

Trelawney Domiciliary Care Ltd

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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

We carried out this inspection 21 September 2016 and it was announced 48 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was last inspected in November 2013; we had no concerns at that time.

Trelawney Domiciliary Care is a domiciliary care agency that provides care and support to adults, of all ages, in their own homes. The service provides help to people with physical disabilities and dementia care needs in Camborne and surrounding areas. The service mainly provides personal care for people in short visits at key times of the day to help people get up in the morning, go to bed at night and support with meals.

At the time of our inspection 50 people were receiving a personal care service. The services were funded either privately or through Cornwall Council or NHS funding. The service employed 32 staff including management.

There was a registered manager 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.

People who used the service, families and health and social care professionals told us they felt the service was safe. Comments included, "I am very happy with them. They are good and I look forward to their calls", "I have nothing but praise for them" and "Nothing is too much trouble".

The service had a contingency plan in place to manage any emergencies. Risks to people in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. There was 24 hour telephone contact available to people to be able to access staff in an emergency. This demonstrated the provider had prioritised people's care provision during such an event.

People received care, as much as possible, from the same care worker or team of care workers. Rotas were planned in such a way as to minimise changes of staff. People told us they had regular staff and the times of their visits were agreed with them. Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. People said, "They always come within a short time either way, it's around 9:30 give or take 15 mins either way" and "If there a problem someone will call me to tell me what is happening but this rarely happens."

Staff were recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

Staff received appropriate training and supervision. New staff received an induction, which incorporated the

care certificate. All staff received an annual appraisal of their work.

Staff were knowledgeable about the people they cared for and responded appropriately as people's needs changed. Staff spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. Comments from staff included, "I enjoy working for Trelawney. We are like a big family and we all want and work for the best for the people we care for."

People told us they were involved in decisions about their care and were aware of their care plans. Care plans provided staff with clear direction and guidance about how to meet people's individual needs and goals. These were reviewed regularly to evaluate the progress people were making.

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "They are a reliable, professional care agency and I have no issues with them."

Management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture in the service, the management teams provided strong leadership and led by example. Staff described the service as a 'family' and commented on the high degree of support provided to them from the registered manager and management team.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. People and their families told us the management teams were approachable and they were included in decisions about the running of the service.

People had details of how to raise a complaint if they needed to but felt that issues would usually be resolved informally. Comments from people included, "I am very happy with Trelawney and wouldn't hesitate to recommend them" and "I would the service is well managed."

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.

Staff and the registered managers had a good understanding of how to recognise and report any signs of abuse.

Risks in relation to people's care and support were identified and appropriately managed

Is the service effective?

Good ●

The service was effective. People received care from staff who knew them well, and had the knowledge and skills to meet their needs.

Management and staff had a clear understanding of the Mental Capacity Act 2005; and knew how to make sure people who did not have the mental capacity to make decisions for themselves and had their legal rights protected.

People's changing care needs were referred to relevant health services when concerns were identified.□

Is the service caring?

Good ●

The service was caring. People, and their relatives, were positive about the service and the way staff treated and supported them.

People's privacy and dignity was respected and staff supported people to maximise their independence.

Staff respected people's wishes and provided care and support in line with those wishes.□

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to make choices and have control over the care and support they received. Staff encouraged people to achieve their goals and aspirations.

People knew how to raise a complaint about the service and said they had confidence in the management to deal with any concerns they had.

Is the service well-led?

Good ●

The service was well-led. Management had a clear vision about how to provide a quality service to people, which was understood by staff and consistently put into practice.

There was a positive culture within both staff teams with an emphasis on providing a good service for people.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.□

Trelawney Domiciliary Care Ltd

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 announced inspection took place on 21 September 2016. The inspection was carried out by one adult social care inspector. We told the service 48 hours before that we would be coming. This was in accordance with the Care Quality Commission current procedures for inspecting domiciliary care services.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with eight people who received a service from Trelawney Domiciliary Care Ltd. During the inspection visit we accompanied a carer on their visits and met with two people who received a service from the agency. We went to the service's office and spoke with the registered manager for the service, head of care and six members of support staff. We looked at four records relating to the care of individuals, staff records and records relating to the running of the service.

