

Trinity Care Services Limited

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## Inspection report

1445 London Road  
Norbury  
SW16 4AQ

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06 December 2016  
13 December 2016

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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 Care Services Limited provides personal care and support to people in their own homes. At the time of our visit there were 105 people using the service.

This inspection took place on 6 and 13 December 2016. Both visits were announced. We gave 24 hour's notice of the first visit to make sure the registered manager and other senior staff were available at their office to talk with us. The purpose of the inspection was to carry out a full comprehensive review of the service and to follow-up on the two requirement actions and one enforcement action made at the previous inspection in August 2015.

The service had a registered manager in post. 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.

People using the service told us they were treated in a respectful and caring manner by regular staff members who knew them well and supported them safely and effectively.

Staff members had been safely recruited and had received an induction to the service. Staff we spoke with were confident that they provided a good service to people. They had access to training and supervision and said they felt supported by the service.

Staff understood how to help protect people from the risk of abuse. The agency had procedures in place to report any safeguarding concerns to the local authority.

At this inspection improvements had been made to help ensure people and staff were protected from potential risk of harm as the service had identified and assessed any risks to them and reviewed these on a regular basis. We saw people had assessments which were individual to the person and their environment.

We also found the service had made improvements to make sure people were receiving their medicines as prescribed.

Staff had received training in the MCA (Mental Capacity Act) and understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to inform the care plan for each person. New care plan summaries had been introduced and work was on-going to make these more individualised reflecting the person and what was important to them.

People and their relatives felt able to raise any concerns or complaints. There was a procedure in place for

people to follow if they wanted to raise any issues.

The registered manager was aware of how many people were using the service and that their care and support needs were being met. The agency monitored the quality of the service and made changes to improve the service provided when required.

## 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.

Improvements had been made to help ensure any risks to individual safety and welfare were being identified and managed appropriately.

Improvements had been made to help ensure people were supported to take their medicines safely.

There were appropriate numbers of care staff allocated to meet the needs of people who used the service.

Robust recruitment procedures were in place to help keep people safe.

### Is the service effective?

Good ●

The service was effective.

Training and supervision was provided to staff to help them carry out their role and provide effective care.

Staff had an understanding of, and acted in line with, the principles of the Mental Capacity Act 2005.

### Is the service caring?

Good ●

The service was caring.

People we spoke with were happy with the care they received and felt staff respected their privacy and dignity.

Relationships between care staff and people using the service were positive.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that met and responded to their individual needs.

People had information about how to complain and felt able to raise any issues of concern with the managers.

### **Is the service well-led?**

The service was well-led.

Improvements had been made to make sure that the provider was fully aware of how many people were using the service and that their care and support needs were being met.

There was a registered manager in post.

The service carried out regular checks to monitor the quality of the service and drive improvement.

**Good** ●

# Trinity Care Services 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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 6 and 13 December 2016. Both visits were announced.

The inspection was carried out by one inspector. We spoke with a range of people about this service either in person or by telephone following our visit. They included the registered manager, five staff members, ten people who used the service and six relatives.

We also spent time looking at records. We checked care documents in relation to seven people who received care and support and seven staff files. We reviewed records about staff training and support, as well as those related to the management and quality of the service.

# Is the service safe?

## Our findings

At our previous inspection in August 2015 we found the management of medicines was not safe. At this inspection we found the service had made improvements to make sure people were receiving their medicines as prescribed. People using the service required varying levels of support from staff to take their medicines safely. We saw there were suitable systems for the safe management of people's medicines. Staff took pictures of prescription labels which the service kept on file so they were aware of the medicines people were being supported to take. Administration records were completed by staff and these were regularly checked by office based staff to make sure they were being completed correctly.

Improved arrangements were additionally in place to manage identify and manage risks to people using the service. At our last inspection in August 2015, we had found that risks to people using the service and others were not being appropriately managed. A new more detailed assessment format had been introduced to identify and manage any potential risks to people using the service and the staff working with them. A senior staff member would visit the person in their home to undertake the assessment, looking at areas such as the person's general health, any risk of falls, any support needed with medicines and the safety and security of their home environment. If the person required support with their mobility then a moving and handling assessment was also carried out.

