

Torcare Limited

Torcare Domiciliary Service

Inspection report

The Old Vicarage
Antony
Torpoint
Cornwall
PL11 3AQ
Tel: 01752812384
Website: www.torcare.com

Date of inspection visit: 28 August 2015 & 28 September 2015
Date of publication: 22/10/2015

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 

Overall summary

The inspection took place on 28 August 2015 and 28 September 2015 and was announced.

Torcare Domiciliary Service provides domiciliary care services to adults within East Cornwall. On the days of the inspection Torcare Domiciliary Service was providing support to 30 people including those with physical disabilities, sensory impairments, mental health needs and people living with dementia. Torcare Domiciliary

Service is owned and operated by Torcare Limited. Torcare Limited also owns three care homes in East Cornwall, providing residential and nursing care to older people.

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

Summary of findings

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 were supported by a small staff team which helped to provide continuity of people's care and assisted in the development of positive relationships. Staff had been recruited safely, which meant they were suitable to work with vulnerable people. The registered manager and staff had a good understanding about safeguarding procedures and were able to tell us what action they should take if they felt some one was being abused, mistreated or neglected. When staff had reported concerns they had been supported by the registered manager.

People told us care staff were kind and caring. People also told us staff were respectful of their privacy and dignity. People felt safe when staff entered their home. Staff arrived on time and when they were going to be late, people were informed of this. Staff felt there were enough staff to meet people's needs and had adequate travelling time. Staff were protected from risks associated with lone working. People were protected from the spread of infection because staff followed infection control procedures.

People were supported by staff trained to meet their needs. All staff were trained to meet people's needs and had regular supervision to focus on their development. New staff received a detailed induction as well as training and supervision. Staff told us they were well supported and there were adequate opportunities to obtain further training and qualifications. The registered manager carried out pre-assessments to help ensure staff had the right skills and experience to meet people's needs prior to people using the service.

People had care plans and risk assessments in place. This provided guidance and direction to staff about how to safely meet a person's needs. For example how people wanted to be supported with their personal care or with mobility. Staff were aware of the importance of obtaining people's consent prior to carrying out care and support. People's consent and mental capacity was demonstrated in care plans to help make sure people who did not have the mental capacity to make decision for themselves, had their legal rights protected.

People who required support with their medicine received them safely. People had care plans in place and staff received training. People were encouraged to eat and drink. When staff were concerned about whether a person was not eating and drinking enough, they reported any concerns to the registered manager. Staff were observant of the deterioration in someone's health and wellbeing and took the necessary action, for example contacting the person's GP or a district nurse. The registered manager and staff were pro-active in making sure people received the support they required from external health professionals. This was achieved with the person's consent. The registered manager worked positively with external health and social care professionals as required.

People's feedback was obtained, valued and used to facilitate change and make improvements to the running of the service. People did not have any complaints, but if they did, they told us they felt able to complain and that their complaints would be investigated and resolved.

There was clear governance and leadership in place. The registered manager felt supported by the provider. There were effective systems in place to help monitor the ongoing quality of the service. The registered manager had notified the Commission in line with legal requirements.

Summary of findings

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.

People told us they felt safe.

People were protected from risks associated with their care because risk assessments were in place and kept up to date.

People's medicines were safely and effectively managed.

Safe recruitment practices were followed.

The registered manager and staff had a good understanding of how to recognise and report any signs of abuse.

People were protected from the spread of infection, because safe practices were in place to minimise any associated risks.

Staff were protected from risks associated with lone working.

Good



Is the service effective?

The service was effective.

People received support from staff who had the necessary knowledge, skills and training to meet their needs.

People's changing care needs were referred to relevant health services.

People's care plans included guidance on the support they required with eating and drinking.

People's consent and mental capacity was assessed and documented to help staff know how to support people effectively.

Good



Is the service caring?

The service was caring.

Staff were kind and compassionate and understood people's care needs.

People's privacy and dignity was respected and valued by staff.

People had good relationships with the staff who supported them.

Good



Is the service responsive?

The service was responsive.

People had care plans in place which meant staff had information about how to support people.

People's views were valued and their feedback was used to make improvements.

Concerns and complaints were investigated and solutions were found.

Good



Summary of findings

Is the service well-led?

