

Tricuro Ltd

Home Care/ Reablement

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

This inspection was announced and took place on 17 and 18 January 2017. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available.

Home Care/ Reablement provides personal care and support to people who live in their own homes. At the time of our inspection the agency was providing personal care and support to approximately 75 people in their homes.

A registered manager was in post at the time of the 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.

People's care and support needs were met. People or their representative informed us that care workers were kind, caring and respectful. People also felt that the agency had worked with them to achieve their goals in regaining their independence.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce likelihood of recurrence.

Robust recruitment systems were being followed to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Where assistance with medicines formed part of a person's care package, this was managed safely.

The staff team were suitably trained to provide them with the knowledge and skills for them to fulfil their role effectively.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided. People were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people, meeting a requirement made at the last inspection. The plans were person centred, up to date and accurate.

There were complaint systems in place and people were aware of how to make a complaint.

The agency was well led with a positive, open culture.

There were systems in place to audit and monitor the quality of service provided to people.

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 were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People found their care workers supportive and respectful.

People were satisfied that their care and support needs were met by caring staff.

Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs and goals.

The agency had a complaints procedure and people felt able to raise any concerns.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

Home Care/ Reablement

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 was 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the notifications the service had sent us. A notification is information about important events which the service is required to send us by law.

This inspection took place on 17 and 18 January 2017. A day's notice was given prior to the inspection to ensure the registered manager would be available. One inspector carried out the inspection on both days.

We spoke with six members of staff as well as the registered manager, who assisted us throughout the inspection. We visited three people who received a service from Home Care Reablement to check the records held in people's homes and to seek feedback about the quality of service provided. We also spoke on the phone with eight people who received a service from the agency.

We looked at three people's care and support records and their medicine records in the office as well records kept in people's home. We also looked at records relating to how the service was managed. These included four staff recruitment records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

Overall, people were very positive about the agency and the staff who supported them. People expressed no concerns about their safety and welfare. One person told us, "I can't praise them high enough, to tell you the truth". Another person told us, "I feel very safe with the staff".

There were systems in place to identify and minimise risks to people's health and welfare, protecting people and staff from harm as far as possible.

One measure to protect people from avoidable harm and abuse was the training of staff in adult safeguarding. The training provided included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed this course as part of their induction when they joined the agency and received refresher training to update their knowledge. Staff could therefore identify the signs of abuse and knew how to report possible abuse to the local social services.

Another measure to minimise risk to people was a procedure for a full risk assessments to be carried out before a package of care was put in place. This included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment. The records seen showed that this procedure had been followed.

Records of accidents and incidents were maintained and reviewed to see if there were trends where action could be taken to reduce the likelihood of their recurrence.

Procedures and plans had been developed for emergency situations that included an out of hours and on-call system for people to contact should the need arise. 'Contingency' boxes, containing things such as equipment to assist people who could not get off the floor, were available for staff at the office. The emergency procedures linked to those of the Council.

The registered manager ensured there was capacity within the agency before new packages of care were agreed. This ensured there were sufficient care workers to provide full cover on the rota. People we visited and spoke with on the phone confirmed that visits always took place as agreed in their contract. No one reported any concerns regarding missed or late calls.

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing employment when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting. It was agreed that confirmation of a staff member's fitness to carry out their role would be held at the agency office.

Overall, medicines were managed safely. The objectives of Home Care Reablement are to assist adults aged

18 or over who have had a fall, illness or stay in hospital and needed help to regain skills and confidence. In line with these objectives, the majority of people required reminding and assistance with managing their medicines and not full medication administration. The agency, however, provided longer term care to a small number of people. At the last inspection carried out in November and December 2015, we identified a breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because, for some people, there was not a specific medicines care plan in place where the service was offering long term care and support. At this inspection we found care workers knew how to assist people with the medicines as care plans were in place on how to meet people's medication needs when people required assistance.

The registered manager had also taken action to reduce risks with medicines by making records more 'user friendly' and introducing different coloured medication recording sheets where people were prescribed controlled drugs to highlight this to the staff. The registered manager was able to show us that errors with medication had reduced by approximately 40% since introducing these changes.

Care workers had been trained in the administration of medicines with records showing that their competency to administer medicines safely had been assessed. A system of "spot checks" by the registered manager and senior staff ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they received their medicines as they required and had no concerns. We checked a sample of medicine administration records (MAR) and found a recording error for one person we visited. Procedures were followed to investigate and follow up on the error identified.

Is the service effective?

Our findings

People felt their care workers were competent and overall people were satisfied with the service they received. One person told us, "Carers are generally well trainednever had a problem".

