

Mrs Karen Jane Speak

# Tru Care (uk) Ltd - Worcester

## 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

Trucare (uk) Ltd is a service providing personal care to people in their own homes. The service supports older and younger people who may live with dementia, mental health needs, physical disabilities or sensory impairments. Fifteen people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. 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 supported by a consistent staff team and had developed strong bonds with the staff who cared for them. People said staff were compassionate and interested in their welfare. Staff encouraged people to make their own choices, recognised people's right to independence and treated people with dignity and respect.

Staff promoted people's safety by helping them to reduce risks they experienced. People and their relatives told us they could rely on staff providing the care agreed, including support to manage medicines they needed to remain well. People benefited from receiving a service where learning was taken from any incidents.

People were involved in planning their care, which reflected people's wishes. Staff supported people to ensure their preferences were met as their needs changed. Compliments regarding the quality of care provided at the end of people's lives had been received. People were confident if they made any complaints these would be addressed.

People were assisted to have enough to eat and drink, and see other health professionals, so they would enjoy the best health possible. 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, relatives and staff were positive about the management of the service and were encouraged to make suggestions for developing it further. The provider understood their responsibilities, checked the quality of the care provided and worked with other organisations to drive through improvements to people's care.

### Why we inspected

This was a planned inspection based on the previous rating.

### Rating at last inspection

The last rating for this service was Good (published 01/06/2016).

#### 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.

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 ●

# Tru Care (uk) Ltd - Worcester

## **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 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 in the community.

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

Inspection activity started on 5 June 2019 and ended on 7 June 2019. We visited the office location on 6 June 2019.

#### What we did before 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 two people using the service and one relative to ask about their experience of care. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service. We also spoke with two care staff.

We looked at four people's care records, multiple medication records, minutes of staff meetings and information relating to the quality and management of the service, including compliments received, and systems for managing complaints.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff talked to them about their safety and supported them to stay as safe as possible.
- Staff understood how to recognise and report abuse, should this be identified.

Assessing risk, safety monitoring and management

- People and their relatives were positive about the way staff identified and managed people's safety needs. This included considering people's safety needs when they mobilised or required support to eat.
- Staff provided safe care and had a clear understanding of people's individual safety needs.
- The provider also spent providing care to people and used this to check people's safety needs were met.

Staffing and recruitment

- Staff were not allowed to care for people until checks had been made to ensure they were suitable to work with vulnerable adults.
- People and their relatives told us they could rely on staff providing the care and support planned with them. One relative told us, "[Staff} are always very reliable."
- People and their relatives were asked if the timings of care were right for them. The provider reviewed staffing levels to ensure people's needs were met as people's needs and preferences changed.

Using medicines safely

- Where staff supported people to have their medicines, medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff followed good hygiene practices to prevent infections. Staff told us they were supported to do this through the provision of protective equipment required to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Systems were in place to take any learning from incidents and accidents, when required.
- Staff had opportunities to reflect on the care provided so improvements in the care would be driven through.

# 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.

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

- People's needs and preferences were assessed by staff before people started to receive care. One person told us, "[Provider's a name] came out to talk about the care I wanted." Relatives told us their views were also considered when their family member's needs were assessed.
- Staff gave us examples of joint assessments they undertook with other health and social care professionals. This helped to ensure people's care needs and choices were supported.

Staff support: induction, training, skills and experience

- People told us staff had the skills and knowledge needed to provide good care.
- Staff received training which was linked to the needs of the people they cared for. Staff told us the Provider encouraged them to identify training to develop their skills further. This included training to meet people's individual support needs, such as Parkinson's and dementia awareness training.
- New staff undertook an induction programme, which included working alongside more experienced colleagues. This helped to ensure they were prepared to care for people.

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

- People were positive about the support staff provided with their meals. One person said, "They [staff] always leave me with a drink."
- People's care plans provided staff with the information they needed to meet people's dietary needs and preferences, and to encourage people to have enough to eat and drink. One staff member said, "You leave snacks within reach, but encourage [people] to move about to get them, while you are there with them."

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

- People were supported to see health professionals when required. One relative told us staff had promptly contacted emergency services, so their family member would receive the care they needed when they were ill.
- Staff member gave us examples of joint work they had done with other health and social care professionals, so people had access to the care they needed to remain well. For example, specialist advice had been sought from an occupational therapist to help one person to swiftly recover after an infection.
- Where staff had any concerns for people's health people's needs were regularly monitored and advice provided by other health and social care professionals was followed, to promote people's 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 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.

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.

We checked whether the service was working within the principles of the MCA.

- People's capacity assessments were informed by consultation with them, their relatives and other health and social care professionals.
- Systems were in place to support people where required, to ensure any decisions which may need to be made were undertaken in people's best interests.

