

Trinity Carestaff Solutions 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

The service had a statement of purpose which had been reviewed regularly to capture the thoughts of the people using the service, the staff and set out the principles of how the service would operate to meet the needs of the people that used the service. The previous registered manager had used their considerable knowledge and experience to develop the policies and procedures and work with the senior staff to establish the organisation. This work had been carried on by the new manager. A member of told us, "I enjoy working here because everything is well organised and you are supported." They further explained that as the service was well organised they could concentrate upon what they enjoyed doing which was supporting the people using the service.

People's care plans and risk assessments were reviewed regularly and updated. The staff were aware of the contents of the care plans so that they understood the people's needs and how to support them to meet their desired goal. One relative explained to us that they liked all the staff and considered the management must have put a lot of time and effort into finding the right caring people.

All of the staff told us that the manager and deputy were approachable and highly supportive, acting as a role model, whenever on duty in the way they approached and supported the people that used the service. Staff also liked the rota being compiled well in advance and the manager or care co-ordinator quickly and effectively dealing with staff requests, particularly annual leave. Staff told us that they were knowledgeable about the people using the service so that they could work with anyone as required. They usually worked with the same small group of people however and were able to discuss the support they provided in supervision with senior staff. A member of staff told us, "As the managers work alongside us sometimes, this makes supervision easier because they know the person and understand what we are doing."

People who used the service, relatives and staff members had been asked for their opinions of the service and any improvements that they would like were considered and brought into effect as soon as possible. A relative of a person who used the service said, "The service is reliable and that is so important."

There was an effective quality assurance system in place. Quality audits were completed by the senior staff on a monthly basis were reported to and reviewed by the managers of the service. This information was used to plan the future of the service. The manager explained to us that from their experience they wanted to keep medicines and care plan accuracy under close attention alongside supporting the staff through supervision and training. We saw that audits of these subjects plus supervision and training were in operation and further was planned for the future.

The director told us the aim of the service was to deliver high quality care. This required the care plans of the individuals using the service to be person-centred and for the staff to understand those principles. Staff training in person-centred care and care plan writing was provided at the staff induction and refresher training provided. All the people using the service had a care plan which was person-centred and reviewed each month. People using the service were invited to attend the review of their care as were their relatives.

Changes in people's physical health were documented and how they were to be supported. This was important for the maintenance of people's well-being. A relative informed us that they had the permission of their relative to attend the review with them and considered the reviews to be important for communication.

The service demonstrated a clear commitment to work in a joined up way with other organisations for the benefit of the people using the service. Time had been taken to ensure if ever people were admitted to hospital or had an appointment with a professional appropriate written information was available for that professional. The service sought peoples, relatives and other professionals views about the service in order that information could be learned and shared throughout the organisation to improve the service. We saw that one professional had considered the service was effective and proactive at supporting a person with complex needs.

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.

Staff were aware of the service safeguarding process and how to make referrals to the local authority as required.

Each person using the service had an individual risk assessment in place to reduce the risk of harm to people.

There were sufficient staff to provide for people's needs.

Robust recruitment procedures were in place

People were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported by way of supervisions, spot checks and training.

People were supported to make a choice of foods and drinks they wished and staff were knowledgeable about healthy eating support.

The staff worked with other health professionals as required to support the people using the service.

Service staff were knowledgeable about the Mental Capacity Act 2005 and peoples care records included best interest meetings as appropriate.

Is the service caring?

Good ●

The service was caring.

Staff were understanding and empathic.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to express their views in order to plan

their care with them.

Is the service responsive?

Good ●

The service was responsive.

People were assessed before using the service to identify their needs and to confirm if the service could meet those needs.

The service had a complaints system in operation.

Is the service well-led?

Good ●

The service was well-led.

The service had an experienced manager and senior staff in care delivery.

There was an effective quality assurance system in place.

The statement of purpose set out the visions and values that staff worked to.

