

Trinity Healthcare (Yorkshire) Limited

Trinity Healthcare Limited

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

Trinity Healthcare Limited is a domiciliary care agency that provides personal care to people living in their own homes in the community. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of the inspection, one person was using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff continued to protect the person from avoidable harm and abuse by assessing risks and using appropriate strategies to minimise them. Staff had the skills and knowledge to identify and address safeguarding concerns and manage the risks of infection. Staffing levels were appropriate to meet the person's needs and recruitment processes ensured only suitable staff were employed. The person received their medication as prescribed.

Staff assessed the person's needs and put plans in place so they could provide consistent care. Staff received relevant training and supervision, which ensured best practice was embedded. The person was supported to have meals of their choice and their health needs were met. The person was supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring and supported the person through emotionally difficult times and helped them maintain important relationships. The person's independence was promoted and their privacy and dignity was respected. The person was supported by staff with similar interests who worked flexibly to meet their needs.

The person received their care in the way they wanted. Staff respected the person, challenged discrimination and helped them engage in a wide variety of activities in the local community. Care plans were person-centred and were reviewed and updated as the person's needs changed. Staff sensitively supported the person to discuss their end of life wishes. The complaints procedure had been adapted to enable the person to raise concerns.

An open and honest culture was in place and staff worked to ensure the person had a good quality of life. The provider continued to use quality assurance systems to monitor and address any quality shortfalls. The person was included in how to improve the service.

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? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Trinity Healthcare Limited

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 comprehensive inspection took place on 11 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to ensure staff were available to speak with us and provide the information we needed. The inspection was completed by one adult social care inspector.

We contacted the local safeguarding team and Healthwatch prior to the inspection and used their feedback to aid our planning. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We looked at information we held about the provider including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us. We used this information to help us plan this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with the person who used the service, two company directors, one of whom was the registered manager, and two members of staff. We looked at the person's care plan and records relating to the care they received. These included medicine records, daily notes and accident and incident monitoring. We also looked at a selection of documentation relating to the running of the service. This included staff recruitment, induction, training records, communication with staff and quality assurance processes.

Is the service safe?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The service continued to protect the person from harm and abuse through the management of risks, safeguarding processes and staffing levels.

The person who used the service continued to be kept safe from avoidable harm and abuse. They told us they felt safe with the staff. Staff had the skills and knowledge to identify and report safeguarding concerns to appropriate organisations. The provider had safeguarding and whistleblowing policies and procedures in place which staff followed.

Accidents and incidents were monitored and used to assess and review risks to the person's safety and wellbeing. Staff used a person-centred approach and appropriate strategies to manage the risks, whilst respecting the person's rights and freedom.

Staff received medicines training and administered the person's medicine safely and as prescribed. Overall Medicine Administration Records (MARs) were completed correctly. On one occasion the MAR was not signed and other records did not confirm if the medicine had been administered. We spoke with a member of staff who had identified the recording error, audited the medicine and followed it up with the member of staff concerned to reduce the risk of it happening again.

Staff used personal protective equipment (PPE) when required and received training in infection prevention and control; this helped to reduce the risk of infection. Staff promoted the person's independence with cleaning tasks and supported them when needed to maintain hygiene standards.

The provider's recruitment policy and procedure continued to ensure relevant pre-employment checks were completed to make sure only suitable staff were employed. Staffing levels were appropriate to meet the person's needs, including when the person was supported to go on holiday. The person was included in decisions about who they wanted to provide their care and the provider ensured they were supported by a consistent group of staff.

Is the service effective?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. The staff continued to assess the person's needs and provide effective care, enabling them to achieve their chosen outcomes.

Staff continued to have the skills and knowledge required to meet the person's needs. Induction processes and ongoing training ensured staff's knowledge was up-to-date. Supervision enabled staff to share best practice, embed learning and provide consistent care. Communication tools ensured the management team and staff had up-to-date knowledge about the person's needs.

Staff supported the person to maintain their property. Staff told us, the person enjoyed decorating their home and supported them to do so regularly. Staff had a positive approach to this and ensured the person was included throughout the process.

Staff supported the person to access health services in a timely manner. Staff monitored the person's physical and mental health and worked closely with healthcare services to ensure their health needs were met.

