

Triple Care Healthcare Services Limited

Triple Care Healthcare Services

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

About the service

Triple Care Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our inspection Triple Care Healthcare Services were supporting 34 people.

Not everyone who uses the service may receive 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

People were positive about the support and care they received from the staff at Triple Care Healthcare.

Care plans gave staff enough information to provide care and support that met people's preferences. We have made a recommendation about increasing the detail in end of life care plans so that staff would have a better understanding of the impact of people's religious or faith-based needs.

People told us they felt safe with the staff. Staff understood their roles and responsibilities in keeping people safe from harm, for example by managing risk without compromising people's rights. People were safe because, where necessary, their medicines were managed by staff in a safe way. There were enough staff to meet people's needs. People told us that staff arrived on time and stayed the allocated time.

Staff received training and supervision to ensure they kept up to date on best practice and had the skills to meet people's individual needs. Staff worked with other health care agencies to ensure people were supported to remain healthy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported by kind and caring staff that took time to get to know them as individuals. People were involved in day to day decisions on the care they received.

Where complaints had been received these had been responded to in a positive way, and changes had been made to address the concerns that had been raised.

Quality monitoring systems were in place, and the provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences. People told us they felt the service was well managed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 October 2018). 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

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Triple Care 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. 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 carried out by two inspectors 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 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 October 2019 and ended on 25 October 2019. We visited the office location on 24 October 2019 and contacted people by telephone to gather their views on 25 October 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two people's relatives about their experience of the care provided. We spoke five staff and with the registered manager (who was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included care and medicine records for five people. We looked at four staff files in relation to recruitment and staff supervision, and we examined a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People were supported to keep safe because hazards to their health and safety had been identified and plans put into place to minimise the risk of harm. These included risks to people's mobility, falls, skin conditions and administration of medicines.
- Risk assessments gave guidance to staff on how to support people's specific needs in a safe way. A relative said, "At night they place pillows and tilt the bed and air mattress. Mum has socks in bed and they make sure and pull the ends so there is no pressure on her toes."
- There was a business continuity plan in place to minimise the impact in case of an untoward event such as fire in the office, adverse weather stopping staff being able to get to people, or unexpected staff shortage.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were administered in line with best practice guidance. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People told us they received the medicines they needed. A relative said, "Yes, they help with medicines, they double check because my [family member] is partially blind." Improvements made since the last inspection included the use of electronic records to ensure medicines were given as and when prescribed.
- Where Triple Care Healthcare staff were responsible for managing people's medicines this was done in a safe way. One person said, "Sometimes they will double check medication and they will take medication back to the pharmacy to stop me taking incorrect things."
- Only staff that had received appropriate training and competency checks were able to give people medicine. One staff member said, "They [management] observe us giving medicines. We have to pass this

before we are signed off to give medicines. The training can be tough as they can put things wrong on the training which we have to spot." The provider also had a medicine policy in place which guided staff on how to administer medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff. One person said, "Yes, I feel safe and I like them; they have been coming for years and they are lovely." Another person said, "I trust them totally they are like family really, an extension of family I don't have."
- Staff understood their roles and responsibilities in keeping people safe from abuse. One staff member said, "I have to report concerns to the office, or the manager so they can take appropriate steps. I can go higher if I need too, like the local council or CQC."
- The providers safeguarding procedures followed the best practice guidance issued by the local authority, who are the lead agency with regards to safeguarding in Surrey. Where allegations or concerns had been identified, the provider had taken appropriate action in accordance with these safeguarding procedures.

Staffing and recruitment

- There were enough staff to meet people's needs and to ensure they visited their homes at the times agreed. One relative said, "They never miss a call and I can rely on them."
- Where staff were going to be late, people were kept updated. A relative said, "If they are going to be late, they call such as on the odd occasion when they have been caught up in traffic."
- There was a continuity of care as people were supported by a regular team of care staff wherever possible. A relative said, "They will always send one who knows him."
- The provider followed safe practices when recruiting new staff. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Preventing and controlling infection

- People were protected from the spread of infections because staff followed safe working practices. One person said, "They are meticulous about washing their hands and putting on their gloves when washing me – they are nice people, very caring and kind."
- The staff were trained in preventing infection. They used appropriate protective equipment, such as disposable gloves and aprons, to reduce the risk of infection. A staff member said, "We do as much as we can such as hand washing, make sure dishes are clean avoiding cross contamination such as changing gloves between kitchen and bathroom. We also use anti- bac sprays or shoe covers."