There were on-call arrangements to cover for staff at short-notice in the event that they were not able to provide the planned support.

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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.

This inspection was announced and took place on 27 and 30 July 2018. This is a new service and this was the first time the service had been inspected. The inspection was carried out by one inspector. On the first day of our inspection we visited people using the service and their relatives. On the second day of the inspection we spoke with the staff at the office location and inspected records.

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 other information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used at the service and three relatives, the director of the service, general manager, the manager, the deputy manager, a care co-ordinator and four members of the care staff.

We observed the interactions between members of staff and the people who used the service. We looked at the care records and risk assessments for four people using the service and how people's medicines were managed.

We looked at three staff recruitment records. We also looked at training and supervision records. We reviewed information on how the quality of the service, including the handling of complaints, was

monitored and managed. We also looked at the on-call arrangements and how the staff rota was managed to support people.

Is the service safe?

Our findings

There were policies and procedures in place explaining how to keep people safe and how staff could make a safeguarding referral. The staff we spoke with told us that they had been trained in safeguarding and were able to explain where the policy was kept and the procedures used regarding keeping people safe. One member of staff said, "The training covered the different types of abuse." Another member of staff told us, "I would report any concerns to the manager."

Risk assessments had been recorded which were designed to minimise the risk to people in their day to day lives and to promote their independence as much as possible. Staff had discussed with and worked with family members where they had become concerned for people's welfare. A person enjoyed spending time in their garden but the staff had concerns for the person's safety. The staff had raised concerns with relatives about how the person could access the garden safely and also to how to reduce the likelihood of the person falling over once in the garden. Action had been agreed and taken so that the person continued to use their garden while the likelihood of harm had been significantly reduced.

There were sufficient staff employed to meet people's needs. The staff we spoke with told us that there were enough staff to attend the scheduled care visits. There had also been occasions when staff had stayed longer than scheduled due to the person they supported being unwell. There were sufficient staff employed that when this was reported to the office other staff had been assigned to fulfil the next care visit. One member of staff said, "We work as a team and cover for each other if required but this rarely happens." The co-ordinator explained to us how the schedules were planned and both the service users and staff were made aware of this information well in advance. As far as possible the same staff worked with the same person. One member of staff told us, "There are enough staff, we are not rushed and we have sufficient time to travel between appointments."

The manager told us that they only assess with a view to providing care to new service users if they have sufficient staff to work with the person. They had declined to take on new service users if there were no staff available. This ensured that people's care visits were not missed and staff arrived to support people within the agreed time schedule. A relative told us, "They have never been late you can rely upon them."

We looked at the recruitment policy and procedure. The service had robust recruitment and selection processes in place and any gaps in an applicant's employment history had been explored during the interview process. The manager informed us about the short-listing process used to identify applicants the service wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). The DBS carries out checks on potential staff to help prevent people not suitable to work with people receiving care. There were written references, and evidence of the person's identity. There was also a copy of the job description and contract of employment.

The service had a policy and procedure for the administration of medicines and had a clear recording

system. The staff we spoke with were clear about the difference between administering medicines and how this was recorded and also prompting people to take their medicines and again the recording process. Staff also informed us that if they had any concerns at all they would seek support from senior colleagues.

All of the staff we spoke with were aware of the allergies that people had and the actions they were to take should there be a problem. With regard to the management of medicines staff underwent training to prompt the person to take their prescribed medicines when they were working with the person. We saw in a care plan that due to the person's condition they may not take the prescribed medicine when first offered. Staff were aware of the recorded information they were to try again a short time later and frequently the person would then take the medicine. The staff were aware of the purpose of the medicine and any potential side-effects. We saw that medication administration records, referred to as MAR charts were in place. A member of staff told us how they supported a person with their medicines. The manager emphasised the importance of the same group of staff supporting the same people regularly and hence were aware of any changes in people's condition and physical well-being.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Staff told us that part of their role was to maintain a safe environment, cleaning when this was assessed as needed and reporting any concerns about infection control to the registered manager.

