

Trust Homecare Solution Burton-On-Trent Limited

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Inspection report

Bretby Business Park
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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

About the service

Trust Homecare Solution Burton-On-Trent Limited is a domiciliary care service providing personal to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 7 people receiving personal care from the service.

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

People told us they were safely supported within the service. Systems and processes were in place to support people's safety. Recruitment procedures ensured that people were only supported by staff who were suitable to do so. There were sufficient staff to meet people's needs.

People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People's had their needs assessed and reviewed as required. People's health care needs were documented, and staff knew when to liaise with health care professionals as required. Staff had the experience, knowledge and training to meet people's needs.

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 supported this practice.

Feedback we received from people and relatives told us they were supported with respect and dignity, they had their independence promoted.

Complaints procedures were in place and people knew how to use them. The provider's systems and processes monitored the quality of the service being provided. People's views were sought through surveys, which were analysed and used to identify where improvements were needed.

The management team ensured checks and audits were in place and used effectively to drive improvements. Staff were supported through ongoing monitoring and good communication. Information was shared with staff to support in the delivery of good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 08 September 2021 and this is the first inspection.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.
Details are in our well-led findings below.

Good ●

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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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 Nov 2022. We visited the location's office on 22 Nov 2022 and made phone

calls to people and staff on 24 Nov 2022.

What we did before inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service, and 2 relatives of people who used the service. We also spoke with a health professional who was directly involved with the service and the people they were supporting. We spoke with 3 staff members, the care manager, and the registered manager. We looked at multiple documents during the inspection, including care plans, medicine administration records, staff recruitment files, and meeting minutes.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks present in people's lives were assessed and monitored. However, some extra detail was required in some risk assessments. We saw that one person's care planning mentioned they had diabetes. More information was required to ensure documents reflected what staff should do to manage risk in this area. The registered manager said this would be updated immediately. We found no evidence of any harm to people in this area.
- Other risk assessments were in place and sufficiently detailed, and staff we spoke with felt they were able to provide safe care to people, with good guidance on what to do. People we spoke with felt staff were competent and knew how to support them safely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe when receiving support from staff. One relative we spoke with said, "I am happy that [name] is very safe."
- Staff we spoke with understood safeguarding procedures, and how to report any concerns or abuse. All staff were trained and knowledgeable in this area.

Staffing and recruitment

- There were enough staff employed at the service to ensure people received the care they needed promptly. One person told us, "Yes, the staff are consistently on time." We saw that an electronic care call system was in place which monitored staff timings, and ensure that management staff were alerted if any staff were late, and could therefore take action.
- Staff were recruited using safe recruitment procedures, to make sure only suitable staff were employed. This included ID checks, references, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were administered safely, by staff who were trained to do so. An electronic medicines administration record was in place, which staff used to document which medicines people were given support with. The system was regularly checked by management staff to ensure any mistakes or errors could be found.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective

equipment [PPE] to work safely with people.

Learning lessons when things go wrong

- Systems and processes were in place to document and accidents and incidents, and provide actions to prevent recurrence. For example, we could see that when an accident had occurred, the management team had contacted the person's family, and other health and social care professionals to inform them and arrange further support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were thoroughly assessed before any care was delivered. Some people were provided with care for a short term period, at short notice, and in these cases, the service worked alongside other health professionals to ensure people's needs were identified promptly and managed. Management staff also conducted pre-assessments themselves for some people, which formed the beginning of a care plan and informed staff how to care for people.

Staff support: induction, training, skills and experience

- Staff told us they had a full induction training package upon employment, which covered all the basic areas of care, and included the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff felt that the quality of training, and ongoing opportunities to learn were good. One staff member said, "The training is of high quality and helps us deliver care for people." Another staff member said, "I have been encouraged to continue my career in care and develop my skills with training."

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

- When required, people received support to prepare food and drink. In some cases, staff recorded how much food and fluid intake people had, for health monitoring reasons. People told us they were happy with the support they received in this area.
- Any preferences, likes or dislikes with food and drink were documented within people's care plans.

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

- People were provided with support and encouragement to access healthcare services as they required.
- Staff we spoke with had a comprehensive understanding of the needs of people, any underlying health conditions and their role in providing support and care.
- The registered manager told us the service had good links and good support from outside health professionals such as GP's, district nurses, and pharmacists.