People using the service told us they felt safe and the majority of people spoken with said they were supported by familiar staff who knew their needs well. One person said, "I'm happy with [staff name], they're good." Another person told us, "I do have a regular carer who is very good." A third person commented, "I have two regular carers who come three times a day." A relative said, "I'm quite happy with the regular carers, the standby staff are not so good." Another relative echoed this comment saying they were happy with the regular carers but other staff covering were not so good.

Staff received safeguarding training and had a good understanding of how to help protect people from abuse. Safeguarding and whistleblowing policies also gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace.

Staff were organised in geographical areas for ease of travel and staffing rotas showed that care staff were consistently allocated to the same people using the service. We saw there were sufficient numbers of staff available to keep people safe and that staffing levels were determined by people's needs. For example, people who had restricted mobility received care and support from two staff.

The service helped to protect people from the risk and spread of infection. Staff told us that they were supplied with the personal protective equipment (PPE) they required and staff members were able to call in to the office to collect boxes of gloves, aprons and shoe covers. Staff received training in infection control and policies and procedures were supplied to each staff member for their reference.

Safe recruitment practices were in place to help protect people from the employment of unsuitable staff. We

looked at the personnel files for seven members of staff. Each was well maintained containing evidence that criminal record checks had been carried out along with two employment references and proof of identity documentation.

## Is the service effective?

### Our findings

People who used the service told us that they thought the staff who provided their care and support were trained and competent. One person told us, "[My carer] is good at their job." Another person said, "They're very good. Yes they are suitably trained." A relative commented, "Our regular carers are absolutely excellent."

Staff received induction and mandatory training to help them do their jobs effectively. New induction procedures were being introduced to make sure that staff achieved the competencies required by the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. New members of staff received two days of classroom training and then shadowed existing staff until they were signed off as being able to work alone. Training was classroom based addressing areas such as moving and handling, safeguarding, infection control, medicines and food hygiene. More specialist training was also provided for areas such as dementia and the Mental Capacity Act. Refresher training was provided to make sure people's skills and knowledge remained up to date.

Records showed that staff received regular supervision to support them in their roles. Supervision was a one-to-one support meeting between each individual and a senior member of staff to review their work role, current responsibilities and development needs. Staff meetings and annual appraisals also provided opportunities to identify people's development needs. This was in addition to the informal day-to-day contact with the office and management team.

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.

Staff understood the requirements of the MCA in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff said they would always ask people for their consent before providing support. One person using the service said, "They do anything I want them to do." Another person told us, "They listen to me." A staff member said, "We always ask them before we do anything." A senior staff member told us they observed staff to make sure they engaged with people whilst supporting them.

People were supported to maintain their health and wellbeing. The registered manager told us how they worked with district nurses and people's GPs to make sure people's health was maintained. Records showed that staff were provided with information about people's health needs so they could monitor these effectively. Staff told us that they would report any concerns with people's health or behaviour.

## Is the service caring?

### Our findings

People using the service spoke positively about the care they received. They told us that staff were polite, kind and caring. One person said, "We have a laugh, I'm happy, they are happy." Another person told us, "They're not horrible, they do their best." A third person commented, "Yes they speak to you nicely." A relative of one person said, "We get on very well with the carers." Another relative commented, "I am very happy."

People and their relatives told us about the importance of having the same care workers. One relative said, "I'm very happy, they get on well." Another person told us, "I'm happy, they are consistent. One carer has more experience but both are very nice." Some people and their relatives told us that they would still like more consistency of staff particularly where they were receiving a service seven days a week.

We asked people who used the service if care workers arrived on time and stayed the allocated time with them. People and their relatives said that staff stayed for the right time but some said they would welcome more time to chat with the staff whilst acknowledging the time allocated for each visit and the need for staff to get to other visits.

People who used the service told us care workers treated them with respect and dignity. One person said, "Yes they do, very nice." Another person said, "Very much so." A relative said, "They treat them well."

Additional information was being added to people's care plans reflecting people's preferences and making them more personalised to them as individuals, detailing how they would like their care and support to be delivered. For example, how each person liked to be addressed, their preferred drinks and the things that were important to them as important reminders for the carer to do.