The person was supported to have a diet of their choice. Meals were prepared in line with their preferences and dietary requirements. Staff respected the person's choices, and care plans and daily records confirmed this.

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, 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.

Staff sought consent from the person and included them in making decisions. Staff understood the MCA and its application.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found it was.

Is the service caring?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. Staff continued to support the person with kindness and respect, whilst maintaining their dignity and promoting independence.

Staff developed caring and trusting relationships with the person. The person told us, staff were "very caring" and "they're brilliant, they've stood by me a long time." A member of staff said, "I'm still working for the service because [person's name] is fantastic. Once I stop working, I won't stop seeing [person's name] and will continue to visit them as a friend if they want me to. It's impossible for us not to get attached."

The person was encouraged to maintain important relationships and make new ones. Staff told us, they helped the person visit relatives, at times and locations that suited the person. They also promoted new friendships and helped them sustain these relationships.

Staff were sensitive to the person's emotional needs. They understood the support the person required to process their emotions. Staff took appropriate steps to support them and worked with relevant professionals ensuring information was shared with the person in a way they understood and helped them process their feelings.

Staff continued to promote the person's independence and maintained their privacy and dignity. A member of staff said, "I wouldn't like people coming in my home telling me what to do, so we don't do that." Staff told us, they knocked on the person's door and gave them space when they needed it. They encouraged the person's independence by letting them complete daily tasks and supported when they needed help.

The person was included in recruiting new staff and made the final decision about who would provide their support. They could request support at different times and staff worked flexibly to help the person lead an active and fulfilling life. We saw positive examples of this where a member of staff was passionate about music and helped the person pursue their musical interests. Another member of staff took the person on holiday to their caravan several times a year.

Is the service responsive?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. Staff respected the person as an individual and supported them to make choices about their care and day to day life.

The person received care the way they wanted. They were fully included in writing a care plan that reflected their sense of humour and contained important information about their background and personality. Care plans contained person-centred details about their care needs, daily routines and how they liked things to be done. Care plans were reviewed and updated when the person's needs changed. Staff understood the care plan and daily records showed the care plan was followed.

Staff enabled the person to pursue a wide variety of hobbies and interests. They had visited a local aquarium, Hull Fair, the seaside, museums and joined a cycling club. Staff told us the person enjoyed looking at photographs and was passionate about music. They supported them to sing karaoke, make music and go to concerts. The provider considered the person's character and worked to match staff with similar personalities and interests.

Staff sensitively supported the person to discuss their end of life wishes, when they were ready to do so. At the time of the inspection, an end of life care plan was not in place. However, staff were liaising with healthcare professionals to ensure they worked at an appropriate pace and in the right way for the person who used the service.

At the time of the inspection, no complaints had been received. A policy and procedure was in place to ensure complaints would be addressed if needed. The provider had considered the person's communication needs and adapted the complaints process to ensure they could raise concerns. This included one of the directors having regular contact with the person, giving them the time and opportunity to discuss any problems.

Staff were passionate about recognising and challenging discrimination. A member of staff said, "I will challenge people's perceptions." Another member of staff said, "It makes me really angry when people misjudge [person's name]."

Is the service well-led?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found it remained good. An open, honest and supportive culture remained in place and processes maintained quality.

At the time of the inspection, a registered manager was in place and both directors played an active role in managing 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 continued to understand the requirements of their registration. They sent notifications and information when needed.

The management team continued to be approachable and offered advice and guidance, whilst promoting an open and honest culture. A director told us, "[Person's name] can ring us and we always call them back as soon as we can." Staff told us they could speak to the management team, who were always supportive. Staff ensured the management team were updated with important information, so support could be provided during the night if required.

The management team encouraged continuous learning and worked flexibly to meet the person's needs. A director said, "The service is constantly modified to suit [person's name]." They told us, they spoke regularly with the person who used the service to gain their views on how the service could be improved. A member of staff said, "I would tell the management team if I felt there was something they could do to improve."

The management team valued the effort staff invested in supporting the person who used the service. A director said, "The loyalty of the staff is great, they adjust their lives to make sure [person's name] has the care they need." We saw when a member of staff was unable to make it into work, cover was organised within the core team, which promoted continuity of care.

The management team had maintained effective working relationships with other organisations and professionals to ensure the person received a good service.

Effective quality assurance systems remained in place, ensuring shortfalls were identified and addressed in a timely way.