Following recruitment, staff completed an induction training programme when they started working with the agency. This included a period of work shadowing experienced staff. For care workers new to care, their induction led to the care certificate, a nationally recognised induction qualification. Staff told us they were provided with appropriate training. There was a programme of core training, including safeguarding, fire safety, moving and handling, health and safety, medicines awareness and a system in place to make sure staff were kept up to date with refresher training.

People were supported by staff who received supervision through one to one meetings with their line manager and an annual appraisal. Staff we spoke to said that they felt supported and that they could always speak with someone senior if they needed immediate support or advice.

Staff meetings were held regularly and records showed staff were able to raise issues and were kept informed about any changes in policy or procedure affecting them.

The way people were supported complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 the 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.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how to put the principles in the practice of their work. Where people had capacity to consent to their care, they had signed their care plan and were therefore consulted about their care.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was pertinent to their care.

Is the service caring?

Our findings

People and relatives spoke highly of the agency and of the support and assistance they received from the staff. Examples of comments made included the following: "Carers arrive on time they are excellent I was going to write a letter to thank them all absolutely marvellous. Dignity and respect is good, nothing to grumble about whatsoever." "I have found all the workers friendly, caring and respectful". "They are all very nice and they have a laugh with me", and "I have got no issues; they are more sympathetic than I am you have to have the patience of a saint to be a carer".

People reported that choice of gender of their care worker was respected if they had stated a preference.

Copies of care plans and other important information was provided to people for their reference and people had been involved in agreeing their goals with care plans signed by the person concerned or their representative.

People told us that should a worker be running late for some reason, the worker or office would make contact to inform of the delay as a matter of courtesy. One person told us, "They also call from the office to apologise if late".

Is the service responsive?

Our findings

Home Care Reablement provides support to people who have had a fall, illness or stay in hospital needing help in regaining skills and confidence to become more independent. In line with these objectives, care packages typically were for short duration of between one and six weeks for people with low care needs. Because staff need time to support people to achieve their goals without being limited by specified times and lengths of visit, people were given a time slot rather than a specified time for their visit. This meant that the agency ensured that assistance and support to people was person centred. The registered manager explained that packages of care could be extended or higher levels of support provided, dependent of on the needs of each individual.

The agency had developed a service to be able to offer a 'Carer in Crisis' and a 'Rapid Response service in response this need in the community.

People were overall very happy with the arrangements detailed above and the service offered. The following comment made by one person was representative of people's views, "It works for us but obviously we don't know when they are coming but this was all explained to me."

At the last inspection carried out in November and December 2015, we identified a breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the service had not reassessed people's needs or updated some people's care plans to ensure that all of their needs were planned for when they received a service.

At this inspection, we found the agency had made improvements and care plans and assessments were in place providing staff with enough information to meet people's assessed needs and goals. One person told us, "We have a very comprehensive file. If new people come, they go through it and speak to me. We don't always see the same people but we have a few repeats. They always check the file and ask me questions"

An assessment of needs was always completed as well as risk assessments before people were provided with a service. This ensured that the agency could provide appropriate care and support. A care and support plan was then developed with the person (or with their relative) and this was agreed before the package of care was started. People and relatives told us they had been fully involved in making decisions. Care plans we saw had been signed by the person or their representative to corroborate their involvement in the process.

The agency was moving to a computer tablet based system for scheduling and communication. The registered manager felt that this was proving to be successful and reduced the risk that visits could be missed. Staff also told us how this technology had proved useful to them for messaging and also for changes in schedules.

A procedure was in place for managing any missed calls. This primarily focused on making sure the person was safe and their needs met but also sought to learn if things had gone wrong and how things could be

changed to make sure any mistakes were not repeated.

On the initial assessment visit, people were given a copy of the agency's complaints procedure as well as other information about the agency and their services. The complaints procedure was clear and detailed. People told us they had confidence they would be listened to and their complaint fully investigated. The complaints log showed that complaints had been looked into and action taken to address any shortfalls. No one we spoke with had any concerns or complaints about the agency.

Is the service well-led?

Our findings

The service was well managed. Feedback from people receiving a service was positive with their telling us that their care and support was organised and delivered without problems. Care workers we met or spoke with had high morale, feeling they were well-supported, trained and supervised. There were also well-developed systems and procedures to ensure smooth running of the service.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People were invited to comment and give feedback on the quality of service at the end of their package of care. The registered manager explained that owing to poor response, care workers invited people to comment on their care experience whilst receiving a service and for these to be recorded on people's goal progress reports. Feedback was then analysed to see if there were improvements that could be made to delivery of service.

There were other systems by means of audits to ensure a quality service was maintained. Examples of audits included, medicines, health and safety, safeguarding adults, complaints and environmental risks in people's homes.

Within staff meeting minutes, we saw that findings of safeguarding concerns were discussed with staff to see if there were any lessons to be learnt.

Staff had a good understanding the whistleblowing policy, which was in line with current legislation

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.