Torcare Limited

Torcare Domiciliary Service

Inspection report

The Old Vicarage
Antony
Torpoint
Cornwall
PL11 3AQ

Tel: 01752812384
Website: www.torcare.co.uk

Date of inspection visit:
10 December 2018
12 December 2018
19 December 2018

Date of publication:
18 January 2019

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

Torcare Domiciliary Service provides personal care to people living in their own homes. It currently provides a service to older adults who need support with their personal care. The service supports people within the localities of Torpoint and surrounding villages. The service is owned by Torcare Limited, who also have three care homes nearby.

The inspection was announced and started on 10 December 2018 and ended on 19 December 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

Not everyone using Torcare Domiciliary Service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 13 people receiving personal care.

There was a new manager in post who had submitted their application to become registered with the Commission. 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.

At our last inspection in December 2017 the service was rated requires improvement, because people's medicines were not always managed safely and the provider did not have effective systems in place to monitor the quality and safety of the service. The provider submitted an action plan to the Commission detailing how they would make changes. At this inspection we checked to see if action had been taken, and found that improvements had been made. Therefore, the service has been rated Good overall.

People's medicines were now managed safely and they had detailed care plans in place.

People told us they felt safe when staff were in their homes. People were protected from abuse because staff knew what to action to take if they were concerned about a person's safety.

Overall, people were supported by staff who had been recruited safely to help ensure they were suitable to work with vulnerable adults. People told us there were enough staff to meet their needs, but the new manager was aware that some people had experienced some late and missed visits. They had therefore made this area a priority to make the necessary improvements.

In the event of adverse weather or significant staff sickness, the provider had an emergency staffing contingency plan which helped ensure people still received support, in such circumstances.

People's risks associated with their health and social care were documented and known by staff, and environmental risks were assessed to help keep staff safe when working in people's own homes.

People were protected by infection control practices.

People and their relatives told us their needs were met by staff who had received suitable training. When new staff joined the organisation, staff received an induction to help ensure they got to know each person, and were introduced to relevant policy and procedures. The providers induction followed the principles of the Care Certificate. The Care Certificate is a national induction training programme introduced to support all staff new to care to obtain a basic level of understanding of good care standards. Staff received supervision of their practice to help monitor and ensure ongoing high standards.

The provider had considered the Accessible Information Standard (AIS) in the delivery of the service. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. For example, people's individual communication needs were understood by staff, and some records had been adapted to help people to understand them better.

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

The provider worked with external agencies when they were concerned about changes to a person's health. When required, people were effectively supported with their nutrition.

People told us staff were kind and caring and staff were respectful of their privacy and dignity. People told us they were involved in their care, and staff consulted with them about what they wanted and needed at each visit.

People's individual equality and diversity was respected. The service had a culture which recognised equality and diversity amongst the people who used the service and staff. Staff were sensitive and respectful to people's religious and cultural needs. People were not discriminated against in respect of their sexuality or other lifestyle choices.

People received personalised care. People's care plans had been redesigned with them. They were regularly reviewed to help ensure they received care which met their needs, and was delivered in line with their wishes and preferences. People who were at the end of their life received compassionate and individualised care.

People had a copy of the provider's complaints policy, which they were given in their welcome pack when they joined the agency. When people had complained, the manager and provider had politely apologised and used people's complaints to help improve the service. The manager and provider were pro-active and outward thinking which helped ensure learning took place when things went wrong. The provider had strengthened their quality assurance processes, meaning that the service was now effectively monitored to help ensure its ongoing quality and safety.

People told us the service was well managed. Staff were complimentary of the new manager, telling us that they felt "listened to", "valued" and part of the ongoing development of the service.

The new manager told us they felt well supported and received informal and formal supervision of their practice and leadership, from the providers nominated individual.

The provider and manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was a strong ethos of care and compassion within the service, despite the provider not having a formal set of values that underpinned the care and quality of the service. The provider told us they would commence undertaking a piece of work with people, families and staff to design meaningful values for the service.

There was a whistleblowing policy in place and staff told us that they would not hesitate to report poor staff conduct to the manager, so that action could be taken.
The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people, and there was continuous learning taking place to help facilitate improvement.

Further information is in the detailed findings below.

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 now safe.

