

Trust Home Care Ltd

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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 Home Care Ltd is a domiciliary care agency, providing personal care to older adults and people with physical disabilities and complex health needs. At the time of the inspection the service was supporting 73 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

People were pleased with the quality of care and support they experienced. They told us they felt safe when support workers were providing support to them. Staff understood what it meant to protect people from abuse. They told us they were confident any concerns they raised would be taken seriously by the registered manager.

Safe procedures were in place to make sure people received their medicines as prescribed. There were enough staff available to ensure people's care and support needs were met. The same support workers supported people most of the time. The provider recognized this was important to people. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff received training which supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005. 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.

People were supported to access relevant health and social care professionals to ensure they were getting the care and support they needed to best meet their needs. Positive and supportive relationships had been developed between people and staff. People were treated with dignity and respect. Staff were committed to promoting people's independence. Staff supported people to have enough to eat and drink and to access healthcare services when they needed.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences. The care records we looked at included risk assessments. They had been devised to help minimise and monitor the risks, while promoting the person's independence as far as possible.

People knew how to complain and were confident the registered manager or other staff would resolve their complaint. People who used the service, relatives and staff could express their views about the service which were acted upon. The management team provided leadership that gained the respect of staff and motivated them as a team.

There were systems in place to monitor the quality of the service and make improvements when needed.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 27 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the overall rating had improved to good.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-Led findings below.

Trust Home Care 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 Care Act 2014.

Inspection team

The inspection team consisted of two inspectors 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 service.

Service and service type

Trust Home Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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.

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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and 16 relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and the operational

manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we found the providers recruitment policy had not always been entirely followed. At this inspection we found staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- There were enough staff employed to ensure people received care and support at the agreed times.
- People and relatives told us that care workers stayed for the allocated times and everyone we spoke with said they had never had a missed call. However, people gave us mixed feedback about the times of calls. Comments included, "Timekeeping, that's the only thing. I never know when they [care workers] are coming" and "Timekeeping, they [care workers] are sometimes on time, sometimes not, but they [care workers] always stay the full time. "We spoke to the manager about this and they told us they were in the process of upgrading the electronic care planning system which meant staff calls could be monitored and staff redeployed if necessary, This helped the staff to be more responsive and reactive to people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Overall people and relatives we spoke with told us the service was safe. Comments included, "Safe, absolutely" and "Safe, yes on the whole. When it's new staff we find there's a period of time before routines are established."
- Care workers received training and understood how to recognise and report any concerns about people's safety and welfare.
- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with properly.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed safely.
- Risks to people's health and safety were assessed and a range of risk assessments were completed. The registered manager understood how to support people and manage risks.
- The service helped people to live well at home and reduce risks to their health. Staff were aware of how to report any changes to people's needs and could call for additional support from the office at any time.

Using medicines safely

- People's medicines were managed safely.
- Care workers received training on the safe management of medicines. Following training, checks of staff competency were reviewed at least yearly. If any concerns were noted, action such as re-training and

supervisions were completed.

- Where people were supported to take their medicine, medicines administration records (MARs) were kept in their homes. The MARs showed which medicines people were prescribed and when they were given.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention and control policy and staff had received relevant training.
- Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves to be used when delivering personal care.

Learning lessons when things go wrong

- Accident and incidents were recorded. The registered manager looked to see if any themes and trends were emerging and completed an action plan to prevent reoccurrence of the incident.
- Lessons were learnt following incidents or events affecting the well-being and safety of people who used the service.
- The managers at the service encouraged staff to look at what could be learnt when something went wrong.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager explained how they assessed people's needs before the service started. The assessment considered all aspects of people's needs and the information was used to develop care plans and risk assessments.
- People and relatives told us they were involved in the assessment and review of their ongoing care and support needs. Comments from relatives included, "[My relatives] care plan is very personalised" and "[My relatives] care plan was set up with the mental health team, personalised to [my relatives] needs. [My relatives] mental health is best it's been for forty years."