The director informed us how the service staff learnt lessons to improve and develop the service. The service had reluctantly and after careful consideration informed the local authority that the service was no longer able to provide support to one person. The reason being that although the service staff could meet the person's needs there was only one person in this area requiring their support. The service continued to work with the person to provide care and support until the local authority was able to find an alternative service. The service was then able to concentrate and focus providing support to people living in the same geographical areas and could dedicate the staff to those people's care.

Is the service effective?

Our findings

People's needs were assessed and their support was planned having discussed with them their choices of how the support was to be provided. The manager informed us they and their senior staff carried out regular visits to people so they could understand their needs, likes and dislikes and respond accordingly. People using the service, their relatives and staff confirmed this was the case. One person told us, "They [staff] do everything for me that I need them to do." People told us that staff had the skills that were required to care for them. One person told us, "The staff are lovely and know what they are doing." A relative told us, "I cannot fault them, very impressed."

Staff told us that they had completed training in a number of subjects including risk assessments, first aid, food hygiene and care planning. Staff told us that they had regular formal supervision sessions and also spot checks. A spot check is unannounced when a senior member of staff will visit the staff member supporting the person. This is to support the staff member, identify any issues and offer support as a result through supervision. Staff informed us that the supervision sessions were effective and you did not have to wait for supervision, as they could approach a senior member of staff anytime for support. The manager was preparing annual appraisal meetings for the staff at the time of our inspection. All new staff as part of their induction training spent a week working in a nursing home as an additional member of staff by agreement with both services. This was to increase the staff members knowledge of care before they shadowed a colleague working in the community.

The training schedule and records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance. The senior staff sought feedback from the staff for the training that was delivered to gauge if it had been effective.

People were supported to have sufficient amounts to eat and drink by the staff who were knowledgeable about their nutrition needs. Staff were also mindful to be aware if people's health deteriorated the actions to take to support them and when to involve other staff and professionals. Some people were supported by their relative regarding food and fluids and appropriate records reflected this in their respective care plans. For people requiring support with food and fluids information had been carefully recorded of likes and dislikes of any food or drinks to be avoided due to medicines and the times people liked to eat. A member of staff explained to us that a person did not always sit down to eat or became distracted and left their food. They had found that they could also offer food when the person was standing and they would sometimes eat then as an alternative. We saw in one care plan that when the service became involved with the supporting the person their weight had been identified as an issue of concern. Through the support of the service the person had increased in weight by four kilograms and the staff were confident with the on-going support the person would reach their target weight.

The care plans recorded people's health support needs and any specific support people needed to stay safe and healthy. One gave a clear description of a person's diagnosis the effect this had upon them and how the staff were to respond to their assessed needs.

We saw in the support plans that as part of the assessment the service identified how people were supported to maintain good health. This included recording information about the GP and dentist appointments. Information was recorded about how people accessed those services and if staff would be required to support them to attend appointments.

Staff understood legislation and systems were in place relating to consent and decision making. 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. The service staff had become concerned regarding how they could support a person in their home and had sought the advice from the local authority while communicating fully with the family. Meeting and the outcomes had been clearly recorded and the service staff had continued to care for the person.

Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of the person was done in their best interest and the least restrictive option was chosen so that people could still make some decisions for themselves and keep control of their lives.

People's care records showed that consent had been sought by the service to take photographs and to support the people they worked with. People has signed their care plan to evidence that they had seen the care plans and were content with its content. Where people were unable to sign themselves, it was noted how consent was obtained. For example whether it was implied, by the person smiling or nodding in agreement when things were explained to them, or whether a best interest meeting had been held to make that decision on their behalf if people did not have the capacity to make that decision for themselves.

Is the service caring?

Our findings

The manager and co-ordinator told us that they tried to match the interests of the staff with the person's personality to help ensure that they were compatible and would get along together. During our inspection staff were heard to speak to people who used the service respectfully.

