Trust Home Care Ltd

Longfields Court

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 inspection of Longfields Court took place on 4 September 2017, this was the service's first inspection since their registration with the Care Quality Commission in July 2016. At the time of our inspection the service was providing care and support to thirty people who were living in their own homes. People who used the service and staff knew the service as Trust Home Care rather than Longfields Court, therefore the service is referred to as Trust Home Care throughout this report.

The registered provider was also the registered manager and they were actively involved in the day to day running of the service. 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.

The registered manager and the staff we spoke with were aware of the responsibility in keeping people safe. They knew about the different types of abuse and how to report this to their manager, or to the appropriate external organisation.

Care plans contained environment risk assessments as well as risk assessments specific to people's individual care and support needs. Staff received training in the management of people's medicines and care plans recorded sufficient detail to reduce the risk of staff not administering people's medicines safely.

Safe recruitment practices were followed. Staff turned up on time and did not miss calls.

New staff completed a programme of induction and there was a system in place to ensure staff received regular training and on-going supervision. This included field based checks on their performance.

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.

People received support to enable them to eat and drink.

Everyone we spoke with told us staff were caring and kind. Staff treated them with respect and took steps to maintain their privacy. Staff were able to tell us about the actions they took to maintain people's dignity and ensure people's private information was kept confidential.

People had a care plan in place which was person centred and provided sufficient detail to enable staff to provide the care and support required by each individual. Staff made a record of the care they provided and these records were returned to the office in a timely manner.

No formal complaints had been received by the registered manager but people we spoke with told us they

were aware of how to raise a complaint if the need arose.

Each person we spoke with told us the service was well led. There were regular staff meetings held and formal feedback was gained from people who used the service through questionnaires. There were systems in place to audit care plans and related documentation although where a concern had been identified, the action taken was not recorded. We have made a recommendation about audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe.

Recruitment procedures were thorough.

The management of medicines was safe.

Is the service effective?

Good

The service was effective.

Staff received induction and on-going training and supervision.

Staff respected people's right to make their own decisions regarding their daily lives.

People received support to eat and drink.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring.

People's privacy and dignity was respected.

Confidential information was not shared inappropriately.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reflective of the care and support needs.

There was a written record of the care and support provided at each care visit or call.

People knew how to raise a complaint.

Is the service well-led?

Good

The service was well led.

There was a system in place to audit the quality of the service provided to people.

Regular staff meetings were held.

There were systems in place to seek feedback from people who used the service and from staff.

Longfields Court

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 took place on 4 September 2017 and was announced. This was to ensure the registered manager would be available to meet with us. The inspection team consisted of one adult social care inspector 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. The expert by experience on this occasion had experience of accessing adult health and social care services

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police service and the Clinical Commissioning Group to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

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.

During our visit we spent time looking at four people's care plans and three records relating to staff recruitment and training. We reviewed various documents relating to the service's quality assurance systems and spent time speaking with the registered manager. Following the inspection we spoke on the telephone with three care staff, five people who used the service and seven relatives of people who used the service.

Good

Is the service safe?

Our findings

People told us they felt safe. A relative told us they slept better at night in the knowledge their family member was being cared for by Trust Home Care. Another relative said, "It has lifted such a worry for me, since the carers started coming in because I was getting to a point where I couldn't cope for much longer. (Person) is so much safer with the two carers than they ever were with me and thankfully, we have been accident free since (person) started having the additional help."

Although there were no current or previous safeguarding concerns regarding the service, the registered manager was knowledgeable about the actions they would take and where they would need to report any issues in the event of any future concerns. The staff we spoke with were able to describe different types of abuse and were aware of their responsibility in reporting any concerns. One staff member said, "If I had any concerns I would tell the office." This demonstrated the registered manager and their staff were aware of their responsibilities in keeping people safe.

We asked the registered manager what they expected staff to do in the event the person they visited did not answer their door and staff were unable to gain access. They said staff were to telephone the office or 'on call' phone and seek advice. They said, "We tell them (staff) not to leave until we locate the person." They told us staff would be asked to look through the person's letterbox, check their garden and speak to the neighbours. They said they would contact the person's family and if the location and safety of the person could not be confirmed, then they would notify the police. When we asked staff, they echoed the actions the registered manager had said to us. This demonstrated staff knew what was expected of them in the event of a person not being located when they arrived for a scheduled call.

Each of the care plans we reviewed contained a generic risk assessment regarding the person's home, for example, access, lighting, fire safety and equipment. One person told us, "[Name of registered manager] came herself to do the first two mornings so they could assess whether there was anything else that needed thinking about before the carers that I have now, took over. I thought it was very worthwhile because it threw up some other issues about things such as my smoke detector and also some loose rugs."