Following the inspection we received feedback from two external adult social care professionals familiar with the service. We also received feedback from a person's advocate and two relatives of people who used the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe using the service, commenting, "I feel safe and am very comfortable with the staff", "I believe [person's name] is safe in the care of Trelawney staff. I trust the staff and know they have [person's name] welfare at heart."

Staff understood their role in protecting people from avoidable harm and had received training in safeguarding adults. Staff had a working knowledge of the service's safeguarding and whistle blowing policies and confirmed they felt confident to raise any concerns with management. A summary of the service's safeguarding policy and the local reporting arrangements were available to staff.

Everyone told us the service was reliable, visits were never missed and they were kept informed of any changes to the time of their visits. One person commented, "I could set my clock by them, they always come."

Rotas were organised into runs of work in specific geographical areas and management ensured they employed enough care staff to cover each area. Any gaps in the rotas were clearly identified so the management team knew the location and times and could arrange agency appropriate cover. People told us they had regular staff and the times of their visits were agreed with them.

A member of the management team was on call outside of office hours and carried details of the rota, telephone numbers of people using the service and staff with them. This meant they could answer any queries if people phoned to check details of their visits or if duties needed to be re-arranged due to staff sickness.

Staff had completed a thorough recruitment process to help ensure they had appropriate skills and knowledge required to provide care to meet people's needs. Staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks.

Management carried out assessments to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person. People's individual care records detailed the action staff should take to minimise the chance of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, directions of how to find people's homes and any potential risks within the person's home such as pets.

Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a reoccurrence of the incident.

Care records detailed whether people needed assistance with their medicines or if they wished to take

responsibility for any medicines they were prescribed. The service had a medicine policy which gave staff clear instructions about how to assist people who needed help with their medicines. Daily records completed by staff detailed exactly what assistance had been given with people's medicines. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "The staff are very good, kind and they understand my needs", "staff are lovely" and, "I've had them come to me for a long time now and I've come to know them and trust them and they know me and that's what makes it work." Relatives also had confidence in the service and felt that staff knew people well and understood how to meet their needs. A relative told us, "They all work hard, and are a close knit and hardworking team. I find them very approachable."

New staff completed an induction when they started their employment that consisted of a mix of training and working alongside more experienced staff. The service had introduced a new induction programme in line with the care certificate framework which replaced the Common Induction Standards in April 2015. This is designed to help ensure care staff, who are new to the role, have a wide theoretical knowledge of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. The service used a combination of hands on practical and classroom based training with an external training consultant and computer based training modules. The service used a training calendar to monitor required training and make sure staff were up to date with their required training. Staff told us they felt well supported in their roles with the training they received.

Staff had achieved, or were working towards, a Diploma in Health and Social Care. One support staff member commented how supportive management had been in enabling them to successfully complete their qualification. Staff received training specific to meeting people's health needs. For example, training in understanding and working effectively with people living with dementia. Staff comments included, "I have found the training for the job really useful. I certainly feel we are offered lots of training and where a package requires additional or different training the manager is straight on it". In addition, all staff had received training relevant for their role such as, Mental Capacity Act, safeguarding of adults, fire safety and food safety. One relative commented, "In my opinion staff are well trained and competent in the care they provide."

Management met with staff regularly for either an office based one-to-one supervision or an observation of their working practices. Yearly appraisals were completed with staff. This gave staff an opportunity to discuss their performance and identify any further training they required. Staff told us they felt supported by management and team leaders. They confirmed they had regular face-to-face supervisions and an annual appraisal to discuss their work and training needs.

The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists and district nurses to provide additional support when required. One person told us how staff had agreed to support them to visit their GP for a health check-up.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Information recorded on care plans demonstrated the service had assessed people's nutritional needs and in conjunction with them had planned for and recorded what people chose. During our visit to a person's home, we saw drinks were offered and this was recorded as a daily occurrence in the care plan.