People and their relatives told us that the staff were kind, caring and very supportive. One person told us, "They are all lovely and care for me very well." A relative told us, "The staff are marvellous, we have a joke and get along fine together." We saw how the staff took time to listen carefully and ensure they understood a person who needed time to be able to explain their feeling to the staff.

Care plans included information for staff about how to communicate with people including what the person wished to be called. Staff described to us how it had taken time to build up a rapport with one person to clearly identify their aspirations and how they could support them. A review of the support identified the success's achieved and plan for on-going care. A relative informed us the family felt settled and confident with the regular staff they knew well.

We observed that the staff knew the people well and there were positive interactions between the people using the service and the staff who supported them. There was laughing and smiling, which showed us people were relaxed and comfortable. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives. People using the service informed us they felt listened to and information was provided to them clearly and they understood.

Before a person received the service, a comprehensive assessment of their needs was completed to gather information from the person and where appropriate their family members. An emphasis was placed upon not only the needs but also the preferences and how the person wished to receive their care. One person told us, "When they asked me if I wanted to use the service it made me feel very important." Having visited the person and recorded their aspirations with them a package of care was then designed for the person. The registered manager informed us they took time to assign staff to the person having considered if they had interests and experiences in common.

The management team and staff recognised the importance of people being able to observe and practice their religious, personal and cultural beliefs. This information was discussed at the assessment and at reviews.

Is the service responsive?

Our findings

Each person had a recorded assessment which was completed to determine if the service could provide the care to the person. The assessment led to a care plan which was then reviewed regularly. The Care plans were individual to each person and were written in a person-centred style. People's hopes and aspirations were listed recorded and ways to meet them were explored. Plans on how that could be done were made and outcomes were evaluated at regular intervals. One relative was very pleased the person with the support of the staff was able to stay in their own home around their family.

Care plans had been reviewed with the person and their family members if they wanted them to attend the meeting. During the initial assessment information from a variety of sources was sought, such as social workers, health professionals, family members and friends as well as the individual involved. This led to as full a 'picture' as possible being pulled together of the person being supported, meaning that their needs would be properly identified and met.

The manager and co-ordinator explained to us the care call system in operation so that they knew when the staff had commenced the visit. They informed us that by them and the senior staff knowing where the staff were at any time this helped them to be flexible to support people with changing needs and if additional support was required. The staff we spoke with were complimentary of the system in operation so that they could easily access additional support from colleagues when required. One relative told us, "The staff have never been late and before they leave they always check we are fine."

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make a complaint, it would be handled quickly and a dealt with properly. One person told us, "No complaints; they are good people and treat me well." A relative informed us that if they had any concerns they would not hesitate to raise with the senior staff as they knew them well and trusted them. They also informed us that they had never needed to make a complaint.

There was a policy and procedure in place for the recording of complaints and compliments records were kept. There had been compliments received regarding the kindness of the staff. The manager considered that no complaints had been received as the staff were supported to resolve any issues or matters they could at the time they were raised and hence they did not escalate into a complaint.

The service at the time of the inspection was not supporting anyone receiving terminal care. The senior staff and care staff we spoke with were confident that they could meet this need while working with other services as when it was required. The staff had received training to meet the needs of people requiring terminal care. The service had policies and procedures in place and were aware of how to work with people and their relatives regarding advanced care planning.

Is the service well-led?

Our findings

The service had a statement of purpose which had been reviewed regularly to capture the thoughts of the people using the service, the staff and set out the principles of how the service would operate to meet the needs of the people that used the service. The previous registered manager had used their considerable knowledge and experience to develop the policies and procedures and work with the senior staff to establish the organisation. This work had been carried on by the new manager. A member of told us, "I enjoy working here because everything is well organised and you are supported." They further explained that as the service was well organised they could concentrate upon what they enjoyed doing which was supporting the people using the service.

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