

Trinity Healthcare (Yorkshire) Limited

Trinity Healthcare Limited

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

Trinity Healthcare Limited is registered with the Care Quality Commission (CQC) to provide care for people in their own homes in the community.

This inspection took place on 10 March 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service was last inspected June 2014 and was found to be compliant with the regulations inspected at that time.

At the time of the inspection one person was using the service.

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

Staff understood the importance of recognising and reporting any abuse they may become aware of or witness. They had received training and this had been updated regularly. Staff had been recruited safely and were provided in enough numbers to ensure the person's needs were met. The person who used the service was supported by staff to take their medicines safely.

The person who used the service was cared for by staff who had received the right training to meet their needs. Staff understood the importance of ensuring the person's human rights were upheld, they were protected by the law and no undue restrictions were placed upon them. The person who used the service was supported to lead a healthy lifestyle which included regular visits to their GP, other health care professionals and eating a healthy diet.

The person who used the service was cared for by staff who understood their needs and were kind and caring. Staff understood the importance of maintaining and upholding the person's right to freedom of choice, privacy and dignity. The person who used the service was involved in their care and had participated in reviews and meetings.

Staff supported the person who used the service to lead a fulfilling and active life. They understood the importance of ensuring the person experienced different things so as to enhance their life experiences. Staff had access to detailed information about the person and their likes and dislikes, this information also detailed the person's preferences in how to be supported with aspects of their personal care. The registered provider had a complaints procedure which the person or other stakeholders could access if they wished. All complaints were recorded and concluded to the complainant's satisfaction whenever possible. Information was provided to the complainant about contacting other agencies if they were not satisfied with the way the service had conducted their investigation. Information was available about independent support the person

might be able to access if needed.

The person who used the service was consulted on a regular basis to seek their views about the quality of the service. The views of others who had an interest in the welfare and wellbeing of the person were also sought about the quality of the service. The registered provider had systems in place to ensure the smooth running of the service and that the person received a high quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The person who used the service was cared for by staff who had been trained to recognise the signs of abuse and how to report this.

Enough staff were provided to meet the needs of the person who used the service.

The registered provider had systems in place to ensure staff were recruited safely and checks were made before they started working at the service.

The person's medicines were handled, stored and administered safely by staff who had received training.

Is the service effective?

Good ●

The service was effective.

The person who used the service was cared for by staff who had received training in how to effectively meet their needs.

Staff were supported to gain further qualifications and experience.

The registered provider had systems in place which protected the person and helped them to make informed decisions which were in their best interest.

The person who used the service was supported to eat a wholesome and nutritional diet; staff monitored their weight and dietary wellbeing.

Is the service caring?

Good ●

The service was caring.

The person was cared for by staff who understood their needs.

The person was involved with their plan of care and staff

respected their dignity and privacy.

Staff maintained the person's independence.

Is the service responsive?

Good ●

The service was responsive.

The care the person received was person centred and staff respected their wishes and choices.

The person was provided with a range of activities and pursued individual hobbies and interests with the support of staff.

The person who used the service could raise concerns and make complaints if they wished.

Is the service well-led?

Good ●

The service was well led.

The person who used the service could have a say about how it was run.

Other people who had an interest in the welfare of the person who used the service were consulted about their views as to how the service was run.

The registered manager undertook audits of the service to make sure the person received a safe, well run service.

Trinity Healthcare Limited

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 registered 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.

This inspection took place on 10 March 2016 and was announced. The inspection was completed by one adult social care inspector.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

We spoke with the person who used the service. We spoke with two members of staff and the registered manager.

We looked at the care file which belonged to the person who used the service. We also looked at other important documentation relating to the care the person received such as incident and accident records and medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation as it applied to people who lived in the community.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff, safeguarding records and quality assurance audits.

Is the service safe?

