

Trust In Care Limited

# Trust In Care 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

About the service: Trust In Care Limited is a domiciliary care agency that provides personal care and support to younger adults and older people in their own homes. At the time of the inspection, the service was providing support to 18 people.

People's experience of using this service and what we found

People were supported by staff that were caring, compassionate and treated people with dignity and respect. Any concerns or worries were listened and responded to and used as opportunities to improve.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life histories and individual preferences. They used this information to develop positive, meaningful relationships with people.

People and their relatives told us they felt cared for by staff who treated them with respect and dignity. People were encouraged to maintain relationships and keep their independence for as long as possible.

The provider ensured people had consistency with staff members, as a result people and staff were able to build positive relationships. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood and felt confident in their role and had confidence in the registered manager.

Staff liaised with other health care professionals to ensure people's safety and to meet their health needs.

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 spoke positively about working for the provider. They felt well supported and they could talk to management at any time, feeling confident any concerns would be acted on promptly. Staff felt valued and happy in their role.

Audits were completed by staff and the registered manager to check the quality and safety of the service.

The registered manager worked well to lead the staff team in their roles and ensure people received a good service.

Rating at last inspection

This service was registered with us on 27/11/2018 and this is the first inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **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 responsive.

Details are in our responsive findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Trust In Care Limited

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed the records held on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from professionals who work with the service. We used all this information to plan our inspection. On 15 November 2019 we made telephone calls to two people who use the service and three relatives.

#### During the inspection

We visited the office location on 18 November 2019. We spoke with the registered manager and two care

staff. We looked at three people's care records to see how their care was planned and delivered. Other records we looked at included two staff recruitment files, supervision files, training records, accidents and incidents, records relating to health and safety, safeguarding, complaints and compliments, management of medication and staff scheduling. We also looked at the provider's audits, quality assurance and overview information about the service.

# Is the service safe?

## Our findings

Safe- this means that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member told us, "People can be abused verbally, physically and financially". Another staff member told us, "If I saw any bad practice or abuse I would report it straight to the manager. If the manager was not available, I would contact the police and the local authority safeguarding team".
- People and their relatives explained to us how the staff maintained their safety. One person told us, "I feel safe around the carers". A relative told us, "The carers are very knowledgeable, they keep [Name] safe".

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments, considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. For example, a person who was at risk of falls had a detailed risk assessment. It gave staff members clear instructions to follow when assisting the person to mobilise.
- Staff were knowledgeable about people who required support to reduce the risk of avoidable harm. A relative told us, "[Name] can sometimes have down days, the carers always try and cheer them up, they know things [Name] likes and this helps them to engage with them".
- Risks to people were regularly reviewed and amended to reflect any changes in people's care needs. The registered manager was in regular contact with staff, people and relatives to assess people's care needs and amend their care plans if necessary. We saw where new risks to people had been identified, care records and risk assessments were updated.

Staffing and recruitment

- People were supported by a consistent group of staff who knew them well. There were no staff vacancies and any sickness or absence was covered by the existing staff group. This meant people were more likely to receive care from a group of staff who knew them well. One relative told us, "It does not happen often but if the carers are running late they will always call to let us. We usually have the same carers which is good for [Name]".
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- Some people needed support or reminding to take their medicines. When staff supported people in this task, staff completed appropriate medicines records.
- People and their relatives told us they were happy with the support they received to take their medicines.
- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
- Audits showed that Medicine Administration Records (MAR) were checked regularly to identify any errors.
- Where staff were responsible for the storage of people's medicines, people told us this was secure.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. People and relatives told us staff used protective clothing gloves and aprons during personal care to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. Information on complaints, accidents and incidents and safeguarding concerns. Individual lessons were learnt and acted upon.

# Is the service effective?

## Our findings

Effective- this means 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.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion and disability. This sought to promote people's independence and opportunity by providing the right support.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included online, face to face and competency assessments. A relative told us, "I would say the carers are very well trained and knowledgeable".
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff at the home received an induction that included completing training and shadowing a more experienced member of staff. The induction also included the completion of the Care Certificate. The Care Certificate is an identified set of standards that care workers must adhere to.

Supporting people to eat and drink enough with choice in a balanced diet

- For those who required support at mealtime, this was provided by staff who were aware of people's preferences and dietary needs. A person told us, "They make what I want, it's always my choice". A member of staff told us, "We always listen to people and encourage them to make healthier choices".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We noted staff worked alongside other agencies to provide person centred and effective care. From records seen, we could see staff worked closely with other agencies such as local authorities and social workers. This assisted the service to provide people with person centred and effective care.

