

Triband Recruitment Ltd

# Triband Care Services Ltd

## Inspection report

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Date of inspection visit:  
04 August 2020  
05 August 2020  
06 August 2020  
07 August 2020

Date of publication:  
07 September 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Triband Care Services Ltd is a domiciliary care service that provides personal care to people living in their own homes. The service was providing personal care to 146 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Systems were in place to monitor the quality of the service. However, some of these were still not effective in identifying trends and improving outcomes for people. A plan of improvements was in place and being implemented.

People we spoke with gave us mixed feedback about call times and duration of calls.

People told us they felt safe and were supported by staff who had been trained and followed infection control procedures.

People were supported by staff who understood how to recognise and report any safeguarding concerns and worked in partnership with other professionals.

People, their relatives and staff said the management team were approachable and felt able to raise concerns. The provider understood their responsibilities regarding duty of candour when things went wrong.

### Rating at last inspection and update

The last rating for this service was requires improvement (published 26 April 2019) where there were breaches of regulations. 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

The inspection was prompted in part due to concerns received regarding call timings, lack of training and management oversight. A decision was made for us to inspect and examine those risks. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Triband Care Services Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# Triband Care Services Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was conducted by two inspectors and follow up calls were made by another inspector. Two Experts by Experience made calls to service users and their relatives. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was announced with less than 24 hours' notice before the visit. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 4th August July 2020 when we visited the office location, and completed on 14th August when calls to staff, service users and relatives were concluded.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 21 people who used the service and 16 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, Quality Assurance Manager, office-based staff and carers.

We reviewed a range of records, this included seven people's care records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We sought more information after the inspection to corroborate evidence found. We looked through training records and information relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection there was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) due to poor medicine administration records (MAR). Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Protocols were now in place for PRN medications, and field supervisors had been put in charge of conducting audits on MAR charts and this was overseen by the registered manager.
- Support plans had been much improved since the last inspection, with person-centred information noted for each person and more information about individual health conditions. For example, where a person had specific health conditions a record was available for staff giving an overview of that condition. Their risk assessments stated what particular action was needed to keep that person safe in regard to their condition.

Staffing and recruitment

- We could not always be sure staff were deployed effectively as we received mixed feedback about call times, call durations and continuity of staff. Feedback from people and their relatives included, "I don't think they have enough staff as they are always rushing, we have said we want the same carers as we don't want different people coming all of time" and, "It can be hit and miss with the carers; things seem to run smoothly for a while then it resorts back to the way it was with staff being late." Other people said their call times were regular and they had consistent carers. Comments included, "I have regular carers which is fine with me. They come at the right time." Those people who were experiencing difficulties with their call times said over the past few weeks things had improved, however we could not be confident these improvements would be sustained as people had fed back this was changeable.
- We spoke with the registered manager about the inconsistency of call times and they told us they were aware of some problems and the new call monitoring system being implemented would help improve this. The quality assurance manager had also implemented new processes for addressing call logging issues by staff members.
- Staff were recruited safely, checks included gaining references from previous employers, DBS checks and full employment histories.

Learning lessons when things go wrong

- During COVID-19 some changes had to be made to people's care packages due to people being at high risk. On one occasion, although the person and their family had been informed about the changes, the provider had not informed the Local Authority of these changes. A system was put in place to immediately inform the Local Authority of any changes to a person's package of care.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff when they were being supported, one person told us, "Yes I feel safe as houses with them [staff]. They are lovely."
- Service users were given information about safeguarding in the service handbook and are encouraged to raise concerns either directly to the service or to the local authority or CQC.
- Staff had received safeguarding training and were able to tell us the signs to look out for and how they would report anything they were concerned about. Records confirmed safeguarding training was delivered as part of an induction and refreshed regularly.

Preventing and controlling infection

- People told us that staff wore suitable personal protective equipment (PPE) when supporting them. Staff told us they had received training regarding PPE and described to us what items were they wore to keep people and themselves safe.
- Staff received updates regarding COVID-19 via email or WhatsApp after the office was closed for lockdown. These included information about emergency contact numbers, signs and symptoms of the virus and how to access testing if they were symptomatic.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- At our last inspection we found that quality assurance audits were not being completed. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities). At this inspection we found that some improvements had been made so the provider was no longer in breach of Regulation 17; however, we found further improvements were still needed.
- Quality assurance systems were not always robust. Regular quality checks were being undertaken which included MAR charts, daily logs, staff files and training files; however, recording of these issues and their outcomes was sometimes incomplete or unclear. For example, where issues had been identified during service user feedback, actions had been recorded but the outcomes were either missing or logged on the electronic system. Recording in relation to accidents and incidents was minimal, which meant detailed trend analysis could not be completed to help prevent reoccurrence in the future.
- All audits were being reviewed by the newly appointed quality assurance manager who provided us with a copy of their business improvement plan. Some of the improvements had already been implemented. However, these actions were not all completed so we could not be sure they would ensure the necessary improvements would be made.
- We spoke to the registered manager about call times and consistency. They told us that although they keep a daily check on call times, they do not currently look at this overall as part of their auditing process. A new call monitoring system was due to be installed and improved oversight of the call times was in the process of being implemented at the time of the inspection.
- The registered manager was aware of their responsibilities around the duty of candour. Where things had gone wrong, we saw that letters or emails had been sent or meetings had been held with the person and/or their relatives. However, some of these investigations lacked detail and outcomes were recorded in various places. These were in the process of being improved.
- The registered manager submitted relevant notifications to CQC and had notified the relevant local authority where there were concerns for people's safety.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they found the registered manager approachable, one person said, "I am able to speak to

them in the office when I've needed to and I do think the manager is good." And "The communication is pretty good, if I need to change a visit due to a meeting or appointment. They are the best agency I have had. I do feel it's well led. They seem interested in the clients and know them well enough to put in the right measures."

- Staff told us they were able to raise concerns and the management team were approachable. One staff member said, "I find our manager very approachable, runs the company very well, issues are sorted, and I can ask them about any issues. We discuss everything and that helps me be a better me. Any issues are addressed in my supervision and they always offer extra training."
- Initial assessments were used to identify peoples' protected characteristics such as disabilities, and equality and diversity training was delivered as part of staff induction

#### Continuous learning and improving care

- During the inspection the registered manager and quality assurance manager were transparent about improvements that needed to be made to the service. A plan of improvements and changes was shared with us, some of which had already been implemented.

#### Working in partnership with others

- We saw examples of where the provider had sought advice from other professionals including GP's, social workers and other health professionals.