The service was well led. There were clear systems of governance and leadership in place. The provider encouraged a system based on clear policies of how the service should be run and people cared for.

The registered manager had a quality assurance system in place to drive improvements and ensure good standards of care.

Staff enjoyed working for the organisation and felt the registered manager and provider were supportive.

The registered manager worked in partnership with other professionals when required.

Good



Torcare Domiciliary Service

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.

The inspection took place on 28 August 2015 and 28 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be present. 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection and our previous inspection reports. A notification is information about important events, which the service is

required to send us by law. The provider had completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent 19 questionnaires to people who used the service and 17 questionnaires to staff to obtain their feedback.

During our inspection, we visited five people who used the service, and spoke with two relatives, five members of care staff, the registered manager and the nominated individual. The nominated individual is responsible for ensuring the personal care services provided by the organisation are properly managed.

After our inspection we spoke by telephone with eight people who used the service and four relatives. We also contacted a district nursing team and the local authority service improvement team for their feedback.

We looked at five records which related to people's individual care needs. We viewed five staff recruitment files, training records and records associated with the management of the service including policies and procedures and quality monitoring.

Is the service safe?

Our findings

People who used the service all told us they felt safe in the presence of the care staff. Comments included, “I am safe when they are around”, and “we feel safe when the carers come”. Staff uniforms and photo badges helped people to recognise the member of staff on arrival.

People were supported by staff who were safely recruited. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. The registered manager assessed an applicant’s previous experience in determining whether they were suitable to work with people who used the service.

The registered manager and staff all understood their safeguarding responsibilities, had received training and were able to explain what they would do if they suspected someone was being abused, mistreated or neglected. The registered manager told us, safeguarding “is everyone’s business”. We were given an example of an alert which had been raised by a member of staff; the member of staff had been observant regarding a person’s withdrawn behaviour and shared their concerns with the registered manager. As a result of this, action had been taken and the person was safeguarded by the local authority. Safeguarding was discussed with staff on a regular basis as part of their supervision with their line manager, and staff had recently been informed about legislation regarding children’s safeguarding protocols.

There was a whistleblowing procedure in place and staff understood their responsibilities to raise concerns about poor conduct. Staff told us they felt confident concerns raised with the registered manager would be addressed appropriately.

There were protocols in place to protect staff when they were working independently; the lone working policy protected staff when they may be in difficult situations. For

example, staff were able to contact the registered manager and raise an alert. Staff were trained in first aid and emergency procedures, for example first aid and basic life support.

People told us staff arrived on time and when there was going to be a delay they were informed of this, one person told us, “yes they arrive on time and yes if there is a problem they have called. Staff felt there was enough staff to meet people’s individual needs and had enough traveling time between each person. The registered manager explained she tried to group staff to particular areas, to provide continuity of care for people and to help reduce traveling time for staff.

People were protected from the spread of infection, because staff had received training in relation to infection control practices. Staff wore the correct protective equipment when providing personal care to people, for example gloves and aprons.

People had documentation in place relating to the management of risks associated with their care. Risk assessments, were printed on bright coloured paper to help staff clearly identify any associated risks in people’s care plans. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person’s home, as well as risks in relation their care and support needs. Some risk assessments required updating, and the registered manager was in the process of doing this at the time of our inspection.

People when required, were supported with their medicines and had care plans in place which detailed their medicines and the role staff were to take. Where staff were responsible for administering people’s medicines, this was achieved safely and staff had received training. A member of care staff supported one person with their medicine. It was carried out by involving the person and actively gaining their consent throughout the procedure, the person told us afterwards, “I am very confident with the staff”.

Is the service effective?

Our findings

People were supported by staff trained to meet their needs. Comments we received included, “They seem to know what they’re doing. I think they do get training, they have the right skills”, and “Yes I think the staff have on-going training and more”.

Staff received an induction when they joined the organisation. This introduced them to the ethos of the organisation and important policy and procedures. New staff were provided essential training, such as moving and handling and dementia care. Staff were given opportunities to develop their training and knowledge by enrolling in a Qualifications and Credit Framework award (QCF). The care certificate had not been incorporated into the staff induction; the registered manager told us this would be reviewed. The care certificate was a recommendation from the ‘Cavendish Review’ to help improve the consistency of training of health care assistants and support workers in a social care setting. People who used the service confirmed new staff were introduced to them and shadowed other staff before working on their own; one person commented, “One new one came to shadow the regular one”.