Care plans also contained a risk assessment relevant to the person's care and support needs. For example two people required the use of a hoist to enable them to transfer from one place to another; the documentation recorded details of the equipment and how it should be used. This included how the sling should be fitted and which loops should be used. This showed care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We checked and found staff had been recruited in a safe way. Each of the recruitment files we reviewed contained a completed application form, references and a Disclosure and Barring Service check (DBS). The DBS is a national agency that holds information about criminal records. This showed there was a system in place to reduce the risk of employing staff who may not be suitable to work with vulnerable people.

People told us the care staff arrived on time and no one we spoke with had experienced any missed calls;

people said the staff were 'very reliable'. A relative said, "We asked for seven o'clock call every morning and that's when the carer comes. They have been very reliable since we started with them back in March." Staff told us their rota was manageable and they did not feel under undue pressure to meet their schedule.

We asked the registered manager how they reduced the risk of late or missed calls. They told us the service did not currently use a call monitoring system but the service was to implement an electronic system in the coming weeks. The said the software had recently been put in place but it was not yet operational.

People and relatives told us that medicines management was safe. One person said, "I have help with my tablets because these days I struggle with my fingers to open up the box and get them out for myself. My carer will pour me some water and then once I've taken the tablets, it all gets put in the records and I sign them before they leave."

We spoke with one of the staff about how people's medicines were managed. They told us, "I have had medicines training and I am currently doing 'safe handling (training)' to reduce the chance of errors." They also told us about the checks they completed each time they administered a person's medicines to reduce the risk of a mistake, including checking they were giving the correct tablet at the right time.

Each of the three staff files we reviewed evidenced staff had completed training in medicines administration and an assessment of their competency had been completed as part of Trust Home Care's field based checks on staff performance. This meant people received their medicines from staff who had the appropriate knowledge and skills.

Where people required support with their medicines, care plans recorded adequate information to enable staff to ensure they were administering the medicine safely. However, where people were prescribed a topical application which staff were to apply, this was not always recorded on their medicine administration record (MAR) and there were no clear instructions, to direct staff as to where to apply the cream. We discussed this with the registered manager. Two days after our inspection visit they sent us an email which noted 'The Coordinators have gone out today and completed a body map for application of creams along with a relevant MAR sheet, a copy has been left in the service users' home and a copy put in their file in the office'. This demonstrated the registered manager had responded promptly to ensure identified shortfalls were addressed.

Good

Is the service effective?

Our findings

People and relatives told us staff had the relevant skills to meet their needs. One person said, "I've certainly no complaints about the level of training whatsoever and I certainly think they have the skills to provide the care that I need on a daily basis."

The registered manager told us new employees received induction and training which included shadowing a more experienced member of staff, when they commenced employment with Trust Home Care. We reviewed the induction records for the most recently employed staff member. The record evidenced a four day induction and noted the topics covered on each of the days, although we noted the document had not been dated or signed upon completion by the employee. We brought this to the attention of the registered manager following the inspection. The registered manager told us a number of staff were currently completing the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Following the inspection we reviewed the training matrix which recorded six of the ten staff listed were currently completing the Care Certificate.

We reviewed the training matrix and saw this recorded individual staff names and the training they had completed. We saw training topics included, moving and handling, food safety, infection prevention and control and emergency aid. The registered manager told us the majority of training would be refreshed annually and we saw the training for each of the staff listed was current and within the timescale specified by the registered manager. Personnel files also evidenced staff had received recent supervision and a field based spot check on their performance. The registered manager told us this was to ensure staff were meeting the requirement and standards expected of the service.

Each of the staff we spoke with confirmed they had received induction and training when they commenced employment at Trust Home Care. They also said they received regular management supervision as well as unannounced spot checks. One staff member said, "Yes, I had supervision last week, at the office. And I have had a spot check, they just turn up. They checked I used PPE (personal protective equipment), I was in uniform, that I handled the service user properly and that I communicated appropriately." This demonstrated new staff were supported and staff were provided with ongoing training and management support.

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. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

The registered manager and the staff we spoke with demonstrated a thorough understanding of the MCA and clearly respected people's right to make their own decisions. The registered manager told us the people they were currently supporting had capacity to make day to day decisions about their lives.

Staff told us they sought verbal consent from people prior to providing care and support and were respectful of people's choices. One staff member said, "I always ask, I never assume what they want. I give them options, if they refuse, I tell the office but I respect that." This demonstrated staff respected people's right to make their own choices and decisions.

