

Trust Care Agency Limited

Trust Care Agency

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Trust Care Agency is a small domiciliary care agency supporting seven people living in their own homes. The service provides personal care to all seven people including help with meals and assistance with personal care including washing and dressing.

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

Senior staff knew what was happening within the organisation at any given time and were quick to address concerns once they were informed of them by front line staff. However, the audit and governance records did not always reflect the issues identified and the action taken. This meant the provider did not have effective records to evidence continuous improvement. We saw from regular team meetings that staff were kept informed and updated of any changes in practice to address any concerns. Staff told us communication with the office staff was excellent and they felt well informed of what they needed to know to complete their job. Staff support was available from senior staff both during office hours and out of hours via an on-call system.

Everybody we spoke with told us they felt safe and were supported by staff they trusted to keep them safe. Staff were safely recruited and well trained and they understood when people may be at risk. There were good procedures in place to keep people free from harm. Stable staff teams supported individuals on days and times of their choosing. We were told staff were rarely late and stayed as long as people needed them to stay.

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 were in the process of being better developed to better evidence this practice. Where staff were required to support people in more complex areas, staff were tested for their competency in those areas through observational supervisions. People were supported with their diets and hydration to keep them healthy and the service worked with other professionals when required.

Care plans were written in a dignified way with people's preferences and wishes at the core of decisions made for the support provided. People we spoke with had nothing but praise for staff with some considering the service their greatest support. Family were very grateful for the staff's willingness to engage with them to keep everyone informed of people's health and wellbeing. Feedback from a recent satisfaction survey was excellent.

Plans of care were written with relevant people and professionals. Changes in the care provided was sometimes slow to be written in the care plan although it was implemented immediately. The provider had shared with us newly developed short-term care plans to capture circumstances of people's support when it was at the time of a specific illness and would revert back to the original plan of care once the person had recovered. There had not been any complaints received since the last inspection and each person we spoke

with told us they had never had reason to complain.

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 Good (17 May 2017).

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?

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Trust Care Agency

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 was completed by 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 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 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 3 February 2020 and ended on 7 February 2020. We visited the office location on 3 February 2020.

What we did before the inspection

We reviewed all the information we held about the service and spoke with other professionals who support and commission 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 four staff in the office including the registered manager and directors, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Four staff completed a staff survey which we received during the inspection activity dates. We also spoke with one person who used the service and two family members on the telephone.

We reviewed three care plans in detail and looked at the six remaining plans for other specific activity and information. We looked at three personnel files and all staff training records, as well as other management information to show how the service was audited and managed on a day to day basis.

After the inspection

We asked the provider to share some information with us after the inspection which we received in a timely way. Any clarification we sought on information received was provided.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At the last inspection it was noted that some risk assessments were not in place for people at risk of choking, the use of bedrails, the risk of falls and the risk of pressure damage. At this inspection we found where risk assessments were required, they were in place.
- Some risk assessments did not include a final risk score and were not dated or signed by the individual completing them, but by the end of the inspection the care coordinator had addressed this. We were also sent a new risk assessment tool, which better collated information on the falls risk assessment.
- Health and safety assessments were completed on people's property and staff were made aware of any relevant emergency contacts including family members and commissioning services.
- The service was proactive at taking steps to reduce the risk of missed or late calls by asking staff to acknowledge receipt of their rota and to undertake the shifts allocated.
- Where risk was identified, the service took steps to monitor any improvements made to ensure they were effective. This included in one event, where a person's radiators had broken, once repaired, staff monitored them daily to assure themselves they continued to work.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they completed initial safeguarding training as part of their induction and then completed it annually. Staff understood what constituted abuse and how to protect people.
- We saw from the team meeting minutes that steps were taken to ensure people received the support they required. The service would contact commissioners if people's needs changed and they required more support than could be provided in their time allocated.
- Response given to the staff survey showed us staff engaged with people using services and when required their family members to ensure the service met their needs and kept people safe.
- Management told us when new staff started, they would always be introduced to people they were to support by either management or a long serving member of staff to allow people confidence that staff were who they said they were.