Staff confirmed they felt well supported and documentation showed staff received regular supervision of their work; either by observation of their practice or by a one to one discussion. Staff explained supervision was an opportunity to obtain feedback about their practice and to talk about future training and development. The registered manager also used supervision to help support staff following any pressurised or difficult situations. For example one member of staff who had raised a safeguarding alert had been provided with a supervision shortly after, to help reassure and to discuss any worries or

anxieties they may have had. The registered manager kept staff up to date with important information relating to their role, by providing an information sheet. The information sheet addressed key topics such as safety and risk, medicines and consent.

People’s care plans provided details to help staff know what people’s nutritional likes and dislikes are. Care plans were detailed when people had specific requests, such as what type of tea they enjoyed and the strength they liked it to be, for example one care plan read, “leave tea bag in the cup”. Care plans also described if people required help or support with eating and drinking so staff were informed about what action they needed to take. Staff were requested to ensure where required, people always had a drink in their reach prior to leaving.

People were supported to access external services such as GP’s and district nurses. One person had been supported to access an occupational therapist because staff had observed the person was having difficulties mobilising in their bathroom. As a result of this, hand rails had been fitted. An external health care professional told us staff and the registered manager liaised well about people’s care needs, and were responsive in implementing any changes requested by community nursing staff.

People were supported by staff who understood the importance of gaining people’s consent. Staff were seen to gain a person’s consent prior to supporting them, and took time to explaining what they were going to do at all times. People’s care plans recorded signatures of their involvement and consent to the care and support staff were providing. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and would refer to the local authority if they felt someone’s capacity had changed.

Is the service caring?

Our findings

People were supported by kind and caring staff, who told us they were “Excellent” and “Very good”. Other comments included, “I think they’re very kind”, “Excellent, very good” and “Entirely happy with the staff”. One relative told us, “One of them has built a good rapport with my Mother”.

Compliment cards had been received describing the gratitude from people and from their families, “A very good service, all the carers I have are brilliant, very brilliant” and, “We are fortunate in having such a dedicated staff to look after us, for which I am grateful, thank you”.

During our observations, we saw staff were kind and caring when they interacted with people. They communicated with people in ways to suit their needs and demonstrated a familiarity and knowledge of people’s preferences and dislikes. One person told us, “I can’t praise them highly enough”.

People told us they did not feel rushed and staff spent time with them chatting. The registered manager told us, the philosophy of care was “All about the client feeling special, cared for and being the centre of attention during your time with them”; this philosophy was discussed with staff during supervision.

Staff described how they showed care in their role and towards the people they supported. They explained they took time to get to know people, took an interest in the person and went the extra mile, by buying shopping or picking up their newspaper.

People could request a rota so they were informed of who would be coming each day. For new people who used the agency the registered manager told us she always contacted people. She explained “I will phone them to tell them who is coming it’s their own home”.

People felt staff treated them with respect and their dignity was promoted, one person told us, “They care for me with respect and dignity, I think they’re very kind”. Staff explained how they were respectful of people’s privacy and dignity by explaining they closed curtains and covered a person’s body with a towel or dressing gown when they stepped in and out of the bath or shower.

People’s care plans detailed family and friends who were important to them, in one person’s care plan it stated “very well supported by her husband and family”. This helped staff to be knowledgeable about people’s family dynamics and involve them as much as necessary.

People were provided with opportunities to feedback about the service they received. The registered manager regularly contacted people by telephone to ask how they were, and whether the service was meeting with their expectations. One person told us, “they do phone time and again to see how we are getting on”. People were also able to contribute and feedback to the registered manager when staff were supervised during on spot inspections.

Is the service responsive?

Our findings

People felt their needs were met by the care staff who came to support them, one person told us, staff have a “good understanding of our needs”. Other comments included, “Carers listen all the time and offer options” and, “They always check what I want”.

The provider had a pre-assessment process which helped to ensure the staff were able to meet people’s needs. This pre-assessment process also helped to identify when staff required further training before they were able to support people. For example, one person required specialist care with nutrition, so the registered manager had arranged training for staff.