People's medicines were now managed safely.

People's risks associated with their care were known by staff.

Overall, people told us there were enough staff to meet their needs.

People were protected from abuse, and told us they felt safe when staff entered their home.

People were protected by infection control procedures to help reduce the spread of infections.

The provider learnt when things went wrong, which helped to improve the service.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the right skills and experience.

People's health and social care needs were assessed to help ensure their needs were met.

People were supported to obtain help from external professionals if their care needs were changing.

People's individual communication needs were known by staff.

When required, people were effectively supported with their nutrition and hydration.

People's human rights were protected in line with the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People told us that staff were kind.

People's privacy and dignity was respected.

People were supported to be part of decisions relating to their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People's concerns and complaints were listened to, and were positively used to help improve the service.

People were cared for with respect at the end of their life.

Is the service well-led?

Good

The service was now well led.

People received a service which was now effectively assessed and monitored by the provider, to ensure its ongoing safety and quality.

Staff told us there was a positive and inclusive culture, and that they felt valued.

People, staff and the public were involved in the ongoing development of the service.

There was continuous learning taking place to help facilitate improvement.

The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people.

Torcare Domiciliary Service

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.

The inspection was announced. It was undertaken by one adult social care inspector, one registration inspector, and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, and contacted Healthwatch Cornwall. Where feedback was provided, it can be found throughout the inspection report.

We gave the service 48 hours' notice of the inspection visit because we needed to ensure that there would be someone in the office to support the inspection process. It also allows us to arrange to speak and visit people receiving a service in their own homes.

Inspection site visit activity started on 10 December 2018 and ended on 19 December 2018. We visited the office location on 10 and 12 December 2018 to see the manager, the nominated individual, and four care staff. A nominated individual is a person who the provider has tasked with overseeing the regulated activities for the service. We also reviewed records and policies and procedures. On 19 December 2018 we spoke with seven people on the telephone to obtain their views.

We looked at three people's care records, training records, three recruitment files, policies and procedures and the manager's and provider's monitoring checks.

Good

Is the service safe?

Our findings

The service was now safe.

At our last inspection in December 2017 this key question was rated as requires improvement because the administration of people's medicines was not always managed safely. At this inspection we found action had been taken to make improvements, therefore the rating has improved to Good.

People's medicine administration records (MARs) were now signed by staff when people's medicines were given. The manager had spent time speaking with staff about the importance of maintaining accurate documentation, discussing the providers medicines policy and retraining staff in the management of medicine administration. Staff told us the manager was robust in their checks of the completion of MARs and was complimentary of the new managers support in trying to improve their practice. The manager had created a new auditing form to help promptly identify if MARs had not been signed. The audits showed a progressive and positive improvement.

People now had detailed care plans in place relating to what support they needed with their medicines. Staff told us care plans were now more detailed and easier to follow. One person told us, "Carers makes sure that I take the right pills at the right time".

People told us they felt safe when staff were in their homes. Staff kept the number of people's key safes and addresses securely.

People were protected from abuse because staff had undertaken training, had access to the provider's safeguarding policy and were confident about what action to take should they suspect someone was being abused, mistreated or neglected. The manager had undertaken management training in safeguarding, and had a good understanding of their safeguarding responsibilities.

Overall, people were supported by staff who had been recruited safely to help ensure they were suitable to work with vulnerable adults. The provider followed their recruitment policy, and undertook checks with disclosure and barring service (DBS) and obtained references from previous employers. However, in one staff file we found that the provider had not scrutinised the gaps in their employment history. Immediate action was taken to address this, as well as making improvements at an organisational level, to ensure that this did not occur again.

Overall people told us there were enough staff to meet their needs. However, three people told us they had experienced late visits or staff not arriving. They also told us, on such occasions that they had not been contacted by the manager or provider. The new manager told us this area had been a priority when they had started in post, had acted to make improvements, but was still continuing to work hard to eradicate this from happening.

People told us they did not always receive a copy of a staffing rota so that they knew who was coming. The

manager told us they were aware that some people wanted a rota, so was therefore taking action to make sure this happened.

Staff told us the manager was very good at making sure their schedule was now geographically planned, with adequate travelling time. In the event of adverse weather or significant staff sickness, the provider had an emergency staffing contingency plan which helped ensure people still received support in such circumstances. People and staff had access to an out of hours contact number for the agency, which they could use in an emergency.

