Mountbatton Care Ltd

Trimar House

Inspection report

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10 October 2016

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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

This announced inspection took place on 5, 9 & 10 October 2016.

We last inspected this service in September 2014, and the provider was fully compliant at the time of this inspection. Before this inspection, we had received some complaints about this provider and discussed these complaints with the registered manager as part of our inspection processes.

Trimar House is registered with the Care Quality Commission to provide a domiciliary care service to people in their own homes. At the time of our inspection, 57 people were receiving this type of care service. Most of these people who were placed with Trimar House received re-ablement support.

A registered manager was in post.

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.

Everyone we spoke with told us they felt safe receiving care and support from Trimar House.

Staff were able to describe what course of action they would take if they felt someone was being harmed or mistreated in anyway. There was a safeguarding policy in place which all staff had signed, and training records showed staff has been trained in this area.

Risk assessments were clear and concise and contained information regarding how to manage risks appropriately.

People said that staff arrived on time, and they always saw a familiar team of staff, which people liked.

We viewed medication administration records (MAR) sheets for some people we were having their medicines administered by staff, and saw they were accurate and complete. Staff were trained in medication administration, and were subject to regular spot checks to help ensure they were competent with regards to administering medicines.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people.

Staff completed an induction as well as other training courses selected by the provider to enable them to have the skills needed to complete their role.

The registered manager and staff we spoke with were mostly aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. Some of the care plans we looked at did not refer to mental capacity. When we asked about these care plans we were told that the person had capacity. The registered manager showed us a training course staff were all booked on to attend regarding the MCA. We saw arrangements were in place to re-visit some people to re-access their capacity.

People told us the staff always made sure they had eaten and drank before they left their home.

Staff told us they would call GP's or community matrons for people if they asked them to or they felt the person needed a referral making due to them being unwell.

Everyone we spoke with told us they liked the staff, and spoke highly of the staff who visited their homes.

People told us there was a care plan in their homes, which staff used, and they were mostly involved in the completion of their care plan. People said that 'someone from the office' would often come out to see them to make sure they were okay.

Care plans with regards to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Care plans contained a high level of person centred information. Person centred means completed around the needs of the person, and not the organisation.

We discussed complaints with the registered manager. Complaints had been appropriately dealt with including any changes, which needed to be implemented because of a complaint. Complainants had been appropriately responded to.

Quality assurance procedures were robust and identified when actions needed to be implemented to drive improvements. We saw that quality assurance procedures were highly organised and processes had been implemented from an external source to help support the service to continuously improve. We were shown these procedures during our inspection and how they worked.

People were complimentary about the management of the service in general, and staff said they enjoyed working at Trimar House.

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.

People told us they felt safe knowing the staff were coming to their homes.

Risks assessments were in place and contained sufficient details to help keep people safe.

Staff were recruited appropriately and full checks were carried out along with well organised documentation which was kept in staff files to show reasons for selection.

Is the service effective?

Good

The service was effective.

The registered manager and staff were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation.

Staff had the skills and training required to be able to support people appropriately with their assessed needs.

People were supported to eat and drink and staff ensured people received support with this if they required it.

Is the service caring?

Good

The service was caring.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People were routinely involved in decisions concerning their care and support.

Everyone we spoke with told us that the staff were helpful and caring towards them.

Is the service responsive?

Good

The service was responsive.

Care plans contained a level of personalisation, which took into account people's likes, dislikes and background information.

People said they knew how to complain, and would have no hesitation complaining. We saw complaints had been addressed.

Is the service well-led?

Good

The service was well-led.

People knew who the management team was and said they would approach them if they needed to.

Feedback was gathered from people who use the service and staff.

Quality assurance procedures were robust and had identified when actions needed to be implemented to drive improvements.

Trimar House

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.

This inspection took place on 5, 9 & 10 October 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to speak with us, and the registered manager or someone in charge would be available.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 had received some complaints concerning this provider so we spoke with the provider about these during our inspection. We also looked at the statutory notifications and other intelligence, which the Care Quality Commission had received about the service.

During the inspection, we spent time with five staff who worked at the service, including the service manager, quality manager, the registered manager and three support staff. We spoke with nine people who used the service and two family members. We also spoke with one healthcare professional.

We looked at the care records for six people using the service, seven staff personnel files and records relevant to the quality monitoring of the service.

Good

Is the service safe?

Our findings

Everyone that we spoke with told us they felt safe knowing the staff from Trimar House were coming to their home. Some of the comments we received included, "Oh I feel very safe," and "I couldn't be without them." Another person told us "Yes I feel safe."

