

Tricuro Ltd

Home Care/ Reablement

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

The inspection was announced on 18 and 24 November and 3 December 2015. We told the registered manager two days before our visit that we would be coming. This was to make sure staff we needed to speak with were available.

Home Care/Reablement offers care and support to people in their own homes. The Reablement service provides time limited care and support to people in their own homes following a hospital admission. The Home Care part of the service provides on-going care and

support to some people who have who have been with the service for a number of years. The service has a specific focus on assessing their long term care needs and promoting and encouraging people's independence.

The service has been registered with a new registered provider Tricuro Ltd since July 2015. The service was previously registered with Bournemouth Borough Council as Home Care/Reablement Services.

The service has a registered manager who had been in post since April 2014 under the previous registered

Summary of findings

provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to safely manage and administer medicines for people. Staff had been trained in the safe administration of medicines. However, there were no specific 'as needed' medicine plans in place for people or plans that described how people took their medicines.

People received care and support in a personalised way. Staff knew people well and understood their needs. They promoted people's independence and supported them to achieve their goals. There were care plans in place so that staff knew what care and support to provide people. We found that people received the health, personal and social care support they needed.

However, some assessments, risk management plans and care plans for people who received the home care service needed reviewing to ensure staff had clear and up to date information as to what care and support people needed. The shortfalls in people's assessments and care plans were a breach of the regulations.

People and their relatives knew how to raise concerns or complaints. People and relatives were regularly consulted by the managers. Learning from complaints was not consistently implemented to minimise the risk of reoccurrence. This was an area for improvement.

People and relatives said the staff were kind and respectful. They took the time to make sure people had everything they needed before they left them and did not rush them.

People told us they felt safe and relatives said their family members were safe with staff and they had confidence in staff.

Staff were caring and treated people with dignity and respect. People and staff had good relationships. People told us they liked all of their care workers.

Staff received an induction and core training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

The culture within the service was personalised and open. There was a clear management structure and staff, relatives and people felt comfortable talking to the managers about any issues and were sure that any concerns would be addressed. There were systems in place to monitor the safety and quality of the service provided.

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?

Overall people received a safe service but some improvements were needed in relation to people's medicines plans and risk management.

Staff knew how to recognise and report any allegations of abuse.

We found staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Requires improvement



Is the service effective?

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Staff had the right skills and knowledge, training and support to meet people's needs.

People had the food and drinks they needed when this support was provided by the service.

Good



Is the service caring?

The service was caring. The people and their relatives told us that staff were kind and caring.

People and or their relatives were involved in decisions about the support they received and their independence was respected and promoted.

Staff were aware of people's preferences and respected their privacy and dignity.

Good



Is the service responsive?

Overall, the service was responsive to people and their needs. However, improvements were needed in assessing some people's needs and reviewing and updating their care plans.

People and their relatives knew how to complain or raise concerns at the home about the service. However, learning was not consistently implemented.

Overall, most people's needs were assessed and care was planned and to meet their needs.

Care workers knew people well and how to meet their needs.

Requires improvement



Is the service well-led?

The service was well-led. Observations and feedback from people, staff and relatives showed us the service had an improving, positive and open culture.

Good



Summary of findings

Feedback was regularly sought from people and relatives. Actions were taken in response to any feedback received.

There were systems in place to monitor the safety and quality of the service.

Home Care/ Reablement

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 registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out over three days by one inspector on 18, 24 November and 3 December 2015.

We visited three people and one relative in their homes and we spoke with five people, two relatives and four staff by

telephone. We also spoke with the registered manager, four reablement officers and observed a reablement daily handover at the office. We looked at six people's care and medicine records in the office and the records in their homes with their permission. We saw records about how the service was managed. This included four staffing recruitment and monitoring records, staff schedules, audits, meeting minutes, and quality assurance records.

We reviewed our records and any incidents that the provider had notified us about. As part of this inspection we followed up on the recommendations made to the previous registered provider following a review of a complaint by the Ombudsman.

Following the inspection, the registered manager sent us information about policies and procedures and the staff training records.

Is the service safe?