Our findings

We spoke with the person who used the service and they confirmed they felt safe and trusted the staff who supported them. They confirmed staff were always on time and stayed for the duration of time they should. They confirmed they were happy with the staffing levels and staff supported them safely.

When we spoke with staff they were able to describe the registered provider's policies and procedures for reporting any abuse they may witness or become aware of. Staff told us they would report anything of concern directly to the registered manager; they were confident the registered manager would report any concerns raised with the appropriate authorities. Staff told us they could also contact the registered manager out of hours, which they found reassuring. Staff were able to describe the different types of abuse they may witness or become aware of these included, psychological, sexual, physical and emotional. They were aware of changes in the person's behaviours which may indicate they may be subject to abuse, for example being withdrawn or low in mood. They were also aware of physical signs which may indicate the person was being abused, for example, bruises. We looked at training records which showed staff had received training in how to safeguard the person from abuse and how to recognise abuse. The training also informed staff of the best way to report abuse and their duty to protect the person.

Staff understood the importance of respecting the person's rights and ensured they were treated with dignity and respect at all times. The person's right to lead a life style of their own choosing was respected by the staff and they were supported to do this, for example, they could spend time on their own and pursue individual hobbies and interests if they wished.

The care plan we looked at contained assessments undertaken by both the placing authority and the staff at the service which identified areas of daily living which may pose a risk to the person, for example, falls, mobility, tissue viability and nutrition. The risk assessments were updated regularly and changes made where appropriate, for example, following a visit to the GP any changes to the person's needs. Assessments were in place which instructed staff in how to support the person when they displayed behaviours which may challenge the service and put themselves and others at risk of harm. These had been formulated with the input from health care professionals who also supported the person. The risk assessments were detailed in how staff should use distraction techniques to try and calm the person, making sure they were safe. Staff were able to describe what actions they should take to ensure the person was safe and did not harm themselves or others.

An assessment had been completed of the house where the person who used the service lived, this identified any areas which may pose a risk to staff while they were supporting the person. The assessment identified what action the staff should take if there was a flood or the amenities like the gas and electric were cut off.

Staff understood they had a duty to raise any concerns they may have about the person's safety and welfare and understood they would be protected by the registered provider's whistle blowing policy. The registered manager told us they depended on the staff to keep the person safe and would take any concerns raised

about a member of staff's practise very seriously, taking the appropriate action to keep the person who used the service safe. Staff told us they would have no hesitation in approaching the registered manager if they had any concerns; they also felt any conversations would be kept confidential and the registered manager would ensure the person was kept safe.

The registered manager kept an ongoing record of any incidents which happened at the service, for example any safeguarding referrals and the outcome of any investigation undertaken by them or the local authority safeguarding team. All accidents and incidents were analysed and any learning shared with staff. The staff who mainly cared for the person told us they shared information with each other and ensured this was passed on to all the staff involved with the person's care and support.

Staff were provided in enough numbers to meet the person's needs. We saw rotas which showed us enough staff were deployed to ensure the person's safety. Staff told us they felt there were enough staff on duty and they could spend time with the person undertaking activities and taking them shopping in the local community. Staff told us they didn't feel rushed and never felt they neglected the person's needs due to staffing levels.

We looked at recruitment files of the most recently recruited staff; these contained evidence of application forms completed which covered gaps in employment and asked the applicant to provide an account of their experience. The files contained evidence of references obtained from the applicant's previous employer where possible and evidence of checks undertaken with the Disclosure and Barring Services (DBS). This meant, as far as practicable, staff had been recruited safely and the person was not exposed to staff who had been barred from working with vulnerable adults.

Staff supported the person to take their medicines and had received training in this area. Staff were responsible along with the person for the ordering and administration of the person's medicines.

Is the service effective?

Our findings

We spoke with the person who used the service and they confirmed they were happy with the staff competency and how they supported them.