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there was any change in people's health needs. One relative told us, "The manager and staff have regular contact with us, I'm made aware of any changes or issues."



- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- People had access to health professionals. People saw their doctor, dentist and other health professionals when needed to maintain their health. Where advice was provided from health professionals, care records were updated, and the advice was discussed with people to ensure they understood how this might impact on their health.

#### 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 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.

Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes. This was confirmed by the people and relatives we spoke to.

# Is the service caring?

## Our findings

Caring – this means 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.

Ensuring people are well treated and supported; equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. People and their relatives were positive about the care they received.
- People and their relatives told us staff knew their preferences and cared for them in the way they liked. Staff we spoke to knew people's life histories and individual preferences.
- Staff were kind and affectionate towards people and knew what mattered to them. One person told us, "The carers are great, they do what I ask, I love having them here". A relative told us, "The staff are brilliant, very respectful, they have a laugh with us". Another relative told us, "They took the time to get to know [Name], they show a genuine interest and don't just rush through tasks, it's the best agency we have had".

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

- People were involved in day to day decisions and in regular reviews of their care. Relatives confirmed staff involved them when people need help and support with decision making.
- Staff understood people's forms of communication and behaviour and could interpret people's choices. Staff respected people's views and listened to how they wished to be supported.
- Care records held communication plans and detailed descriptions on how best to communicate with people and what signs to look out for if people [who were non-verbal] were trying to communicate with staff.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- Staff and the registered manager told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected and people's care records were kept securely.
- People told us staff assisted them to promote their independence. Staff were mindful to encourage and support people to do as much as they could for themselves and help them retain some level of independence. One person told us, "They know what I can and can't do, they do encourage me".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- People were involved in the planning and development of their care. Care records demonstrated that people had been consulted as to how they wished to be supported and what staff told us about people, was reflected in their care records. For example, people's routines around their personal care and how they started their day.
- People were empowered to have as much control and independence as possible, including developing care and support plans.
- Discussions with the registered manager demonstrated how people's preferences were incorporated into their care plans and how these were monitored and reviewed to ensure these preferences were being met.
- Staff were knowledgeable about people and their needs. Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). If required, care plans were available in different formats such as large print. In addition, each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as surveys and meetings with the management.
- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent manner. There were no live complaints at the time of the inspection.

End of life care and support

- The service was able to provide care and support to people at end of life care. At the time of the inspection some people were receiving end of life care, each person had an end of life care plan. People and relatives told us they were happy with support they received.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence 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 newly registered service. This key question has been rated Good.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was a good communication maintained between the registered manager and staff members.
- Staff felt respected, valued and supported and that they were fairly treated. One staff member said, "The manager always makes time for us and is very approachable".
- The provider had a whistle blowing policy and staff understood their responsibilities to raise concerns where people are put at risk of harm.

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

- People, relatives and staff expressed confidence in the registered manager. One person told us, "The manager is very good, listens to you and willing to make changes". A relative told us, "The manager is not afraid to get their hands dirty so to speak, the manager has completed care calls to cover sickness, I was very impressed with that, they would never leave [Name] without care".
- People and relatives told us there was a positive and open atmosphere. One person told us, "They never rush through tasks, they appear to enjoy their time during the call"
- All staff told us they received regular supervision and training. One member of staff said, "I've had regular supervision and training, the manager is supportive of my development".

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 registered manager was aware of their legal responsibility to notify us of incidents that occurred at the service.
- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.
- The registered manager told us if mistakes were made they took full responsibility to ensure that the same mistake was not repeated. The information was used as a learning opportunity and to improve the service.

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

- People's feedback was sought through monthly review meetings. The registered manager confirmed that a survey was due to be sent to gather people's and their relative's opinions.

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- Staff reported positively about working for the service and did not identify any areas for improvement.

#### Continuous learning and improving care.

- The registered manager has clear procedures in place that were followed in practice to monitor, review and ensure personalised care was provided.
- The registered manager regularly checked that people were happy with the service they received so any concerns could be dealt with before they developed into a complaint. Any feedback received was used as an opportunity to improve the service.
- Competency checks were completed to ensure staff supported people in the right way.
- The management confirmed they had plans to recruit a deputy to give more support to the registered manager. The registered manager told us, "We discussed improving the service and having a deputy was seen as a priority. This will ensure there is support available for staff and people if I'm unavailable. It will also give me more support to enable me to focus on auditing and quality assurance".

#### Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision, joined-up care and service development, including the district nursing service, physiotherapy, occupational therapy and local GP's. Systems were in place and used effectively to continuously, identify, analyse, monitor and review risks so people were provided with good care.