We looked at the risk assessments in peoples care files. We saw that risk assessments were in place and contained factual and accurate information. Risk assessments covered moving and handling, use of equipment, such as hoists, slings, and medication. We saw that most of the people receiving care from the agency were temporary. This was because some of the people the agency supported had been commissioned temporary care packages from the local authority as part of a re-ablement process following a hospital discharge. Re-ablement is when an agency provides personal care and help with daily living activities and other practical tasks, usually for up to six weeks, to encourage people to develop the confidence and skills to carry out these activities themselves and continue to live at home. We saw that some people chose to remain with the agency after the six week programme.

Staff were able to describe the course of action they would take if they felt someone had been harmed or abused in anyway. Training records confirmed that staff had been trained in adult safeguarding, and team meeting minutes we saw confirmed that this topic was discussed. There was a safeguarding adults policy in place which all of the staff were familiar with, which incorporated the local authorities safeguarding procedures as well as the providers.

The staff were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care and support to the people and they would report any bad practice or mistreatment.

We looked at completed Medication Administration Records (MAR) for people who required support with their medicines. There was detailed information on what the medicines were and the frequency of when staff were to support a person and how this was to be provided. Staff explained the correct procedure for administering medication. People's care files contained thorough information with regards to their medication, what it was used for, and any side effects the staff needed to be aware of. People we spoke with confirmed they were supported to take their medicines safely.

We checked the procedures relating to the recruitment and selection of staff. We saw the files had the appropriate evidence for safe recruitment, this included qualifications, references, copies of photographic identification, interview notes and Disclosure and Barring Service (DBS) checks. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

People told us there were enough staff and staffing was consistent. We saw from recruitment records that staff turnover appeared to be high; however, the provider explained due to the nature of some of the work

(being temporary) it can be difficult to retain staff. The provider had started to offer staff permanent contracted hours to help with the staff recruitment process and this has improved staff turnover. Rotas were completed weekly for staff. We saw that some staff had a 'continuous flow' of calls, one after the other with no gaps or 'travel time' in between, while others had adequate gaps. The service manager explained that some people lived close by each other so it was easy for the staff to get to them in time. When we spoke to people and staff they did not raise any issues regarding rotas or call times and people said the staff were mostly always on time.

We asked about electronic call monitoring systems [ECM] .ECM is a cost effective way to monitor staff appointment attendance. Using the people's home phone, the care staff dial a freephone number where they are greeted with a message and prompted to enter their PIN code. This then updates the electronic systems in the office to say that the carer has arrived for their call. This can help mitigate the risk of missed calls not being picked up on.

Due to size and nature of the calls (mostly being short term), the registered manager explained to us that there was no ECM system in place. However, all of the people who used the agency either could call themselves or had family members to do this on their behalf. We saw that no one had their calls missed.

As staff were expected to carry out their duties in peoples own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff visited, including any parking restrictions, when staff would have to walk a far distance and any hazards in the home, such as damaged flooring or pets.

There was a process in place for documenting and analysing risks which the quality manager regularly analysed for any emerging patterns and trends.

Good

Is the service effective?

Our findings

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. This is called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS during this inspection.

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves

The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. Staff members could explain what the MCA was. Some of the care plans we looked at did not refer to capacity, when we asked about these care plans we were told that the person 'mostly' had capacity. This was not detailed in the person's care plan, so we did not know what decisions the person could make independently, and when 'best interests' would need to be followed. We highlighted this to the registered manager, however the agency's own quality assurance systems had highlighted the need for this, and we saw that arrangements were in place to re-visit some people to re-access their capacity. In addition, the registered manager showed us a training course that staff were all booked onto regarding the MCA. This showed that the provider had highlighted a need for improvement and had taken action to address this.

We checked to see how the service gained consent from people regarding their care and support. We saw this was recorded within people's plan of care. For example, consent for records to be shared and consent to for staff to enter the person's home and provide the care was documented in people's care plans.

We saw that training was completed 'in house' and covered topics such as safeguarding, medication, first aid, manual handling, and health and safety. We saw that some of the people receiving care from Trimar House were commissioned palliative support packages (end of life) and staff received specific training around this.

We asked about the induction of staff. Staff were inducted according to the 'Care Certificate'. The care certificate is an identified set of standards which health and social care workers adhere to in relation to their job role. We also saw that the provider completed their own induction, which covered health and safety, and

policies and procedures.

Staff confirmed and records showed that staff underwent regular formal supervision and had an annual appraisal. Records showed that supervisions took place every six – eight weeks. Staff said they could request supervision sooner if needed.

People told us that the staff from Trimar House would call the GP on their behalf if needed. Staff were not required to support people to attend medical appointments at the time of this inspection.

We asked the staff how they ensured people were receiving enough food and drink. Staff told us they always check the person has eaten their meal before they leave and make sure they have access to drinks. People told us the staff always check they have eaten, and staff prepared meals for people according to their choices and preferences.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they felt the staff were caring. There was only person who said they felt staff could be more attentive and this was in regards to household tasks. Some of the comments we received included, "Excellent carers." Someone else said, "They [staff] are very friendly." Other comments included, "Pleasant, caring and polite." Another person said, "I couldn't be without them, they always come when they are expected." Someone else said, "Brilliant," when we asked about how staff treated them.