People had care plans in place, to provide guidance and direction for staff about how to meet a person’s needs. For example how people wanted to be supported with their personal care or mobility. Care plans were regularly reviewed and updated to ensure they accurately reflected people’s current care needs. One person told us, “The beauty of Torcare is that the staff involve the whole family in my care which is what I want”.

People’s care plans recorded their personal history so staff were aware of what a person had achieved in life. A person’s history helps to enable staff to have meaningful conversations with people. The registered manager was working with staff to encourage daily records to be written in a more meaningful way to help reflect the person centred approach being delivered by care staff. When required, people’s care plans had been printed in larger format so people who suffered with a visual impairment were able to read them.

Staff told us people’s care plans were reflective of people’s needs. When care plans required updating, staff told us this was carried out promptly.

People’s changing care needs were shared with the staff team by either telephone or mobile phone text message so staff were fully informed prior to arriving at someone’s home. The registered manager explained the importance of communication within the team and the impact that poor communication could have on the people they supported.

When there had been concerns regarding the deterioration of a person’s health the staff and registered manager had been responsive to help ensure the person received appropriate support, for example for one person who had been frequently falling and was confused, staff had taken prompt action to support the person to contact their family and district nursing team.

People were given a copy of the complaints policy in a welcome pack when they started using the agency. People had a copy of this in their homes, but people told us, “I think they give me the care that I need...no complaints”, “I know how to complain but never had reason to” and, “no complaints whatsoever”. The registered manager explained, “They know to ring me. If they do, I try and deal with it straight away. I like to nip things in the bud”. Complaints or concerns were not always written down, so the registered manager was unable to assess any themes which may help with ongoing learning and improvement. However, the registered manager told us this would commence.

Is the service well-led?

Our findings

Torcare Domiciliary Service is owned and operated by Torcare Limited. The provider had a nominated individual for the organisation. The nominated individual is responsible for ensuring the services provided by the organisation are properly managed. The registered manager told us she felt “well supported” by the nominated individual. The registered manager received regular supervision to discuss her role, as well as training and development. At the time of our inspection the registered manager had been undertaking additional training in safeguarding children as this was felt to be important to the service.

Staff were aware of the organisations vision and values, of promoting people’s independence and “caring and sharing”. Staff felt these values were integrated into the management of the service and into the care people received.

People spoke positively about the management of the service. Staff also felt the service was well managed and told us they felt supported by the registered manager, comments included, “She [registered manager] is very aware if what’s going on and with each client”, “Nice, approachable and friendly”, “If you phone up, there is always someone on the end of the phone”, and “Always willing to listen, very approachable”.

Management meetings were held weekly and were an opportunity to discuss the running of the service and to help recognise where action or improvements were required.

The registered manager had systems in place to assess the ongoing quality and monitoring of the service. For example, auditing care records, and spot checking staff performance. Although, these systems were in place, the registered manager felt it was also important to work alongside staff to continually monitor, assess and make improvements as required. The registered manager also used people’s care

planning reviews to help in the ongoing assessment of the quality of the service. For example, one person had informed the registered manager they felt rushed when care staff came to support them. The registered manager dealt with this immediately and spoke with the staff team.

The provider carried out mock inspections based on the CQC’s approach. These inspections were unannounced and the registered manager was expected to participate as they would on the day of their CQC inspection. The inspection helped to identify good practice as well as helping to identify areas for improvement.

There was an annual survey which was used to obtain people’s feedback; people’s feedback was used to improve the service. The provider had a care standards committee which was set up to discuss relevant topics affecting care homes. Meetings were held twice yearly or more frequently if required. The committee was made up of representatives from each Torcare Limited service including people who used services, staff, managers, family members and friends of Torcare.

The registered manager had notified us of incidents in line with their legal obligations, for example, when someone had sustained a serious injury.

The registered manager work in partnership with other agencies, such as community health teams. A monthly meeting was held with the district nursing team to discuss the individual care needs of people. An external health professional told us this was useful in ensuring a collaborative approach to meeting people’s health care needs.

The registered manager had organisational policies and procedures which also set out what was expected of staff when supporting people. Staff had access to these and were given key policies as part of their induction. The registered manager’s whistleblowing policy supported staff to question practice. It defined how staff that raised concerns would be protected.