current legislation contained within the General Data Protection Regulation [GDPR]

Is the service caring?

Our findings

People told us staff were polite, caring and considerate. They told us they were satisfied with the support provided to them. "They are so kind, they gave me a life-line, gave me the will to keep going," "They [staff] always make me smile and they always have time for a chat," "Lovely people, they treat me very well. We have a laugh together," "All talk to me, listen to my views. I am very happy with the service," "Carers always talk to me, always polite and kind. I feel very safe with them" and "All lovely, all very kind. Will do anything for us." Relatives told us, "Staff always talk to my relative, very good with them, always most respectful. I am very happy with the standard of care" and "Staff are always very kind to my relative, can't fault them. So pleased with the service and so grateful for all the help they provide."

Staff demonstrated an understanding of protecting and respecting people's human rights. They were able to describe the importance of respecting each person as an individual and spoke well and knowledgeably about people's privacy and dignity as well as how to maintain confidentiality. These areas were covered within the employee handbook given to all staff and a people's information guide.

Where people did not have any support from next of kin the service were aware of advocacy services and how to contact them. The registered manager said this was usually through social workers but that they knew who to speak with for advice and guidance. This ensured people's interests would be independently represented and they could access appropriate services outside of the service to act on their behalf if required.

As part of staff induction and on going training they had received information about confidentiality and data protection to guide them on keeping people's personal information safe and meet data protection legislation. All care records were stored securely in the registered office in order to maintain people's confidentiality.

People told us staff respected their family and personal relationships and encouraged them to make choices about their daily life. For example, one person told us the staff gave them a lot of support when they recognised a situation was becoming distressful. "I just wasn't coping and they [staff] recognised it and helped me through. It made a big difference."

Rotas and practical arrangements were organised in a way that gave staff time to listen to people, answer their questions and involve them or their relatives in decisions. For example senior care staff were given the time to carry out reviews with them or their relative. This meant staff could focus on the person.

People said staff met their different needs in a caring and sensitive way. This included their preferred form of address, their food choices, the way they wanted their care delivered and the level of information they wanted family and friends to have. One person said, "Very caring. Nothing is too much trouble for them [staff]."

Is the service responsive?

Our findings

People told us staff were responsive to their care needs and stayed the allocated time. They said staff had the time to carry out their care and support and people did not feel rushed. They told us care they received was focused on them and they were encouraged to make their views known about how they wanted their care and support provided. One person told us, "When I left hospital after major surgery, I didn't know what a care package was. Trewcare sorted my care out and I have absolutely no complaints about them at all. Gold Stars all the way.' A relative told us, "I met with a few people from Trewcare before setting up my relative's Care Plan."

Staff were able to respond to people's identified needs because a record of the tasks to be covered was in people's care plans. This was of particular importance for people who may not have been able to explain their needs. For example, where people had memory difficulties or impairments of sight and/or hearing. This information was clearly set out in the care plan with guidance for staff about the most appropriate way to communicate with the person. Staff told us they felt the information was very clear and also gave some advice around how to approach people. For example, 'Always give a call out once you enter the house.' Staff had been instructed to leave lights on or turn them off before leaving. One person told us, "It's the little things that are important."

Staff responded promptly to any changes in people's needs. This included increasing visits or visit times if required, for example, due to illness or injury. People told us that, if they requested any changes to their support, the managers in the service tried to meet their request. For example if they attended appointments and this clashed with the time support was arranged. One person told us, "They [staff] are very good at trying to accommodate changes if I need to go to an appointment or family event."

Care plans were regularly reviewed so staff were responding to a person's current needs. Records of the care and support provided to people were completed at each visit. This helped staff to respond to any changes in a person's well-being. We noted the records were detailed and written in a respectful way.

Daily notes were consistently completed and enabled staff to get a quick overview of any changes in people's needs and their general well-being. Staff told us they recognised the importance of keeping records accurate and up to date. One staff member told us, "It's really important because you are relying on the information the last person wrote." Office based staff told us staff were generally good at reporting any concerns or changes.

We looked at what arrangements the service had made to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans confirmed the services assessment procedures and identified information about whether the person had communication needs and how they should be met. For example making sure the staff made sure items were not a hazard in a person home if they had sight loss and that glasses were clean and hearing aids were working.

Although Trewcare is not a specialised end of life care provider the service is able to help people stay at

home at the end of life if this is their wish. The service worked with other health professionals and palliative care nurses to support people to remain at home for as long as possible or through to end of life. Some staff had received end of life training and in such instances that the service supported people, staff with the knowledge and skills were allocated.

The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. People told us knew how to make a complaint if they were unhappy about anything. Everyone we spoke with said they were satisfied with the care they received and had no complaints. They knew how to contact the agency and who to speak with if they had concerns. Comments included, "If I am not happy about something I get straight onto the manager. It's not often but it always gets sorted out," "Really no complaints with the agency, but would go to the office and speak to the manager" and "Any issues, the office sort it out straight away" The service had managed complaints in accordance with its own policy for response, timescale and actions.

The service did not currently use technology in its operations. However, the provider and registered manager were currently arranging for staff to have mobile phones issued to enable them to be contactable as lone workers and for them to be able to contact the office for advice.

Is the service well-led?

Our findings

People were complimentary about the care and support they received. They told us staff and managers were approachable, easy to contact and they were very satisfied with the service they or their relative received. Comments included, "Trewcare are by far the best care agency. They are like family and brighten up my relative's day" and "Always polite and answer any questions I have when I call the office."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager worked closely with the provider. The provider was actively involved in the management of the service. They alongside senior staff co-ordinated the day to day running of the service. This included overseeing operational issues and speaking with people and staff.

The service used a number of methods to monitor people's satisfaction with the quality of the service. This included regular meetings with senior staff to look at operational issues. A staff member told us, "The meetings are very useful and in between them we are communicating every day so nothing gets missed." Staff told us people's views were always taken into account when reviews were carried out. A staff member said, "When we do the reviews we have time to sit and talk about any issues clients might have."

Staff were informed of any changes and reminders in a monthly newsletter. For example the most recent one informed staff of some changes in the way they worked due to the requirements of a service contract. In January staff were informed they could access a free flu vaccination which reflected the provider's commitment to support staff welfare.

The most recent annual survey which took account of people's views was positive. The majority of people were very pleased with all areas of care and support. The results of surveys were calculated and any themes or trends could be identified. There were no specific trends which came out of the latest survey.

Regular audits had been completed, and their findings actioned and communicated to staff. These included reviewing the services medication procedures and care plans. Spot checks were also carried out to ensure that staff were turning up on time and following correct processes. Where any issues were found, such as not signing a record were responded to by alerting the staff member in order to remind them of their responsibility.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services and healthcare professionals including general practitioners.

The service had on display in the registered office their last CQC rating, where people who visited the service could see it. This has been a legal requirement since 1 April 2015. Notifications were sent into the CQC as required and all other registration requirements were evidenced to be met.