Learning lessons when things go wrong

- The registered manager had systems in place to ensure lessons would be learnt from any incidents. Incidents and accidents were recorded and monitored. Records showed that help from health and social care professionals had been sought immediately where needed. A relative said, "They haven't needed to call a doctor, but they are good at reporting any changes they see."
- The outcome of incidents were shared (confidentially) with the staff team to further improve the safety of the service, for example by seeing if lessons learned could be used where a similar situation may exist with another person.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure that the principles of the Mental Capacity Act were followed. This was a breach of regulation 11 (Need for Consent) 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 11.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because staff followed the principals of the MCA. People's consent had been sought before they received care from the agency.
- Since our last inspection Triple Care Healthcare had communicated with the Local Authority regarding people who had no capacity to make specific decisions and had no legal advocate to make decisions for them. This resulted in a reassessment being completed for these people and decisions based on best interests had been recorded in consultation with the Local Authority.
- Staff understood the need to seek and obtain peoples consent before giving care or support. People confirmed staff respected their wishes and asked them for their consent before carrying out a task.

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

- Discussions were held with people and their families prior to them joining Triple Care Health care. This was to ensure their needs and preferences were understood, and the service and its staff could meet those needs. A relative said, "Dad and I met with Triple Care before they started coming and discussed everything." A person said, "[Registered managers name] came and went through everything with one of the other ones from the office who wrote everything down."
- The information from these assessments was used to develop individual care plans which guided staff on how to support people.
- The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs.

Staff support: induction, training, skills and experience

- Staff received training and supervision to ensure they kept up to date with best practice and were able to support people with their needs. A relative said, "Yes, they seem to be trained, they know what they have to do." Another relative said, "They have training programmes and they seem keen to learn."
- The staff were skilled and competent to provide people's care. Staff had access to a range of training considered mandatory by the provider. This ensured staff would understand people's needs. One staff member said, "I re-did all my training when I joined Triple Care. I had to do things like moving and handling, infection control, medicines, dementia and end of life training. Our client group is mainly elderly, so it was all relevant."
- Staff received annual appraisal and regular supervision, which is a one to one meeting with a senior member of staff to discuss their role and development needs.

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

- People received the support they needed in relation to their dietary requirements. One person said, "They do food preparation, they make lunch for me and help with preparing the evening meal. It depends how I am feeling on the day, as to how much I do for myself." Another person said, "They cook sometimes, and it is done nicely."
- People's dietary requirements and preferences were understood by staff because detailed guidance was in the care plans. One staff member said, "I design a weekly menu plan with [person's name] and we talk about it to make sure he is happy with it. I have to ensure his food is either soft or with fluid, cut up to bite sizes to stop him choking."
- People confirmed that staff always ensured they had access to drinks before they left.

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

- The staff worked closely with other agencies, including health services and care commissioners, to provide consistent and effective support. A staff member said, "We work closely with district nurses, occupational therapists, physiotherapists and people's GP."
- Where a change in people's health was noted, staff made referrals to appropriate agencies. One person said, "I have problems with my skin and they are quick to spot any areas that look thin." A staff member said, "The carer will phone the office, and we will make a call to refer straight away."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives felt staff treated them with kindness. One person said, "They are very good, and they take care of me." Another person said, "They talk to me and they are interested in me, it's not just a job to them."
- Staff spoke positively about their jobs and the people they supported. One staff said, "I love the job that I do, and love working with the people. I like to be able to help make a positive change to the lives of people I visit." A person said, "We have a good laugh, and that's a tonic."
- Relatives were positive about the attentiveness and understanding of staff. One relative said, "Yes, they are sensitive and kind and [staffs name] reacts well to different situations. She has a good understanding of her needs and is always bright, cheerful and also punctual."
- The service ensured staff understood equality and diversity through training and by providing access to the equality and diversity policy. Each person had a dignity and respect care plan which gave guidance to staff on treating people in a way they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were consulted and involved in people's care and support. A relative said, "There is lots of understanding between everyone – they talk to him and tell him what they are going to do. They communicate with him and he is improving with his responses." Another relative said, "We are very much involved in what happens and the care that she receives."
- Care plans were developed with people and used to record their preferences and how their care and support should be delivered. One person said, "Yes, I am aware of the care plan, I have it here. I was involved, I sat down with them and drew it up."
- Staff involved people in their care and support. One staff said, "The care plan is a guide, but I always have to go back to the person to ask if they are happy and if the information is correct. It's about sitting down and talking to them to see what they want."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity and respect. One person said, "I am always greeted in a nice manner; they always have a happy face. A relative said, "She [staff] is very discreet; [family member] wets the bed quite a lot and she checks the bed and it's not a big fuss. Things are done correctly."
- People were supported to maintain their independence and maintain dignity. One person said, "Oh yes, they always pass me the flannel to do my front [when giving personal care]." A relative said, "[Staff name]

will encourage her to do things in the house, and also to go out for walks. [Family member] gets feelings of worthlessness, it's as if her world has closed in dramatically since the stroke – she was very active before. [Staff name] looks after things like purchasing [sanitary products] and really encourages her to do more for herself."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- Where required, people could be assured that their preferences for how they wanted to be treated at the end of their lives would be respected by staff. One relative said, "Very good service, the best carers we have had; she is getting end of life care and is bed ridden so they are considerate when giving care."
- Care plans contained information on people's end of life care and support needs. One staff member said, "We get a brief from the office before we go in; but when we go in we always find the DNAR forms with the house, so we will know if we can give CPR or something like that."
- One area that could improve was the level of detail to guide staff on meeting religious or cultural needs. For example, if they attended a routine care call and a person had passed away. At present the information on what staff could and could not do regarding the person's faith was limited.

