

Trimarge Care and Cleaning Limited

Trimarge Care and Clean Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Trimarge Care and Clean Ltd is a domiciliary care agency and is based in the London Borough of Redbridge. The service provides personal care to older people in their own homes. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of our inspection, the service was providing personal care to 2 people. 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

Medicines were not always managed safely with audits not picking up discrepancies between care plans and daily notes. The registered manager had not always followed a robust recruitment process to ensure staff were recruited. We found one staff member had been recruited without a current DBS check, however the check was still in progress.

There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. Staff wore appropriate Personal Protective Equipment (PPE) such as face masks and disposable gloves and aprons to protect people from the risk of cross infection.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. Staff told us they were supported by the registered manager to perform in their roles. There was a procedure for reporting incidents and accidents in the service and learning lessons from them to prevent re occurrence. 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.

Staff were kind and caring. People and relatives praised the caring and inclusive nature of the service. People's privacy, dignity and independence were respected and promoted. People and relatives were actively involved in their care planning and delivery.

People received care that was responsive to their needs and preferences. People's communication needs were assessed and met.

People achieved good outcomes from their care. People, relatives and staff all spoke highly of the support they received from the management team. The registered manager and nominated individual maintained oversight of people's care. The management team also took on caring roles, this ensured they built and maintained a close relationship with people and their relatives.

The provider promoted a positive culture and person-centred service. Feedback from people and relatives was received. There were quality assurance systems in place for the provider to continuously improve the service.

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

Rating at last inspection

This service was registered with us on 26 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made recommendations for the provider to improve their recruitment, medicines management and good governance processes.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

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 caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Trimarge Care and Clean Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection

We reviewed information we had received about the service since they registered. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spent one day in the office location reviewing documentation and discussing this with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 2 people's care records and medicine records, 2 staff files, policies relating to the running of the service and governance records. After the site visit we spoke with 1 person's relative about their experiences of the care provided and 2 care workers.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant people were not always safe and protected from avoidable harm.

Using medicines safely

- Medicines were not always managed safely.
- We saw that people's daily notes specified that on occasions care workers had been supporting people with their medicines however, there was no information in people's care plans about supporting them with their medicines or what medicines they needed support with. This meant there was a risk people might not receive their medicines safely and in a consistent way because care workers did not have clear guidance on how to support the person safely with their medicines.

We recommend the provider implement national guidance on supporting people living in the community with their medicines

- Staff had been trained in medicines administration and followed the provider's medicines policy.

Staffing and recruitment

- Staff had not always been recruited safely to ensure they were suitable to work with people using the service.
- We reviewed two staff recruitment files and found one file did not include a current DBS check. We saw evidence that the DBS check for the staff member was still in progress. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend the provider follow safe recruitment processes at all times.

- There were enough staff to meet people's needs. Both care workers confirmed that there were enough staff and that cover was provided if they cannot attend a shift.

Systems and processes to safeguard people from the risk of abuse

- People were protected as much as possible from the risk of abuse.
- There was a safeguarding policy in place that was in line with local procedures.
- Staff completed training in safeguarding and were able to speak clearly about signs of abuse they would look out for and demonstrated they understood their responsibility to report concerns to the management team. The nominated individual and the registered manager had both recently attended local authority training about safeguarding adults.

- There had been no safeguarding concerns raised since the service started.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to help ensure people received safe care.
- Risk assessments included areas such as medicines management, environmental risks and personal care.
- Assessments identified risks to people and provided instructions to staff about how to lessen identified risks or what to do should they occur.
- Individuals risk assessments and care plans were constantly reviewed to ensure they remained up to date and met the person's needs whilst reducing risks to them.

Preventing and controlling infection

- People were protected as much as possible from the risk of infection.
 - Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.
 - The provider had an infection control policy in place which was up to date and provided direction to staff on reducing the risk of the spread of infections, including COVID-19.
- One care worker told us, "Yes enough, more than enough PPE. I've had donning and doffing of PPE and yes safe disposal of PPE."