People were given information about the service which was kept at their home. This included information about how to contact the agency in and out of normal office hours. The people we spoke to knew how to contact the agency and were confident any issues would be resolved promptly.

People's needs, values and diversity were understood and respected. The registered manager told us that they actively recruited staff from different cultures and ethnic backgrounds to enable them to meet the needs of the local population. Examples were given where the service had successfully matched carers with people speaking the same first language. A relative told us, "They understand each other, that's why it works."

## Is the service responsive?

### Our findings

People using the service told us that staff provided them with the care and support they required. One person said, "I'm happy. They get the job done." Another person told us, "I'm quite pleased." A third person commented, "Very nice, they do everything I want them to do."

A relative told us, "Our regular carers are absolutely excellent." Another relative commented, "We are very happy with our regular carers."

Staff told us that they reported any events or concerns to the office and were confident that these would be responded to. One staff member said, "I always call them, they listen to me."

We saw people's needs were assessed before they could start using the service. Care plans were developed based on the assessments completed by the registered manager and those provided by commissioners if available. The initial assessment of care needs addressed areas such as physical wellbeing, mobility and personal care needs.

The registered manager showed us a new care plan summary format that had been introduced for staff to help them easily access information about people using the service. These documented the care tasks required by staff at each call with a copy of the care plan summary kept in the person's homes for reference and another in the agency office. A care needs review form was used to document any changes required. The plans we looked at provided staff with basic information about people's needs and work was on-going to make them more personal to each individual with additional information about people's own preferences, likes and dislikes.

Staff completed a daily record after each visit recording a summary of the care and support provided as well as any significant observations or issues. People using the service and their relatives said they were usually advised if staff were going to arrive late. One person said, "Sometimes their transport is late, they ring to say that they are late." Another person told us, "They let you know if the bus is late." A third person commented, "Always on time." A telephone system was already in use to monitor call times and this alerted office staff when staff had not arrived at people's homes.

People using the service were provided with information about how to make a complaint about the service should they need to. People and their relatives said that they felt able to raise any issues with the registered manager or the office staff. One person said, "I have no complaints at all." Another person said, "Yes, so far the office have responded if there any issues."

## Is the service well-led?

### Our findings

At our previous inspection in August 2015 we found that the provider did not have effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided. This was with particular regard to knowing the precise numbers of people receiving the service at that time.

At this inspection we found improvements had been made to make sure that the registered manager was fully aware of how many people were using the service and that their care and support needs were being met. Records were provided to CQC to confirm this.

The majority of feedback about the registered manager and office staff was positive. For example, one person told us the service had helped them get the lift repaired in their accommodation. Other people said the service had responded promptly to any issues raised or unforeseen events.

There was a staffing structure in place which provided clear lines of accountability and responsibility. Senior staff had designated responsibilities including supervisors working out in the field monitoring and supporting staff as necessary. Staff meetings were held with minutes recording updates provided to staff, reminders for staff to report to the office and to make improvements with documenting the care given. Two sessions had been held for recent meetings to enable as many staff as possible to attend.

There were systems in operation to help make sure of the quality of the care and support provided to people on an on-going basis. These included spot checks carried out at the person's home, telephone monitoring and surveys sent out to people using the service. One response from a relative captured via telephone monitoring included, "I'm happy with the services, I have two regular carers who are very fond of my relative." A staff member who carried out spot checks on staff told us they would communicate any issues or concerns to the office who would respond promptly. For example, calling the staff member in for supervision or more training.

An annual quality assurance exercise had been carried out in April 2016 recording 20 responses to surveys. People had responded positively to a number of questions around their care, staff approach and the responsiveness of the service. A summary and action plan had been documented for the service and showed where improvements were being made.

We were given examples where action had been taken in response to feedback from people using the service and / or their relative. For example, Staff were reminded to wear uniforms and carry identity badges at all times. Office staff gave us examples where staff had been called in for additional supervision and training to help improve their performance where necessary.

The registered manager told us that they were a member of the National Skills Academy. This enabled them to seek advice, further training and to be part of a network of social care professionals.