Staff support: induction, training, skills and experience

- People were supported by care workers who were trained and supported to carry out their roles.
- Care workers told us they received the training they needed to keep people safe and meet their needs. ● Training on safe working practices included safeguarding, infection control, moving and handling and first aid. Training was also provided to meet people's individual needs, examples included catheter care and dementia.
- Staff had supervision meetings with the registered manager and other senior staff. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. A spot check is where a senior member of staff calls at the person's home just before or during a visit by a member of care staff, so they can observe them going about their duties and check they are working to the required standard.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Support plans had information about people's dietary needs, their preferences or cultural dietary requirements.
- Staff supported people to stay healthy and referred people to other healthcare professionals as required.

Staff working with other agencies to provide consistent, effective, timely care

- People who used the service were provided with effective and timely care and support because staff worked closely and in conjunction with other services such as emergency care practitioners, GP's and district nurses.

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

- The service worked effectively with other professionals. For example, when people's needs changed they made referrals to other health and social care professionals to ensure people received the support they needed.

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 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.

- None of the people supported by the service had a Court of Protection Order in place at the time of our inspection.
- People told us they were involved in making decisions about their care and were asked for consent before providing care and support.
- Care records contained consent to care documents.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 happy with the care and support they received. They told us, "Caring is exceptional," and "All the [care staff] are very kind and caring" and "The care staff are always very respectful when helping [my relative]."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.
- People's rights were central to the care and support they provided.
- Staff received training on equality and diversity.

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

- People and their relatives were fully involved in decisions about their care.
- People told us they were asked regularly if they wanted to make any changes to their care plans and the plans were changed accordingly.
- People were confident to express their views and told us they had not experienced any discrimination

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated dignity and respect.
- People told us care workers were kind and respectful. One person told us, "The [care workers] are very kind, actually, everyone is kind, do anything for me. They help me bath, support me to be as independent as I can, never rush me, they respect me in that way."
- One care worker told us, "I would 100% recommend it, the lasses are so nice, we have laughs with the service users, treat them with respect and dignity."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they received personalised care that was responsive to their needs.
- Overall people told us they were happy with the care and support they received. One person said, "All I can say is they are excellent, look after me well. I like them all."

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.

- People's communication needs were assessed.
- Care records included information about supporting people with their communication needs. For example, if people had a preferred communication method this was recorded in their care records.

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service but if they did they would not hesitate to talk to the registered manager if they were unhappy about anything.
- People were confident any issues they raised would be acted on.
- People told us they had seen information about the service's complaints policy, but most people told us they had not used this as they did not have any concerns about the service.
- One person told us, "Yes, I have complained twice and any issues have been resolved immediately. The office staff very approachable, and you always get a response."

End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- The registered manager told us they had previously worked in partnership with the Macmillan nurses and the district nurses to support people whose wishes were to remain at home at the end of their life.
- Policies and procedures were in place to guide staff on supporting people with end of life (EOL) care and training was available to staff.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found systems were in place to evaluate how the service was operating and ensure staff were working to company policies. However, these needed to be embedded into practice. At this inspection we found there had been improvements in the systems to identify and manage any problems with the quality of care provided.
- There was a strong focus on continuous improvement and systems. There were systems in place to monitor the safety and quality of the service. These included a range of audits, governance meetings and quality monitoring visits carried out by senior managers. Reports were completed, and any actions identified were addressed.
- The registered manager understood their legal responsibilities.
- The registered manager notified CQC about events as required by law.
- The registered manager understood the need to be open and honest with people using the service and their relatives when something went wrong.

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

- The registered manager demonstrated an open and transparent approach and was passionate about promoting a person centred, inclusive and empowering culture
- People told us they had regular contact with the registered manager and any worries or concerns were dealt with immediately.
- Care workers told us, "[The registered manager] is really approachable, they have done everything in their power to support me, [registered manager] bent over backwards to support me." and "I would recommend it as job-it's rewarding, service users smile when we can come in, I have had no problems since I started. I always feel supported."

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

- People were involved in discussions about their day to day support.
- People and their relatives told us this was done informally through conversations with care workers and

the registered manager and formally through care reviews.

- Surveys were conducted to seek people's feedback. For example, the registered manager told us that in response to people's feedback, people were now given a courtesy call if the care worker was going to be late.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs. One professional we spoke to told us, "To be honest with you I find them the best to work with, they are professional, accommodating."
- The registered manager attended events with the local authority commissioning team. This enabled them to share information about the service.