Learning lessons when things go wrong

- The management team ensured there was a culture of learning within the service.
- There had been no incidents or accidents at the service which was confirmed by the registered manager.
- The provider had a policy for accident and incident, reporting policy, and a root cause analysis policy and procedure for staff to follow should things go wrong.
- The registered manager told us any learning from any incident's and accident's would be shared widely with the staff through staff meetings or supervision meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before using the service. This was so the provider could find out whether they could meet people's needs or not.
- These assessments included information obtained from people and their relatives about their needs and preferences and how they would like to be supported. The care plans reflected people's needs, including aspects of their life which were important to them, their likes and dislikes.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people.
- Staff were supported and completed a programme of on-line training sessions to effectively perform their roles. Staff confirmed they completed the online training and named a few training sessions that they had completed. These included health and safety, moving and handling, and medicines management training.
- The provider had a clear overview of the training needs of all staff. They had a training matrix which detailed the training staff had received and when training was due. This meant they could monitor if staff were up to date with their training.
- Staff received regular one-to-one supervision as well as spot checks by the registered manager so they could monitor the staff's performance and offer support where this was identified. A care worker told us, they feel supported, "Yes they [registered manager and nominated individual] are very nice. Yes, they are always available. They call from time to time to find out if all is okay. Very good support from them. Someone to go to when there is an issue. They are always available at any time."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- The provider ensured people's health and wellbeing was regularly assessed.
- People were supported to access healthcare services to maintain their health and receive the treatment they needed. Contact details of the relevant professionals involved in people's care were available in their care plans.

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

- People's support plans clearly detailed their eating and drinking needs.
- Staff told us that they offered choice of meals which they then prepared. They also offered choices of hot and cold drinks.
- Detailed daily notes were completed by staff and stated when breakfast and drinks had been provided.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

- The registered manager demonstrated an understanding of the Mental Capacity Act 2005 (MCA). They understood the need to check if relatives had lasting power of attorney before they could sign consent on their family members behalf and knew they could contact the Office of the Public Guardian.
- Care workers gave examples of giving choice and respecting people's preferences.
- People were fully involved in decisions about their care and their capacity to do so was respected.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were treated with kindness and respect by staff.
- A relative told us "They [care workers] are caring, I watch them wash and interact with [person] and they are very caring, gentle and safe."
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members.
- People were respected and treated equally regardless of their abilities, lifestyle and beliefs. A care worker told us, "When I get there, I welcome them. My clients know me well and I ask how's your night. I always let them know what I'm doing. I describe each step in personal care, I always inform what I'm about to do."

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

- People were involved in decisions about their care.
- A relative told us that the registered manager completed an initial assessment with the person. They discussed the needs of the person, their likes and dislikes and how they wished to be supported. This was then signed to confirm they agreed with the support planned for them.
- Care plans included detailed background information of each person and their goals and objectives. This helped to ensure staff had a good understanding about the individual so they could provide person centred care to the person.
- Care plans were reviewed regularly. The person receiving care was able to be involved with their care planning through regular communication with the registered manager. This meant that people were involved in deciding their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff told us they explained what they were doing and sought people's consent when offering support.
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Staff completed training on privacy and dignity.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care.
- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff.
- A person-centred care plan was devised from the initial assessment of people's needs when they started to use the service and agreed with people, and their relatives where appropriate.
- Staff told us the care plans provided them with enough information to enable them to meet people's needs. A staff member said "People also tell us if they want things different to the care plan we relay back to the office any changes needed. It's not always what they want for you to follow the care plan. If a lot of extra things we tell the office as they will need to revisit"

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 provider supported people to develop and maintain relationships with others, such as their family and friends. This helped to prevent people feeling isolated or lonely.
- People were supported to go about their daily lives as much as possible by the service. Staff supported people to follow interests that were socially and culturally relevant to them.