We saw there had been consent to care gained as each of the care plans we reviewed included a signed consent form, this included; consent to their support package, consent to share information with relevant healthcare professionals and for care staff to read their care plans. One of the forms had been signed by the person receiving the care; the other two forms had been signed by relatives of the person. The registered manager told us, and this was evident from the detail recorded in their care plans, that the two people had capacity to consent but were unable to sign the form themselves. We suggested the registered manager record the rationale for this on people's consent forms at the time of completion.

People told us they were happy with the support staff provided at meal times. One person said, "My carer helps me prepare some vegetables for lunchtime and then she also makes me a sandwich which I keep in the fridge till later on in the day. She always makes sure there's some cling seal over it so that it keeps fresh because there's nothing worse than stale bread for a sandwich." Another person commented, "Now I have a carer prepare my breakfast, dinner, and tea I probably eat more than I ever did when I was doing it myself because a lot of time I just couldn't be bothered. I'm also probably drinking a lot more as well because my carer insists on making me a hot drink when she comes each time and she always leaves me with some water that I can reach before she goes." A relative said, "I am much happier now that [relative] has a more structured eating pattern because [relative] hates waste, so if her carer makes her something, she will eat it. It's the same with her drink. She'll say no to me, but not the carers."

Care records detailed the support staff were to provide for people if they needed assistance with eating and drinking. For example, 'prompt [person] to eat' and 'I would like the carer to make my breakfast, I like marmalade on toast and a cup of tea with no sugar'. This showed people were supported, where required, to eat and drink.

Each of the care records we looked at recorded the contact details for the persons GP and other relevant healthcare professionals, for example, the district nurse or pharmacist. One of the care staff we spoke with told us they would contact the person's GP if they were unwell and were unable to make the call themselves. Another staff member said, "The doctor's number is in the care file, I would ring if they were needed." This showed people were supported to receive support from external healthcare professionals when required.

Good

Is the service caring?

Our findings

Without exception, people and their relatives told us staff were caring and kind. One person said, "Everyone is so polite. I've never had anyone raise their voice, they look after everything in my home as if it were their own and they even notice when extra things need doing now, without me having to ask first." Another person said, "I just usually see two main carers, both of whom are lovely. Neither mind doing extra jobs for me and I think over the last 3 to 4 months, they have got to know me really well so that now it's just like old friends coming in to my house every day and we just continue on the conversation from where it stopped off the previous time I've seen them." A relative said, "My [name of relative] thinks the world of [staff name]. They are only there for 15 minutes every day, to make sure [relative] takes their tablets regularly, but [relative] so enjoys seeing them and they will have a real 'blokey' chat which [relative] doesn't get the opportunity to do at any other time. It's been a real revelation to see how [relative] has come out of himself again, for the first time really since their diagnosis."

People told us they felt involved in the development and reviewing of their care plans. One person said, "[Name of registered manager] has involved me with everything to do with my care, from what I need help with, to my preferred times and whether I like female and/or male carers. I've just also signed off the care plan with her." This demonstrated people were supported to express their views and were actively involved in making decisions about their care and support.

Staff told us they usually provided care and support to a regular group of people, although they said this may occasionally change if they needed to pick up extra or alternative calls to cover for staff sickness or holidays. This helped to ensure people were supported and cared for by staff who knew them well.

People's privacy, dignity and individual preferences were respected. One person said, "I think that everyone here listens to me and treats me as an individual, from my carers, to the office staff." Another person said, "I hate having a cold shower and the water takes ages to warm up, so my carer always turns it on as soon as they get here so that it's lovely and warm by the time I'm ready." People also told us the registered manager asked them if they would prefer a male or female carer. Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. One staff member said, "I close doors and use towels to cover them up." Care plans prompted staff to maintain people's privacy and dignity. One person's care plan recorded 'I would like to be in private when I use the toilet'.

Information was stored confidentially. For example the registered manager explained how key safe numbers were recorded to reduce the risk of unauthorised access. Staff were also aware of their responsibility in ensuring they did not inappropriately share confidential information. One member of the staff told us, "I don't talk about service users to anyone else."

Good

Is the service responsive?

Our findings

People we spoke with told us they had a care plan in their home and staff recorded the care they had provided in their notes after each visit. One of the staff we spoke with told us, "We read the care plans all the time. The care changes regularly so we read (the care plan) to check for changes".

The registered manager told us when they accepted a new referral they met with the person and, where appropriate, their family, prior to the care package commencing. They explained the purpose of this was to introduce themselves and their company as well as completing the necessary assessments which would enable them to draft the person's care plan. Although they explained that occasionally, for example, in the event of a discharge from hospital, it was not possible to meet the person prior to the service commencing. Having a care plan in place when a person's care package commences ensures staff have the information they need to meet the person's needs safely and effectively.