Our findings

People told us care workers supported them with their medicines in the ways they wanted them to. One person said, “They give me my tablets when they visit and leave my pain killers in a cup so I can take them when I need them”.

Staff supported some people with their medicines but there was not a specific medicines care plan in place where the service was offering long term care and support. For example, one person managed one of their ‘as needed’ medicines themselves but this was not detailed in a specific plan so staff knew how to support them with this. Another person who was living with dementia was prescribed ‘as needed’ medicines for pain relief. However, there were not any specific plans in place to instruct staff the circumstances when they should administer these medicines, how often and what the maximum dosage in 24 hours was. This lack of medicine care plans was a breach of Regulation 9 (3)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told and showed us how they had changed the way they recorded medicines following some people’s medicines errors. Staff told us the changes to the system were better and it was working well. Reablement officers also checked people’s medicines records when they were returned to the office and when they visited people in their homes. This was to make sure people’s medicines were administered as prescribed. Where any shortfalls were identified these were followed up by seeking medical advice and with the staff members concerned. All of the medicines records we saw in people’s homes were fully completed and people confirmed staff always gave them their medicines.

People who used the Reablement service had effective risk assessments in place for their home environment and moving and handling. However, people who received the Home Care service did not have specific risk management plans in place for all of their areas of risk. For example, where the service supported a person with their nutrition

or staff monitored their pressure areas, there was not any risk assessments or risk management plans in place. This was an area for improvement to ensure that staff had clear risk management plans to follow where people were identified as at risk.

People and a relative we spoke with told us they felt safe with staff from the service. One person told us they had felt very unsafe with the previous agency they had used because personal items had gone missing. They had been receiving a service from Home Care/Reablement for over two years and knew and trusted the staff. One relative told us there was not one staff member they would not want to come into their home.

Care workers had received training in safeguarding adults during their induction and ongoing training. Staff knew the different types of abuse and were confident about how they could report any allegations.

The registered manager told us and we saw from schedules there was a stable staff team. People told us they were supported by a number of different staff but they got to know them all. People who received the Home Care service confirmed they were supported by the same staff that they knew well. The registered manager told us they kept the services capacity to support people under regular review to ensure they had enough staff to meet the existing people and any new reablement referrals.

We found that recruitment practices were safe and that the relevant checks had been completed before staff worked with people in their homes. This included up to date criminal record checks, fitness to work questionnaires, proof of identity and right to work in the United Kingdom and references from appropriate sources, such as current or most recent employers. Staff had filled in application forms to demonstrate that they had relevant skills and experience and any gaps in employment were explained. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Is the service effective?

Our findings

People we visited and telephoned told us they received care from familiar, consistent care workers. One person said, “The carers are well trained and know what they are doing. Very thorough and always check what they need to do and that they have done everything they are meant to have done before they go.” Another person said the staff were highly trained. The person used a ceiling track hoist and told us the staff explained what they were doing at every step of the way, “They know exactly what they are doing”.

People who received the Reablement short term service did not have specified times for their visits but time bands. This meant staff had the time to support people to achieve their goals without being limited by specified times and lengths of visits. People told us they were not rushed and the support provided was effective in enabling them to achieve their goals.

Staff completed core training that included the provider’s compulsory training. For example, infection control, safeguarding, moving and handling, medicines management and emergency aid. Staff had also been provided with dementia training and had received additional guidance on diabetes. All staff had completed an induction and the registered manager told us when new staff started they would be completing the care certificate, which is a nationally recognised induction qualification. All but one member of staff had achieved a minimum of level 2 in National Vocational qualifications. Staff we spoke with had a good understanding of their roles. Staff told us the training they received was good and equipped them to be able to meet people’s needs.

Staff told us they were well supported by their managers and they had opportunities to develop professionally. Records showed the registered and deputy managers and reablement officers completed observations of staff. This included medicine competency checks, monitoring checks and one to one supervision sessions. Monitoring checks are an observation of staff performance carried out at random. The registered manager had identified that staff appraisals were overdue and had a plan in place to address this.

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. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of this and was aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty in people’s own homes. We did not find any evidence of any restrictions imposed upon people.