Using medicines safely

- The service primarily applied creams for people and if on shift at an appropriate time, would remind people their medicines were due. We saw both topical cream administration records were in place and normal medicines administration records. These were audited in people's homes by senior staff and any concerns addressed during staff supervision and through team meetings.
- The service had a homely remedies policy agreed with local GPs for people using the service. This ensured homely remedies did not cause any issues with other medicines people were taking.

- We saw medicine care plans and risk assessments as well as signed consents to say people were happy to receive support in this area.

Preventing and controlling infection

- Staff told us they had all the available PPE (Personal Protective Equipment) they needed to complete their role and people told us staff wore gloves and aprons when supporting them as appropriate.
- We saw procedures were in place and had been followed, when one person had a sickness bug. This reduced the risk of cross contamination effectively.

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People we spoke with and their families all told us the service they received was done so with their consent. One person told us, "Staff always ask my permission before they do anything."
- We saw consent was sought in several different areas such as to hold people's house keys, take them into the community, to administer medicines and share information with relevant professionals. Some of these were signed by people using the service and some by family members.
- Information was available to say if people using the service had a delegated power of attorney representative to support them when they lacked capacity, but there was no evidence to show if this was for finance or health and welfare. We spoke with the registered manager about this who said they had some of the information available but were in the process of asking families to bring in the remaining information.
- We saw some care plans which stated people were living with dementia or lacked capacity but there was not a formal decision specific assessment to determine this for a given decision requiring consent. We saw care plans had been completed with information about likes and dislikes and family members had supported staff with completing this information.
- We spoke with the senior management team about documents and records to show the service were working within the principles of the Mental Capacity Act and were told they were redeveloping their care plans to include this information. We were sent new template care plans shortly after the inspection, which when completed would ensure the principles were followed and the appropriate support was provided within the MCA guidelines to people who may lack capacity.

We recommend the provider ensures more comprehensive records are kept to evidence support to people who may lack capacity. This would include decision specific assessments identifying the support provided to people to make their own decisions. When people are assessed as unable to make the decision, records are kept in line with best practice guidance to show the outcome of decisions are made in people's best

interest and are the least restrictive options.

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

- The service worked with social workers and commissioners to develop care plans at point of referral to the service.
- Plans of care were holistic and included people's likes, dislikes, needs and wishes.
- Information was available in up to date policies and procedures to support staff with the ongoing development of care planning.

Staff support: induction, training, skills and experience

- Staff completed the care certificate as part of their induction to work with the people using the service. The induction took three months with an initial three days spent in the office completing classroom-based training and reviewing information on the people staff were to support.
- Specific specialist training was provided to staff supporting people with more complex needs including catheter training.

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

- People were supported when at risk of malnutrition. Staff took note of what people ate and records were kept monitoring people's weight if required.
- One person would forget to eat or they would tell staff they had eaten with the potential they had not. Staff had begun to check the waste bin to ensure there were empty boxes or tins of food stuffs to guarantee the person was eating enough to keep them healthy.

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

- Staff worked with the local GPs to ensure referrals were made to supporting teams if necessary. This included the diabetic team, dieticians, district nurses, the mental health team and social workers.
- When professionals gave advice to the service this was incorporated into care plans to ensure adapted care was delivered to people to meet changing needs.

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

- When we asked people about how the service supported them, we were given positive feedback on the promotion of equality and diversity including one person saying, "Without Trust Care, I would not have any quality of life. Simple things like getting to meet friends for lunch just wouldn't be possible."
- People told us they were supported well by the service. One person said, "I trust them without a doubt, you can 100% rely on them to turn up when they say they are going to and they help me in every way possible."

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

- We asked people if they helped to develop their care plan and how often they got to discuss it with staff to make any changes they wanted. One person told us, "Someone from the office comes about every three to six months and talks to me to find out if anything has changed. We talk about the support I need. The staff support me to cook, to shop and make sure I look after myself."
- Care plans were written in the first person and included clear instructions as to how people wanted their care to be delivered. This included how people took their drinks and when they liked to have them. Plans identified what they wanted left out for them when staff left and also clear guidance for staff to ask people if there was anything else, they needed prior to them leaving.