Care records demonstrated staff shared information effectively with professionals and involved them appropriately. One healthcare professional told us, "They are a reliable, professional care agency and I have no issues with them."

We observed that staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse care and support. People confirmed staff asked for their agreement before they provided care and respected their wishes if they declined care. Care records showed that people, or their advocates, signed to give their consent to the care and support provided.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

Staff applied the principles of the MCA in the way they cared for people and told us they always assumed people had mental capacity to make their own decisions. Discussions with staff confirmed that they knew the type of decisions each individual person could make and when they may need support to make decisions.

Is the service caring?

Our findings

People received care from staff who knew them well and had the knowledge and skills to meet their needs. Comments from people and their relatives included, "I am very happy with Trelawney. They always come, they never let you down. They are very patient and present when they are here. They do what I'd like them to do and they have a good attitude and pretty much help me with anything I need" and "My [relative] absolutely loves the girls. They really make her day and we are able to relax a bit more knowing she is being looked after. [Relative] is getting company and hot meals and she really feels as though she has gained new friends; she is always bright and happy these days."

Care was provided, as much as possible, from the same care worker or team of care workers. One person told us, "I look forward to seeing them and I normally have four to five girls who come over the course of the week. It depends who is working or perhaps off on holiday. But I know them all well now."

Rotas were planned in such a way as to minimise changes of staff. People told us staff were kind, caring and compassionate when they cared for them. Comments from people and their relatives included, "The staff know [person's name]. I trust them and I feel fortunate that we have them coming.", "Staff are cheerful" and "[Persons' name] is very happy with all the staff."

We were told staff were always respectful, did not rush people and provided care and support at their pace, focusing on enabling them to do as much as possible for themselves. Comments included, "Staff are all very respectful. They give me their full attention while they are here" and "The staff are very good. Caring and respectful. It's all good."

During our visits to people's homes we observed staff providing kind and considerate support appropriate to each person's care and communication needs. A relative commented, "The staff know [person's name] routine and communicate effectively with [person] and each other to ensure that [person's name] decisions and choices are respected." A partner of a person who received a service told us, "The staff are very aware that it is our home and are respectful of that."

Staff respected people's wishes and provided care and support in line with those wishes. People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency. Staff communicated with each other using a communication log kept in each person's home to ensure that important messages would always be picked up by the next staff member to arrive.

Staff spoke passionately about the people they supported and were clearly motivated to provide an individualised service in line with people's needs and goals. During our visits to people's homes we saw how staff really tried to communicate and work with people in a way that made them happy. This included ensuring one person had warm towels to use following their shower and singing songs and taking time to help a person recall memories from their youth, which clearly they loved to do. Comments from staff

included, "I love my job. It makes me happy to feel that I am making a positive difference to someone's life who otherwise may be quite isolated living alone."

Is the service responsive?

Our findings

Each person who received care from the service had a completed needs assessment. This enabled the service to consider whether they were able to meet the person's needs and draw up a suitable care plan to direct staff about how to meet each person's needs. People told us they, or a close family member had been involved in putting their care plan together and the plans reflected their wishes. People's comments included, "I am very happy with the service. They are good carers and they do my service very efficiently."

Care plans were personalised to the individual and contained appropriate and detailed information about people's needs to allow staff to understand the specific care and support each person needed. Clear guidance and direction was provided for staff about how to provide care and support that met people's needs and wishes. For example, one person's care plan was clear about the support which could be offered and when staff should respect the person's desire to be independent with their personal care because this was their stated wish.

The service worked closely and in collaboration with other health agencies such as physiotherapists and district nursing teams to ensure appropriate care was given. Feedback we received from allied professionals was positive. Comments included, "I have no problems with them at all. They are very responsive at feeding back and escalating appropriate issues to a health professional when required. They do really try their best for clients." A relative of a person commented positively about how the registered manager had been involved in a multi-professional assessment for one person, stating, "Trelawney are prepared to go that extra mile for the safety and welfare of their clients."