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.

- The provider ensured people's communication needs were assessed and met.
- Care plans covered people's communication needs from a person-centred perspective. They highlighted how staff were able to communicate with people.

Improving care quality in response to complaints or concerns

- At the time of this inspection the service had not received any complaints. People and their relatives were aware how to make complaints.
- The registered manager told us they would follow their policy should they receive a complaint and any learning from a complaint would be shared within team meetings and individual supervisions.

End of life care and support

- There was a policy for end of life care. The service did not support people with end of life care. The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes and would ensure staff were adequately trained to support people with their end of life care needs.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had auditing systems and processes but these were not always robust and effective. We found that recruitment audits had not identified that staff had not always had all the necessary recruitment checks before they could work with people using the service.
- The medicines and care records audits had also not identified that people did not always have care plans or risk assessments in place when they were being supported with their medicines. As a result the provider could not always ensure people were being supported consistently with their medicines.

We recommend the provider implement robust auditing processes to assess and monitor the quality and safety of the service.

- Notwithstanding the above the provider carried out other quality assurance processes for example they carried out spot checks and checks on health and safety and staff training. The registered manager and nominated individual met weekly and virtually on a regular basis to discuss progress, review strategy and to identify improvements. These meetings had recorded minutes.
- The registered manager held team meetings to share learning and to seek their views about how the service could improve. The RM was a registered nurse and used her learning and experience to support the care workers. The NI spoke passionately about building a sustainable, caring and person-centred agency.
- Daily notes were completed after staff had supported people and we found them to be detailed and informative.
- Staff confirmed they were happy working for the service and found staff meetings to be useful. One member of staff said, "I'm very happy to work with Trimarge, as they give me the support I need and I feel they listen to me and they are very nice."

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

- The management team had developed a very positive culture, which placed people at the centre of their care. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- People and staff felt the service was well managed. A relative told us, "The registered manager calls me regularly to gain my feedback about the care, we speak regularly they are always accessible to talk to and are very friendly."

- Staff told us that they felt supported and could approach the registered manager with any issues. A staff member said, "I do feel listened to, if a problem or anything I do speak to them [registered manager] and they are effective in dealing with it."

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 Provider was aware of the duty of candour. There has been no incidents at the time of inspection but the registered manager and nominated person said that they would keep people informed when incidents happened in line with the duty of candour and the incident would be investigated.
- The provider had a range of policies and procedures in place that gave staff guidance about how to carry out their role safely and to support the delivery of care to people. For example, a complaints procedure was in place to address concerns raised by relevant persons and the accidents and incidents procedure detailed how the provider would review and learn from any incidents that occurred.

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

- The provider had systems in place for people and professionals to give feedback about their experiences of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.
- The registered manager and nominated individual were in regular contact with people to gain feedback and suggestions regarding the service.
- Staff received regular supervision meetings and supervision forms were completed and there were staff meetings. The registered manager told us any learning from complaints and service updates and changes to care plans are discussed at staff meetings.
- Staff told us they were happy working at the service. Records confirmed that staff regularly completed supervision forms that allowed them the opportunity to input suggestions regarding the service. One member of staff told us that "They [managers] are always available. They call from time to time to find out if all is ok. Very good support from them. Someone to go to when there is an issue. They are always available at any time"
- The registered manager advised that team meetings took place every 6 months and that this gave staff the opportunity to raise suggestions and also for management to share any learning.
- The provider considered people's and staff's equality characteristics. For example, equality characteristics were covered in people's care plans and staff recruitment was carried out in line with good practice in regard to equality and diversity.

Working in partnership with others

- The provider worked closely with a number of local authorities and had benefited from accessing their training and valued the input from these organisations.
- They also worked with a placements company used by local authorities who deal with service user administration and share with service users information about the care agencies and then place them with the service. In addition, they had networked with other agencies and had learnt from their experiences.