People's risks associated with their health and social care were documented and known by staff. For example, people who had diabetes had risk assessments in place which detailed what action to take should someone become unwell. People who needed support to mobilise also had detailed plans in place to help keep them and staff safe.

Environmental risks were taken seriously. Staff told us environmental risk assessments were in place to help keep them safe when working in people's property. For example, so that they were aware of pets, clutter or any trip hazards. Staff told us there was a lone working policy which helped to keep them safe.

People were protected by infection control practices. Staff received training in infection control and prevention, and wore personal protection equipment (PPE), such as gloves and aprons. The provider had an infection control policy, and staffs ongoing competence was assessed by the manager who carried out unannounced spot checks of staffs practice.

The manager and provider were pro-active and outward thinking which helped ensure learning took place when things went wrong. The staff told us they felt involved in evaluating where things could have gone better and were part of finding appropriate solutions.

Good

Is the service effective?

Our findings

The service was effective.

People and their relatives told us their needs were met by staff who had received suitable training. When people had specific needs, staff undertook separate training. For example, one person had a percutaneous endoscopic gastrostomy (PEG) feed and had received training to be able to support the person safely. A PEG allows nutrition, fluids and/or medicines to be put directly into the stomach.

Staff told us when they joined the organisation they had received an induction to help ensure they got to know each person, and were introduced to relevant policies and procedures. The providers induction followed the principles of the Care Certificate. The Care Certificate is a national induction training programme, introduced to support all staff new to care to obtain a basic level of understanding of good care standards. Staff received supervision of their practice to help monitor and ensure ongoing high standards. Staff told us they found the mixture of one to one meetings with unannounced spot checks, to be helpful and reflective. Staff meetings were held to discuss important policies and procedures and to help keep staff up to date with new training initiatives.

People's individual communication needs were understood by staff, and some records had been adapted to help people to understand them better. For example, the manager had created a document to help one person who had communication complexities to express if they were happy with the care and support they were receiving. The person's communication care plan was detailed to help staff to know how to consistently support the person. All staff spoke confidently about the content of the person's care plan and were able to explain how they cared for the person. They told us how they used other visual aids, wrote things down and involved the person's relative as much as needed.

The manager explained how they would ensure policies and procedures and care plans were produced in different formats as needed. This demonstrated that the provider took account of the Accessible Information Standard (AIS) in the delivery of the service. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, and found that they were. People's mental capacity was documented in their care plans. Staff had received training in the MCA, and were confident about what action to take if they were concerned about a person's mental capacity. People's consent to care and support had been recorded in their care plans, and staff told us how they always asked people for their consent before supporting them, such as with their personal care.

The provider worked with external agencies when they were concerned about changes to a person's health. Staff told us how they would contact a person's GP or district nurse, with the persons consent, to help them to obtain advice and guidance if they were feeling unwell. One person told us, "I had an asthma attack, they contacted the surgery and stayed with me until the paramedics arrived".

When required, people were supported with their nutrition. People's care plans detailed their likes and dislikes, and how they preferred their meals prepared. Staff listened to and took a flexible approach as to what people felt like eating each day. People commented, "The carer makes me my lunch, I tell them what I need" and "I choose what I want to eat".

Good

Is the service caring?

Our findings

The service was caring.

People told us staff were kind and caring. Comments included, "Very good, all the girls. We laugh and joke and get on really well", "They're excellent", and "Very pleasant with their approach to people, very caring and efficient".

Staff knew people well and spoke fondly of them. Staff told us how they took time to sit and chat with people, recognising that they may be the only person that they see that day. Staff also told us how they treated people with respect and compassion, just as they would want to be treated in their older age. The manager and staff called people by their preferred names.

People's care plans detailed a personal history to help staff understand who was important to each person, what their interests are or were, and previous occupations. This information helped staff to have meaningful conversations with people, helping to build up a rapport.

People told us they liked that they saw the same staff, which helped to form and build on their professional relationship. Comments included, "I like it when the same person comes", "I have known them for years, I have the same ladies all the time" and "We are beginning to build a rapport".