People and relatives told us staff sought their consent before undertaking any support or personal care tasks. One person said, ““They are happy girls, they listen and give choices, they always give me choices”.

Records showed people’s consent to their care had been sought by staff and people had signed their care plans for the Reablement service.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff we spoke with had an understanding about this and making decisions that were in people’s best interests. However, for one person receiving the Home Care service, there had not been any review of their capacity. This person was living with dementia and their ability to make specific decisions had not been reviewed since March 2014. The assessments and care plans in place for other people did not take into consideration the impact of health conditions on people’s ability to make some decisions at certain times. For example, if their diabetes was unstable this may have an impact on the person’s ability to make decisions at those times. The reviewing of people’s mental capacity assessments and best interest decisions was an area for improvement.

People told us they were supported to have enough to eat and drink and at the times they wanted it. They said, where preparing food and drinks was part of the care and support package, the care workers always made sure they had food and drinks left in their reach. We reviewed the records in people’s homes and these included what food and drinks had been prepared for the person.

Is the service effective?

People's health needs were met and they received the care they needed. For example, one person told us they had a pressure sore. They said staff checked their skin every day and applied a prescribed cream when they supported them to wash.

Is the service caring?

Our findings

All of the people and relatives spoke very highly of the caring qualities of the staff. Comments from people and relatives included, “I am quite pleased with all of them they’re all caring”, “Two words – bloody brilliant”, “I consider myself lucky, they are marvellous” and “They are wonderful”.

People told us their choices in relation to gender of care workers for personal and intimate care was respected. The register manager told us they asked people their preferences and respected this but did not record this information on their assessment or care plan. They acknowledged they needed to record this information.

People we spoke with and their relatives confirmed that they were involved in making decisions about their care. We saw they had been involved in developing their care plans. One person told us they did not read their care records but their relative did and that the records reflected the care and support provided.

People told us care workers always treated them with respect and dignity. People told us staff were always polite and respectful. People said care workers always maintained their dignity when providing personal care. One person told us they could not walk to the bathroom so staff drew their curtains and brought them a bowl of water so they could wash themselves. They said staff kept them covered whilst they had their wash to keep their dignity.

Staff knew about keeping people’s personal information confidential. People and relatives confirmed that staff did not discuss other people or any private matters with them.

Care plans for people receiving the reablement service included details of how staff could encourage people to maintain their independence. Goals were set and reviewed with people and these were reviewed by staff at the daily handover. One relative told us “It’s been an absolute godsend and it’s been a great support”

Is the service responsive?

Our findings

People receiving the reablement service had an assessment, and care plan produced by the hospital social work team. The reablement officers reviewed these assessments to establish whether they could provide a reablement service to each person. Most people who receive the reablement service are only supported for six weeks. However, some people have remained with the service and now receive the Home Care service.

The service had not reassessed people's needs or updated some people's care plans to ensure that all of their needs were planned for when they received the Home Care service. For example, people with diabetes did not have specific diabetes plans in place to make sure staff knew how to recognise the signs of them becoming unwell. There were not any nutritional plans in place for these people to make sure staff knew the importance of the person eating and drinking regularly. There were not any robust systems in place for the service to monitor whether people were eating and drinking regularly. The registered manager took immediate action and new diabetes alert plans were put into people's homes and were in place when we visited. Staff had also received training which covered diabetes awareness and were given information about how to recognise when people may be unwell as a result of diabetes.

The shortfalls in the assessment and designing plans of care and support for people were a breach of Regulation 9 (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were involved in planning their care. People who received the reablement service were consulted and involved in setting and reviewing their goals.

There was a daily handover for staff that supported people with the reablement service. This meant staff were able to be responsive to people's changing needs. At this handover meeting staff fed back on the mornings visit to each person and their achievement of their goals was reviewed. For example, one person had achieved their goal of being able to stand up independently. Another person had achieved one of their goals to prepare their own meal. Staff working in the afternoon and evening fed back to the reablement officer on duty and this information was recorded electronically so it could then be handed over to the staff

supporting people the next morning. The visit recordings for each person were completed on carbonated records so that staff could return the recordings to the office for the handover review each day.