Staff told us they received training which equipped them to meet the needs of the person who used the service. They told us some training was updated annually, which included health and safety, moving and handling and safeguarding vulnerable adults. We saw all staff training was recorded and there was a system in place which ensured staff received refresher courses when required. Staff also told us they had the opportunity to further their development by undertaking nationally recognised qualifications. They told us they could undertake specific training, for example, how to support people who displayed behaviours which challenged the service and autism.

Induction training was provided for all new staff; their competence was assessed and they had to complete units of learning before moving on to new subjects. New staff shadowed experienced staff until they had completed their induction and had been assessed as being competent. One member of staff told us, "The training is done on line so that fits in with our work schedule, we can also attend training courses if we want."

Staff told us they received supervision on a regular basis; they also received an annual appraisal. We saw records which confirmed this. The supervision session afforded the staff the opportunity to discuss any work related issues and to look at their practise and performance. Staff told us they could approach the registered manager at any time to discuss issues they may have or to ask for advice and didn't have to wait for their formal supervision session. The staff's annual appraisals were held to set targets and goals for the coming year with regard to their training and development.

We saw information was contained within the person's care plan which described the subtleties of the way they communicated. The person could use spoken language but this was sometimes hard to understand, therefor the staff had to be aware of any non-verbal communication or behaviours the person might display if they were happy, in pain or just uncomfortable with any given situations. Staff told us they had developed a good understating of what to look out for and were able to pre-empt any situations which may put themselves or the person at risk.

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.

For people in the community who need help with making decisions, an application should be made to the Court of Protection. The registered manager told us the person who used the service had full capacity and could make all decisions; they told us the person needed clear explanations and time to process the

information.

Staff supported the person who used the service to prepare their own meals and undertake shopping to local supermarkets and shops. This was seen as part of maintaining their overall independence and development of life skills. Staff told us they advised the person on healthy eating options and monitored their weight.

The person's care plan showed they had access to health care professionals when needed. They were supported by staff to attend appointments at their GP and hospital as required. The outcome of any appointments were recorded in the person's care plans and changes made where necessary.

Is the service caring?

Our findings

We spoke with the person who used the service and they confirmed they were happy with the care they received. They confirmed they got on well with all the care staff who supported them and described the care and support they received as "Brilliant!" They confirmed they had been involved with reviews and had an input into their care plans.

The registered provider had policies in place which reminded the staff about the importance of respecting the person's backgrounds and culture and not to judge the person. Staff we spoke with told us of the importance of respecting the person's rights and upholding the person's dignity. They told us they gave the person who used the service options and asked them for their views.

Staff had a strong commitment to protecting the person whilst out in the community so they were not subject to any discrimination or exploitation; they told us they tried to be vigilant to any situation which might put the person at risk and where possible avoided these.

They made sure the person who used the service could choose what activities they pursued and made sure they were supported to do this. The ethos of the service was to support the person to lead an active life and to be enabled to experience different life experiences and their needs should not prohibit them from doing this.

The person who used the service was involved with their care, we saw evidence in their care plans they had attended reviews and their input had been recorded. They had also been consulted about goals they wished to achieve; this included developing their daily living skills.

The person's wellbeing was monitored on a daily basis; daily notes made by the staff demonstrated what support had been provided and if there had been changes to person's needs during the shift following GP visits or visits from other health care professionals.

Staff understood the importance of confidentiality and the registered provider had a procedure for staff to follow; this included the sharing of information on social media, for example, twitter and face book.

Staff understood the importance of maintaining and respecting the person's dignity, they told us they would ensure they were cared for in a dignified way by closing doors, curtains and windows, and making sure the person was covered over while undertaking personal care. The service provided supported the person to lead an independent lifestyle and ensured staff were available for them to be able to do this. For example, the person was supported to go out into the community and use the local facilities for shopping and leisure, the person who used the service was also supported with their budgets.

Is the service responsive?