People told us staff were respectful of their privacy and dignity. Staff explained how they ensured doors and curtains were closed when personal care was being carried out. They explained how they promoted people's independence by encouraging them to do as much for themselves as possible, such as washing dishes, making a cup of tea or washing parts of their body that they could reach for themselves.

People told us they were involved in their care, and staff consulted with them about what they wanted and needed at each visit. People told us they were confident to tell staff if they wanted things to be done differently and that their care plans were updated as required.

People's individual equality and diversity was respected. The service had a culture which recognised equality and diversity amongst the people who used the service and staff. Staff were sensitive and respectful to people's religious and cultural needs. People were not discriminated against in respect of their sexuality or other lifestyle choices. The manager took time to review staffs written entries in people's care plans, to ensure statements were respectful and reflected how people wanted their care to be delivered.

Good

Is the service responsive?

Our findings

The service was responsive.

Before people used the agency, the manager undertook a pre-assessment of their individual needs to ensure that the service was suitable for them, and that staff could safely and effectively meet their needs. The manager told us they also used this as an opportunity to discuss the available visit times, and whether they met with people's expectations.

Since the last inspection the care plan documentation had been reviewed and improved. Staff told us how they felt care plans were now much more detailed. The manager listened and responded when care plans were not reflective of people's current needs, and ensured they were updated promptly. People's care plans had been written in a person-centred way, and detailed people's individual health and social care needs.

People received personalised care. People's care plans were regularly reviewed to help ensure they received care which met their needs, and was delivered in line with their wishes and preferences. People told us how the manager had visited to meet with them, and/or had called to ensure everything was acceptable.

At the time of this inspection no one was receiving care at the end of their life. However, the manager told us they had previously supported people at this time, and care plans had been put into place detailing the person's wishes. The manager explained how they had gone the extra mile to increase visits, to help ensure one person was able to die at home and not in hospital.

People had a copy of the provider's complaints policy, which they were given in their welcome pack when they joined the agency. People and their relatives told us if they had any worries or concerns they would feel confident to speak to the manager. When people had complained, the manager and provider had politely apologised and used people's complaints to help improve the service. For example, people had previously complained about the timeliness of some visits. As a result of this, the manager had redesigned staffing rotas to help ensure they were geographically planned so as to reduce this from happening. People told us they had seen some improvements. People had also complained that they did not always received a rota to show who was visiting on each day. The manager told us they were taking action to rectify this. There was an effective system in place to record and monitor any themes and trends that may be arising, so prompt action could be taken.

Good

Is the service well-led?

Our findings

The service was now well-led.

At our last inspection in December 2017 this key question was rated as requires improvement because the provider did not have effective systems and processes in place to monitor the quality and safety of the service. At this inspection we found action had been taken to make improvements, therefore the rating has improved to Good.

There was a new manager in post who had submitted their application to become registered with the Commission. 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.

Since our last inspection new systems for checking the quality of people's records had been introduced by the manager and provider. These new systems would help to promptly highlight if improvements were needed. The provider's nominated individual visited the service on a monthly basis to scrutinise the quality and safety of the service, by carrying out random audits and checking that previous action plans have been completed.

People told us the service was well managed. They explained that they were contacted by telephone for their views on a regular basis, either by the manager or the nominated individual. Staff were complimentary of the new manager, telling us that they felt "listened to", "valued" and part of the ongoing development of the service. Staff told us the manager had made positive changes to the agency, which had improved the smooth running of the service for both people and staff.

The new manager told us they felt well supported and received informal and formal supervision of their practice and leadership. This was the managers first CQC inspection, therefore the nominated individual was present to support them during the inspection. This demonstrated that the provider valued their manager and wanted them to feel as confident and relaxed as possible.

The provider and manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
There was a strong ethos of care and compassion within the service, despite the provider not having a formal set of values that underpinned the care and quality of the service. The provider told us they would commence undertaking a piece of work with people, families and staff to design meaningful values for the service.

There was a whistleblowing policy in place and staff told us that they would not hesitate to report poor staff conduct to the manager, so that action could be taken. They also told us they had direct access to the

providers contact details, should they want to speak with them directly.

The provider worked in partnership with external agencies in an open and transparent way, for the benefit of people, and there was continuous learning taking place to help facilitate improvement.