For people receiving the Home Care service the reablement officers, deputy and registered manager met on a weekly basis to review each person. However, although reablement officers visited people frequently this weekly review and visits did not always include a review of the person's records, risk assessments or care plans to ensure that staff had up to date information. The registered manager took immediate action and by the third date of the inspection reablement officers were meeting with people to complete reassessments of their needs and were writing new care plans with people.

Staff were knowledgeable about people's needs and knew important information about them as individuals. This knowledge supported people to receive a personalised service from staff.

Staff provided people with information about other service that could support them to reduce their isolation. They supported people to get in touch with these different support agencies if they needed.

People and relatives told us the service involved them in making decisions. Relatives were encouraged to be involved where they wanted to be and told us the support had helped with maintaining positive relationships with their family member.

People and relatives we spoke with knew how to make a complaint or raise any concerns. None of the people and relatives had needed to make any complaints and did not raise any concerns with us about the service. People with provided with information on how to make a complaint in their information packs from the service.

We reviewed the complaints procedure and complaints records. There had been no written complaints received since the service was registered in July 2015.

We saw information from the previous registered provider that showed they had undertaken lessons learnt exercise following a complaint investigation. This was led by the local authority and included managers from the local authority care management team and the service. We saw overall improvements and saw that some recommendations for the service had been implemented.

Is the service responsive?

However, learning from complaints was not consistently implemented for all of the people who used the service.

This was because some people with specific health conditions had not had their care plans reviewed and updated to reflect the recommendations from a previous complaint investigation. This was an area for improvement.

Is the service well-led?

Our findings

Feedback from people, relatives and staff showed us the service had a, positive and open culture. They all said they could approach managers and they were listened to by the reablement officers, deputy and registered manager. People, relatives were confident that action was taken when needed and they were positive about every aspect of the service.

People and relatives told us they knew who to contact at the agency. People told us when they had contacted the staff were very responsive. They said they had regular contact with the reablement officers who sought their views on the service. In addition to this questionnaires were given to people who received the reablement service and people who received home care were telephoned for their views. The feedback from the questionnaires and telephone calls were reviewed by the registered manager. We saw action was taken where possible in response to feedback received. For example, some people had fed back they would like specific times for their care and support whilst using the reablement service. The registered manager had looked into this but because of the nature of the service and the need to promote people's independence visits could not be restricted by time. The fully explained this to people at the start of the service and offered people time bands. People told us this worked well for them.

We saw the service had received eight compliments from people, relative and professionals since July 2015. The registered manager shared these with staff so they received the positive feedback from people.

Staff told us they were listened to and had the opportunity to contribute to the development of the service. The registered manager gave examples of where they had changed systems in response to staff feedback. For

example, staff had raised concerns about not having easy access to the office. The registered manager made arrangements so the staff could access the office independently without needing to be let in.

Staff we spoke with were positive about the communication at the service and they were all enthusiastic about working with the people they supported and the service. Staff told us there was good teamwork at the service.

There were staff meetings for all staff and for reablement officers. The registered manager always scheduled two dates for staff meetings so staff were able to attend at least one of them. Actions were set with timescales following each meeting. Minutes were distributed to all staff and the actions were reviewed at the next meeting.

The registered manager showed us the systems in place to assess, monitor and improve the quality and safety of the services. This included peer reviews by other registered managers from other services operated by the provider, monitoring visit checks, daily handovers, weekly home care reviews, auditing of a sample of people's care plans, complaints, and compliments and any accidents or incidents. In addition the service had recently reviewed themselves against the KLOEs (Key Line Of Enquiry) and the fundamental standards. An improvement plan was produced following this review. This included improving access to electronic records for staff so they could update records without having to return to the office.

The provider was in the process of implementing new systems for monitoring the quality and safety for the service. The deputy manager was planning to take the lead in implementing the new systems.

Where we identified any shortfall the registered manager and staff team took immediate action to address the concerns.

All of the staff we spoke with knew how to whistleblow and raise concerns. They were confident that any issues they raised would be addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The shortfalls in the assessment and designing plans of care and support for people were a breach of Regulation 9 (3)(a)(b)