Our findings

We spoke with the person who used the service and they confirmed they were happy with the level of support the staff gave them to undertake activities in the community. They also confirmed they could speak to the registered manager if they had any concerns or complaints.

The care file we looked at described the person and what areas of daily living the staff needed to support them with, for example, some aspects of personal care and dressing. The care plan contained information about how the person preferred to spend their days and the choices they made with regard to daily life, for example meals, getting up, going to bed and what they liked to wear. The care plan contained assessments which identified areas of daily life where the person needed more support, for example nutrition and any behaviour which may put the person or others at risk of harm. These assessments were reviewed on a regular basis or as and when person's needs changed.

The person's care plan contained a record of reviews undertaken which involved the person, their relatives where appropriate, advocates, staff and health care professional involved with the person's care. The reviews recorded the opinions of all those involved including the person about how their care was being provided and whether there should be any changes. Reviews were held regularly and the person's input was recorded.

The person's care plan detailed what activities they enjoyed and what activities were to be undertaken to encourage and maintain daily living skills. For example, helping with the cooking of simple meals. The care plan also instructed the staff in how to protect the person while they were in the community from exploitation. Staff recorded what activities the person undertook each day.

The registered provider had a complaints procedure in place. Staff told us they were aware of how to handle complaints they may receive. They told us they would try and resolve the problem immediately if they could but for more complex complaints they would refer the complainant to the registered manager who kept a log of all complaints received. This showed what the complaint was, how it had been investigated and whether the complainant was satisfied with the way the investigation. Information had been provided to the person about how they could consult outside bodies if they were not satisfied with the way their complaint had been investigated; this included the local authority and the local government Ombudsman.

Is the service well-led?

Our findings

We spoke with the person who used the service and they confirmed the registered manager spoke with them frequently and asked them about the quality of the service provided.

Staff we spoke with told us they found the registered manager approachable and felt they could go to them for advice and guidance. The registered manager told us they had regular contact with the staff who cared for the person who used the service and felt they were a good team who knew the person well. The registered manager told us they asked the staff if there was further support they needed, and the staff approached them if anything was needed. They said, "Due to the service only being for one person I have regular contact with the person, weekly if not daily some times, and the staff. We don't have formal team meetings as such but we have good lines of communication and they [the staff] can contact me at any time." They then went on to say, "The staff who care for [person's name] know them well and are a good team. I know I can trust them and they will let me know if anything's wrong."

All staff had a job description and this outlined their roles and responsibilities, they told us they could contact the registered manager and emergency numbers were available if needed.

The main aim of the service was to support the person to remain in the community and to maintain their life skills. This was done by providing staff who had been trained, knew the person well and supported the person to experience new things and maintain their regular routines and pastimes. The registered manager told us, "Due to the service we provide it can be tailored around [person's name] and can flexible, for example, the staff might have a set list of things [person's name] wants to do for the week but this can change if they change their minds." They went on to say, "The main support we give is for [person's name] to undertake activities and lead a normal a life as possible."

The registered manager understood the requirements of their registration and the restrictions of the regulated activity. The information we hold about the registered provider showed they send the required notifications and information when needed.

The service provided is part of the registered provider's other businesses which includes staff being provided for agency work. The company as a whole is audited on a bi monthly basis by the registered provider's accountants and this ensures financial stability. The registered provider also audits the service as part of a larger audit of the whole company which includes surveying their customers and the quality of the service provided. The registered provider collates all the information gathered and produces an action plan to address any short falls. The service which the person received was included in that audit and all who had an interest in their welfare were surveyed.

The registered manager undertook audits to ensure the person who used the service received an appropriate service which met their needs. This included audits of the person's care plan, staffing levels, staff training (this was included in the overall audit of all staff who work for the registered provider). Some of the records are held on a computer which was pass-worded for protection. Other records were held securely

at the person's house. Other records were maintained which ensured the smooth running of the service, this included staff recruitment files, training and supervision records, audit records and business plans.