Each of the care plans we reviewed was well organised, relevant information was easy to locate and the details about people's care needs was consistently recorded throughout their care plan. The care plans were person centred and detailed how the person wanted staff to deliver their care. For example, one plan recorded, 'I don't like to have any soap or shower gel on my face' and 'put a non-slip mat on my table and place my can of pop on the mat'. Having this information ensures staff are aware of people's individual preferences.

We saw daily records were completed by staff and returned to the office in a timely manner. For example, we reviewed daily logs dated up to July 2017. The daily records were dated, signed, recorded the start and end time of the call as well as a summary of the care provided.

No one we spoke with had any complaints about the service they received, comments included; "I remember there being a complaints leaflet which is kept in my folder. I can't say that I've actually really looked at it, but then I haven't needed to, because I have absolutely no concerns with the service I'm getting whatsoever", "I think my [family member] took the complaints leaflet home with her after we had met with [name of registered manager], because I said there was no point me keeping it, as it would probably be her that was having a conversation with them if I had any concerns" and "I'd get my [name of relative] to phone up and speak with [registered manager] about anything bothering me."

The registered manager told they had not received any formal complaints about the service. We saw there was a complaints procedure in place, this included the timeframes for response and, if the complainant was not satisfied with the response they received from the service, there was information about how to contact the local government ombudsman. This evidenced there was a process in place to manage complaints.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they had met with either the registered manager or a care co-ordinator when they were considering starting with the service. A relative said, "We honestly cannot fault them. From the manager through to the office staff, through to all the carers, it just seems like a lovely, friendly, homely organisation that really do put my [name of relative] at the centre of everything they do." Another relative said, "From the outset we were very impressed with the whole approach and it was a very smooth handover from the one (service) to the other, and to be honest, we haven't looked back since… [Name of registered manager] came herself so that she could fully understand what we were asking the carers to do."

When we asked people where the service could improve, people said, "[Name of registered manager] is just fabulous. Other agencies could do with cloning her! They'd learn a thing or two about customer service"; "They couldn't be any better" and "I honestly don't think there is anything else that they could improve on. As far as I'm concerned, the service is perfect as it is."

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered manager told us their ethos was for staff to "Treat every service user how you would expect your own parent to be treated. Put yourself in their position, how would you feel." During our discussions with the registered manager they were engaging, transparent and clearly passionate about wanting to provide a high quality service to the people they supported.

We asked the registered manager how they monitored the quality of the service they received. They told us that as they were involved in the daily management of the service, for example, staff recruitment and supervision, meeting new service users and implementing care plans. They explained they also completed audits of people's daily records and medication administration records.

Each care plan we reviewed contained a care plan audit and action plan document, this evidenced that all relevant documentation was in place for the care plan. The MAR's and daily records we reviewed also had a post-it-note attached which recorded the date and name of the staff member who had completed the check. One of the post-it-notes recorded an issue the auditor had identified but there was no record of the action taken to address this. We raised this with the registered manager at the time of the inspection. We recommend the registered manager seek advice and guidance from a reputable source, regarding effective auditing systems.

The registered manager told us an external organisation provided them with policies and relevant documentation to use within the service. They said this enabled them to ensure policies and procedures were in line with current legislation and good practice guidelines.

People we spoke with were not always sure if they had received a feedback survey from Trust Home Care. One person said, "I might have filled one in last month, but I'm not sure" another person said, "I don't think I remember one so far."

The registered manager told us surveys were sent out to people on a random basis, although they acknowledged this method of random surveys did not enable them to accurately measure the service and they told us that future plans included sending surveys to everyone who used the service, at the same time. They said this would improve their ability to analyse the information they received from people and get a judgement as to where improvements could be made. We reviewed 12 surveys that had been returned during 2017, all the comments were positive. The survey asked people to score the service they received, '0' being the lowest and '10' being the highest, each respondent had scored the service as either nine or ten.

The registered manager told us staff meetings were held but they were designed to be informal and an open discussion for everyone present to participate. We saw minutes from staff meetings dated May and August 2017, each set of minutes included an agenda, attendance record and details of the topics discussed. These included; medicines, end of life care, staff rotas and care planning. Staff meetings are an opportunity for the registered manager to monitor the service, enabling them to come to an informed view as to the standard of care and support people were receiving.

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we did not identify any issues which the registered manager had failed to notify us about and when we spoke with the registered manager they were aware of the kind of incidents which would require them to submit a notification to the CQC.