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 MCA 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 , whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's consent was sought. Where people lacked capacity, assessments had been undertaken, and the service was working within the principles of the MCA.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were supported by staff who were kind and respectful towards them. One person told us, "They [staff] really are spot on. Their attitude is great, and we have a laugh and a joke. Anything I ask for, they are on it like a shot." Another person said, "They [staff] are respectful and nice." We saw a written compliment which said, 'Every carer is amazing, they brighten up our day with every visit. They treat [name] with the utmost care and respect. I really don't know what we would do without them.'
- Staff spoke of people they supported in a caring manner and clearly knew people well. Care plans documented how people wanted to be supported and included information around any protected characteristics, to ensure equality and diversity was respected.

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

- People and relatives were involved in their own care as much as they were able to be, and staff encouraged people's independence. One person told us, "I feel very involved in everything, and the care plans are all good."
- The registered manager told us regular checks were completed to ensure people and relatives voices were heard, and that 6 month reviews of each person's care would be conducted, to make sure care plans, and package of care, were updated if required.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy was respected by staff, and people's support plans identified how staff should support people to be independent and respect their privacy.
- People's personal information was not shared inappropriately. People's personal information was stored securely at the office location, and within a secure electronic care system. Staff were aware of keeping information safe and data protection.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: 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

- People received care that was personalised to their needs and wishes. For example, we saw one person received care from a staff team that were specifically recruited with the help of the person's family members. This enabled the person and their family to be comfortable with the staff who were caring for them and have staff they felt were suited to their needs. A relative of a person told us, "I was able to interview staff and make sure they were right for [name]. We didn't find the right staff at previous care companies. We have a much better situation now."
- Staff were positive about supporting people to achieve their goals and aspirations. Care plans we looked at contained information about peoples' likes, dislikes, and preferences. Staff we spoke with had good knowledge about people they were supporting.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of the accessible information standard but had not yet had to provide any information in other formats. They told us this would be possible at any time if anyone should require it.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to manage complaints effectively. No formal complaints had been made at the time of inspection, but some informal comments had been logged and dealt with appropriately by the management team.
- People and relatives we spoke with knew how to make a complaint and were comfortable to do so if required.

End of life care and support

- The service supported some people with end of life care. We received positive comments from a health professional about the staff support in this area, they told us the service had worked collaboratively with them in providing good quality end of life care for people, in sometimes complex and challenging cases.
- We saw one written comment from a family member whose relative had been supported with care at the end of their life. It said, 'We cannot thank you enough for the care and attention you gave [name] over the

last few months. [Name] was looked after with dignity and respect by the whole team.'

- People who required it had end of life care information documented within their care plans. Staff were trained to support people in this type of care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The management team had excellent knowledge of people the service was supporting. People and relatives gave positive feedback of their experience of care.
- Staff told us the management team promoted a positive culture that was inclusive and achieved good outcomes for people. Feedback we received from health and social care professionals also confirmed this.

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

- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff felt well supported in their roles. One staff member said, "I'm very happy with the way the company is managed and run." Another staff member said, "The managers are very approachable and supportive. I am very happy in my role." The registered manager told us, "We have taken NHS values with us to this community care. We offer professional development and champion roles to our staff."
- The management team were knowledgeable about the skills of their staff team and the people they supported, and were clear about their own roles in managing the service in a way that met people's needs effectively.
- Systems and processes were in place to ensure that all aspects of the service were monitored and checked to find any fault and make improvements. For example, audits took place on staff calls and medicine administration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives we spoke with felt engaged with and listened to, and could feedback formally and informally. This included feedback questionnaires which asked people's opinions on care quality, being listened to, and being understood.
- Staff members could also feedback via a survey or within a team meeting environment. One staff member said, 'I feel appreciated as an employee, I really feel like part of the team.'

Working in partnership with others

- The service worked in partnership with outside agencies and professionals to ensure care standards were high. One health professional we spoke with told us, "I have been very impressed with Trust Homecare. We have a very good working relationship and we have dealt with complex care packages together. The managers are very good."