# 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 has 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 told us they liked the staff who cared for them. One person told us, "I can't praise them enough, they are really wonderful, such nice staff." Another person said, "I like to joke with [staff]. I pull their legs, and they take it in good part."
- People and relatives highlighted care was provided by a consistent staff team, building bonds between people and the staff who cared for them.
- Staff spoke warmly about the people they cared for and knew what was important to them. Staff told us of the additional support they provided to people, such as supporting them by undertaking extra tasks or helping out with pet care, when people wanted this.
- The service had received many compliments from people and their relatives, which emphasised how considerate and kind the staff were.

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

- People were involved in decisions about their care and were supported to express their views. This included making day to day decisions, such as what they wanted to eat, what they wanted to wear and what care they wished to receive.
- Staff knew people's care preferences and gave us examples showing how they adapted people's planned care as their choices altered, so people's preferences would continue be met. This included changing the time of their care to fit in with people's changing wishes.
- People's and relative's views on the care provided were obtained through care reviews and quality checks undertaken by staff. This provided opportunities for people to continue to choose what care they wanted.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful when caring for them and promoted their privacy and independence, for example, when providing personal care.
- Staff gave us examples of how they used their equality and diversity training to promote people's individual identity, and to ensure people knew they were valued.
- People's right to confidentiality and privacy continued to be respected, with people's private information securely stored.

# 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's care plans reflected their needs, personal histories, care preferences and lifestyle choices.
- One person told us staff provided them with care tailored to meet their needs. The person said because of this, "The care is really good. They always leave you comfy, they would not go before you were comfortable. They take time to see what you need doing - you don't have to ask them, they just see and do it."
- Relatives were encouraged to assist their family members to plan their care where people wanted this, and said this helped to ensure their family member's needs and preferences were met. One relative told us, "We always discussed what would make it easier for [family member's name]."
- Staff were empowered to make suggestions for developing and adapting people's care plans as their needs changed. For example, staff provided additional care to people after they had experienced illness and worked flexibly, to ensure people's needs continued to be met. This included considering changes in the level of other support people had access to.

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 had been considered when their care was planned, and Information was available in alternative formats to support people to make decisions about their care, should this be required.
- The Provider gave us examples of ways staff had been supported to provide good care to people, by supplying information in ways which met staff's needs.

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

- People's wishes for contact with their families and community were considered when their care was planned.
- People told us staff took time to chat to them about their interests and what was important to them.
- Staff gave us examples of ways they worked with people, so their sensory needs would be met and they were supported to enjoy spending time with staff. One staff member gave us an example of additional support they had provided, so one person was supported to enjoy a trip into town for coffee.

#### Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints, should these be needed.
- People had been provided with information on how to raise any concerns or complaints they may have.

#### End of life care and support

- People had opportunities to discuss their end of life care preferences with staff.
- Relatives told us the care provided to their family members at the end of their lives was good. One relative told us, "[Staff were] always very reliable and supportive of the whole family, particularly towards end of care, and stepped in quickly [to provide care]."
- The service had received compliments about the end of life care provided. This included feedback which confirmed the care provided had enabled to continue to live in their own homes and people's other end of life wishes to be fulfilled.
- The views other health and social care professionals were considered when planning and responding to people's needs at the end of their lives.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us communication with staff was good and the way the service was managed meant their needs and wishes were met. One person said, "They are worth every penny."
- Relatives told us there was a culture which encouraged communication and staff consistently listened to their suggestions, which led to enhanced outcomes for their family members.
- Staff were positive about the way they were managed and the focus of the senior staff. One staff member said, "[Provider's name] wants commitment and reliability from staff, for us to work as a team. It's about people getting good care."
- The provider was aware they needed to support people in an honest and open way in the event of any mistakes in the care provided.

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

- The Provider understood their responsibilities to enhance people's lives through the provision of good care, based on best practice standards. The provider kept up to date with best practice through research and attending meetings with other health and social care professionals.
- Staff knew how they were expected to care for people through one to one meetings with their managers, staff meetings and regular communication with senior staff. One staff member said, "It's a small service, and this makes it more personal [for people], and you can get support without delay if you need it." Another staff member told us, "We always get a text or a memo if people's medicines or routines change."
- The provider understood their responsibilities to advise CQC and other agencies of important events which may occur at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The views of people and their relatives were incorporated into quality monitoring and assurance arrangements. People's and their relatives' views on the care provided were regularly checked, and feedback received was positive.
- The provider also sometimes provided care to people and used this as an opportunity to check people received the care they wanted from competent staff. This helped to ensure the service provided to people

continued to improve, and staff were supported.

- The staff team met to discuss people's care needs and were prompted to reflect on the care they provided. One staff member said, "I always think about what's best for people. [Provider's name] is there to support, if there are big decisions to be made." The staff member gave us an example of improvements in people's physical health which resulted.
- The Provider checked aspects of care provided and used the findings to drive through improvement in the service. For example, improvements had been made in the way people's medicines were recorded, to further promote people's safety.

Working in partnership with others

- The provider had put systems in place for staff to obtain advice from other health and social care professionals. This helped to ensure people's health and well-being was promoted.
- One staff member explained the provider worked proactively with other organisations. The staff member said, "[Provider's name] is really good at pulling occupational therapists in." This helped to ensure people received the equipment they needed to meet their changing health needs.