Respecting and promoting people's privacy, dignity and independence

- The people the service supported had varying needs. When we spoke to one family member about the support provided to their loved one, they told how invaluable the service was at supporting their family member and how the service had a way of connecting with them, which was much better than they had anticipated. Their loved had been a lot happier since receiving the support from the service.
- The same person told us, "The service has given [family member] a new injection of life. They are more motivated than ever to look after themselves and see the carers as their guests who help to support them." We were told staff treated the person's home and his family member with the greatest of respect.

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

- We saw plans of care were very comprehensive, identifying what people needed to be supported with and what they were able to do independently. They identified the amount of prompting or support which was required to achieve specific aims including having a shower or supporting someone to dress.
- The service had received a lot of compliments about the care and support they provided. This included detail of how people had reengaged with the community and looked forward to the carers visiting and supporting them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was information available in different formats if this was requested including large print and picture format.
- One person who had difficulty communicating had pictures of food, drink and destinations such as the supermarket, doctors or hairdressers. Staff used the cards to determine both what the person wanted to do for the day or have arranged for them and also what they wanted to eat and drink.

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

- The service supported some people to give respite to other family members. We saw in one care plan this included trips to the community including walking and playing bowls.
- Another plan of care identified the person liked to go to the seaside and we were told they had recently been with the support of staff.
- All care plans included people's likes and dislikes and this included people's social needs and how they liked to spend their time.

Improving care quality in response to complaints or concerns

- The service had an accessible complaints procedure available in the service user information pack and held in people's care plans.
- There had been no complaints received since the last inspection. One person had raised a concern in relation to money they had thought had gone missing. The care coordinator investigated this as if it was a complaint and the conclusion was there were no concerns in relation to the service provided. The money

had been misplaced and found.

End of life care and support

- The service did not routinely support people at the end of their life and since the service had been operational this service had not been requested or required.
- We discussed how this would be managed in the event it was needed. We were assured the service would access appropriate support and if required a more appropriate placement, to ensure end of life care could be delivered in a dignified manner.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- The service was well managed and was working well to ensure people's needs were met and people were happy with the service they received.
- However, whilst there were audits in place these did not include the detail required to clearly evidence continuous improvement.
- We spoke with the registered manager and directors about this and it was clear that when something was identified that needed to be improved or changed, it was immediately actioned, communicated with staff and implemented. This included when people were poorly or changes were made to their care. For example, if someone had a chest infection and were prescribed an antibiotic or their mobility reduced and they were given a new piece of equipment. The antibiotic would be added to the MAR chart and would be prompted or administered as required. Staff would be shown how to use equipment and it would be used either for the long or the short term. But these changes would not always be added to a care plan. You would see from daily notes that the correct action was being taken but these were not carefully monitored to ensure staff were taking the correct action.
- We were told that moving forward short-term care plans would be developed and introduced as soon as any changes occurred. We were sent a copy of an example care plan, shortly after the inspection which would help evidence the steps staff should take to support the individual. We were also assured that daily records would be reviewed more frequently and formally by the seniors in people's homes and that the office would complete an audit of the records each month.
- We saw audits that included recruitment files, medicines, client files and behaviour that either did not have a clear frequency to them or needed to be more qualitative in their approach to evidence improvement.

We recommend the provider develops a consistent suite of quality audits from which they can identify improvements and the action taken.

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

- Staff we either spoke with or had responded to our staff survey were very positive about the service and the work they did. Feedback included, "I love all aspects of my job." And, " Even though I am a lone worker, there is a great team feel. We talk most days and are always there to support each other."
- We were told and we saw, that staff were supported by team meetings and supervision. Staff told us they had access to good training and managers were always available even out of hours if support was needed at

any time.

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

- The registered manager provided daily oversight of the service. An office team of four people worked closely together each day to discuss provision of the service to the seven people they supported.
- Staff were held accountable for the job they did and spot-checks were regularly completed to ensure staff were delivering the service and support to specific people in line with the company's expectations.
- We had received notifications from the service as required and the last inspection rating was on display on the service's website page of a national care agency database.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service completed formal annual satisfaction surveys with staff and people using the service. They also obtained feedback from people regularly by way of the completion and collation of feedback forms.
- We reviewed the available information and found the service received nothing but praise from the people they supported.
- Referring agencies and commissioners had positive relationships with the provider and we saw pre-assessment information which included dialogue with commissioners and people using the service. This was then used to develop the care plan.