Regular reviews of care plans took place. Changes in people's needs were communicated to staff in daily records and directly to staff by the registered manager. This meant staff could update themselves on the previous visit and ensure continuity of care for each person the service supported. These records were returned to the office at regular intervals where they were checked by a manager and any updates to the care plan were made. A relative commented, "I believe Trelawney to be a safe and caring service and I know they do a good job supporting my [relative]."

The service was flexible and responded to people's needs. People told us about how well the service responded if they needed additional help. We heard about a person who requested additional night sitting support. This was a service not normally available from Trelawney. However, the registered manager ensured the request was met until such times as an alternative arrangement could be found. Comments included, "I can honestly say that for us it has been a 24 hour service. I have phoned late at night and they have sent people out in an emergency. They have provided staff to support [person's name] to go to hospital and have arranged for staff to stay there overnight when required."

People and their families had the opportunity to be involved in decisions about their care and the running of the service. People told us they knew about their plan of care and a member of staff regularly asked them about their care and support needs so their plan could be updated as needs changed. Care plans detailed how people wished to be addressed and people told us staff spoke to them by their preferred name.

Everyone we spoke with said they would not hesitate to speak with staff and management if they had any concerns. People told us they were aware of the process for making a formal complaint but had rarely needed to do so. Comments from people who used the service included, "I have never had reason to complain" and "I speak to the office fairly regularly and if there was anything I needed to say I wouldn't hesitate to say it."

Is the service well-led?

Our findings

People and their relatives told us of the good standards of care and support they received from Trelawney Domiciliary Care Ltd. Comments included, "I am very satisfied with the quality of the service. They are excellent and I can't recommend them enough and "They're doing a good job. They manage the service well."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager, who was also the owner of the service, had overall responsibility for the day to day running of the service. They were supported by a client care co-ordinator, a care supervisor, an office manager and twenty-nine carers.

The provider placed people at the heart of the service. Their values were based on the customer coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. The registered manager told us, "If we get it right from the top, we have happy staff who can provide a good quality service to people."

Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. Staff comments included, "[Registered manager] is really supportive and approachable. I can go to her with anything and she's always helpful", "Everyone has been so supportive. There is always someone to turn to in the office if you need anything. This is my first job in care but I can't imagine doing anything else now" and "I enjoy working for Trelawney. We are like a big family and we all want and work for the best for the people we care for."

The registered manager underlined the importance of asking for and listening to people's views including family and advocates about how the service was run so that any areas for improvement would be identified and considered to enable the service to continually improve. Annual quality review questionnaires were sent to people to gather their views about how the service was run. The supervisor told us that she had met with people individually to follow-up on any areas where people thought improvements could be made.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were motivated and proud of the care and support they provided. Staff told us; "I get a lot of job satisfaction from the relationships I have developed with my clients. Seeing someone smile as a result of supporting them makes me smile too" and "This is a job I enjoy and find very rewarding."

Relatives commented positively about the quality and responsiveness of management. One person said, "Management are very approachable. They listen and are prepared to go the extra mile to make sure people get the support they need." An example of this was the work the agency had put into supporting a person to get a mobility scooter to assist them in maintaining their independence in the community.

Staff meetings were held regularly. This allowed managers to check with care staff how they were and if

there were any issues they wished to discuss. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service.

People told us senior staff completed "unexpected" spot checks on care staff and telephoned them to ensure they were satisfied with the service. People and relatives were pleased that this occurred so that the management team could check that the care provided was good.

The registered manager and all staff had strong and positive working relationship and recognised each other's strengths. There was a sense of fun and genuine positivity amongst the staff group, who were keen to input into the inspection process regarding their views on how the service was run. Staff comments about the service were all positive.

The registered manager was aware of the importance on regular checks to ensure consistent quality standards in how the service was run. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

People told us the service always responded promptly to any questions or enquiries they made. All information reported to the office was recorded on the service's care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.