We spoke to a healthcare professional who was complimentary about the agency and said they "Always help if they can." This medical professional confirmed that people had been pleased with the care they had received from Trimar House.

People told us the staff treated them and their homes with respect. One person said, "They always tidy up after themselves, and put my things away." One staff member told us, "I always try to make sure I protect people's modesty as much as possible by using towels or sheets." Another staff member told us they try to make sure the room is warm for the person before they help them get undressed and they knock on doors and ask permission before touching any of the person's belonging's.

We asked people if they were involved in their care plans and if staff completed records when they visited their homes. Everyone told us they had been visited by someone from the office when their care started who discussed information about their care needs with them. People confirmed they received copies of their plan, and had been asked to sign it. Everyone told us the staff completed documentation when they visited their homes and this was reviewed by someone from the office.

No one was receiving support form advocacy services at the time of our inspection, and most people had families who they lived with or who visited often.

Some people received end of life care from the agency. Due to the sensitivity of this, we were unable to speak to anyone receiving end of life care. However, we did speak to a family member. The family member praised the staff on their caring approach and said they were happy with the care being provided. As this is specialist support, we checked to see if staff had undergone additional training so they were able to deliver this type of care. We saw that all staff completed a training course with an external training company focusing around how to cope and work sensitively with people who are dying and their families.

Good

Is the service responsive?

Our findings

We saw care plans and risk management plans which evidenced that people received a person centred service. Person centred means that care is designed to meet the needs of the person and not to suit the needs of the service. People's care plans contained information including their likes, dislikes, preference's and backgrounds. One staff member said "We get to know people well, so understand how they like things."

We saw examples of person centred practice well documented in the care plans we viewed. For example one care plan recorded the staff were to 'sit with [person] and have a nice chat.' Another care plan we viewed gave a very accurate description of how to support the person to sit in their chair and what questions to ask to ensure they were supported correctly. Someone else's care plan contained information regarding what specific colour bowls and flannels the staff should use for certain parts of their body. This information demonstrated that staff had taken time to assess people in accordance with what was important to them, as well as for the purpose of completing their tasks.

We saw that some of the care plans focused specifically on trying to encourage people to do as much for themselves as possible, which shows the agency was working in accordance with the outcomes of re-ablement based support including encouraging independence rather than 'doing for' the person.

People told us they were able to choose whether they were supported by a male or female carer.

We discussed complaints, as we had some complaints raised with us prior to this inspection which we checked as part of the inspection process. We saw that there were five complaints recorded which the registered manager and service manager had taken action to address in accordance with their complaints policy. Everyone we spoke with told us they knew how to complain and we saw some changes had been implemented in the service as a result of some complainant's issues. For example, one person had complained about a member of staff, and we saw that this person was no longer sent to complete that person's call.

We saw there were numerous thank you cards displayed in the office from people who had received care or support from Trimar House thanking them.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was also the owner of the agency.

People were complimentary about the management team. One staff member said "Nothing is too much trouble for them [managers.]" Someone else said, "They do appear to be very well run."

We saw results from a recent staff survey completed by 11 staff. We saw that 95% of staff agreed or strongly agreed that the company was good to work for. We were sent some comments via email after the inspection that staff had raised which included 'Great company to work for' 'Enjoy my job' and 'Everything good'.

A range of audits or checks were in place to monitor the quality and safety of the service. The audits we looked at included, medication audits, staff recruitment audits and care plan audits. All these audits took place in accordance with the requirements of the provider and included action plans if any deficits were identified. We saw that the provider was currently in the process of becoming accredited with a nationally recognised programme for quality assurance whose aim is to support organisations with their structure and efficiency. We were able to view this process and saw the agency was using the key lines of enquiry (KLOE's) used during our inspection process to ensure they were meeting objectives. We saw recent compliance assessment for this, and where actions were identified we saw that the quality manager had quickly acted to ensure these were put right.

Feedback was gathered from people each month over the phone and a record of this was logged in their care plans. Also 'face to face' feedback was gathered by the coordinator. People told us the coordinator from the office often worked on the call themselves to check that the care package was running smoothly. Feedback forms were in the process of being sent out to people who had permanent packages of care with the agency. As there had not been many permanent packages and most people received short term packages the quality manager felt this was not needed until now. Feedback was appropriately gathered for the size of the service.

Team meetings took place every month and a managers meeting took place every week. We were able to see minutes of these, and saw agenda items such as quality assurance, incident reporting and staff training were discussed as well as any other issues which may affect the service.

The organisation had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow if they needed to.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.