We recommend the provider increases the level of detail around meeting people's end of life needs with regards to their religions and faiths.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place that gave staff information and guidance about the care and support people need. People received care as detailed in these care plans. One relative said, "I think they are a good service; in the morning they change and wash him. Second call they change his pad and hoist him out of bed and put him in the wheel chair and put pillows, so he sits comfortably and put a seat belt to hold him properly in the chair. Yes, definitely they do a good job."
- Staff responded well to people's changing needs. A relative said, "They are very careful, they will notice any change in his skin, they are watchful all the time."
- People's care plans were updated as their needs changed. A staff member said, "If there are changes we will change it and take it to the service user home and let the carers know. We use [online messaging app] group to prompt staff to read the care plan and see all the changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and any necessary measures were put in place to support them. Information was available in different formats such as large print or picture format where required.
- Staff responded to people's individual communication needs. A staff member said, "We supported a

person who struggled talking; we were listening carefully, writing down and helping the person to express their wishes and lip reading."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was not supporting people with help to follow their interests or take part in activities with the wider community as this was not required as part of their care package at the time of our inspection.
- People were positive about how the service protected them from feeling isolated. One person said, "They support from a mental health point of view as well as a physical aspect." A relative said, "The carer will supervise mum and give her the confidence to go out and do things."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt their concerns would be addressed by the provider. One person said, "If they weren't good, I would tell the one in charge, I don't complain about anything because they are doing a good job." A relative said, "They have ensured that everything is going well. Any issue is sorted straight away."
- Information relating to how to make a complaint was readily available to people in all formats. This gave details on the timescales the provider would work to resolve the issue, and further steps a complainant could take, if they were unhappy with the response from the provider.
- Complaints were reviewed by the registered manager and a summary report produced so they could check for any themes or patterns that may need to be addressed.
- Compliments about the staff and the service had also been received and recorded by the registered manager. One relative had written, "Thank you for your ongoing care, it's been super." Another read, "Just to say a big thank you for your kindness caring and compassion looking after [persons name], the whole lot [listing staffs names] deserves a medal."

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 now improved 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 our last inspection the provider had failed to ensure that effective quality monitoring systems were in place and that records were clear and organised. 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.

- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Regular audits were completed and used to ensure people received a good standard of care and drive improvement.
- The provider, registered manager and the staff all had a clear understanding of their roles and how they each contributed to the care people received.
- Clear organisational policies and procedures were in place to ensure staff understood what was expected of them when supporting people. Staff had access to these and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse.
- The management team were committed to continuously improve the service, for example the registered manager was open and responsive to our inspection feedback. A staff member said, "We are constantly trying to improve." This was evident in the action and improvement plans staff collated in response to audits, incidents, complaints and other feedback received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found a positive and inclusive atmosphere with all levels of staff. They were dedicated to providing personalised care and support. One staff member said about the registered manager, "She is so open and always ready to help. She has a real passion for people within her."
- Staff were committed to ensuring people received high quality care. One staff said, "Put the service user first is our value. To achieve their needs, protect them, let them be safe and happy." People we spoke with confirmed staff were good at achieving this.
- Staff told us they felt valued and enjoyed working for the service. One staff said, "I feel supported by the management. They have a listening ear and open-door policy. If I have anything bothering me I always have

someone to listen to me."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood when we were to be notified of events as required by regulation.
- The provider understood their responsibilities under their duty of candour and were open about areas where they wanted to improve the service. We saw when complaints were received they had been open about where the service could improve and had offered an apology. A relative said, "I find the manager very approachable – old fashion care just like looking after one of their own family."
- Staff were confident to raise concerns if necessary. We found the registered manager and the staff were open and honest with us and engaged positively during the inspection process.

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

- People's views were sought by the provider to help them develop the service. One relative said, "Every year they give a form with tick box and I can write whatever I feel." They also described how office staff asked for feedback when they visited, "[Staff name] comes and replaces the new pages in the book (care plan) and takes the old papers to the office. She will ask me, and I can talk to her in private and they always sort everything out."
- Everyone we spoke with said they felt involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had.
- Staff felt supported by the provider's management, and that their feedback was useful at making improvements. One staff member said, "Suggestions from staff are always asked at staff meetings. Some of the staff suggestions that have been implemented or are being looked into are about employee of the month, and another was about trying to remember client's birthdays with cards."

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. Triple Care is a member of the Surrey Care Association (SCA) who communicate updates on the latest regulations. Triple Care is also a member of United Kingdom Home Care Association (UKHCA).
- The provider and management team attended provider forums on a regular basis. This enabled them to keep up to date on what was going on within the local area and share ideas.