

Transitions Care Fylde Limited

Transitions Care Fylde

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

This inspection visit took place 11 July 2018. This is the first inspections since the service registered with the Care Quality Commission on 24 July 2017.

At this inspection we found the service was rated Good.

Transitions Care Fylde is a domiciliary care agency. It provides personal care to people who live in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems, people living with dementia and older people.

At the time of our inspection Transitions Care Fylde was providing a service to 13 people.

There was a registered manager in place. A registered manager is a person who has registered with CQC 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. Having a registered manager is a condition of registration with CQC.

We spoke with two people who received support and seven relatives. They told us staff cared for and supported them or their family member safely and they were polite and friendly. One person told us, "All the carers are lovely. They look after me so well." A relative said, "I cannot praise highly enough the quality of care provided and how assured we feel that [family member's] well-being is foremost."

The service had procedures to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people.

Most areas of recruitment and selection were carried out safely before new staff could start working for the service. However, the employment checks were not always fully completed before staff induction started. However, the registered manager made changes to this area promptly to increase safe recruitment.

People told us and relatives confirmed the same group of staff supported individuals so they knew their needs and preferences. They told us they had confidence in their staff team as they were skilled and aware of their likes and dislikes. A relative said, "They engage with [family member], get her to have a laugh and joke and often go beyond what you would expect." Another relative commented, "The care team always have respect for the safety and personal dignity of [family member]."

Staff supported people with medicines safely and gave medicines as prescribed. A relative told us, "The carers' attention to the medication [family member] is prescribed has been excellent."

Staff had good infection control practice to reduce the risks of cross infection. There were processes for

recording accidents and incidents.

People were assisted to enjoy a nutritious dietary and fluid intake and to prepare and eat food and drinks as they needed.

Staff received regular training and were knowledgeable in how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support.

Staff understood the requirements of the Mental Capacity Act (2005) and acted within the law. People who received support consented to care where they were able. Where people lacked capacity, best interests' decisions were discussed and made by those involved in their care, taking into account the person's views.

Care plans were in place describing how people wanted to be supported and people and their relatives were involved in making decisions about their care.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and relatives said any concerns were listened to and acted upon.

The registered manager audited care to monitor the health, safety and welfare of people. They checked people were happy with their carers', that staff arrived on time and supported people in the way the person wanted.

People and their relatives were encouraged to give their views about the care provided. They told us they were pleased with the support they received.

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.

There were suitable procedures in place to protect people from the risk of abuse.

Recruitment procedures were amended during the inspection to reduce the risk of appointing unsuitable people.

Risk assessments including risks to the people supported, and of their home environment were in place.

Staff had good infection control practice to reduce the risks of cross infection.

Medicines were managed safely and given as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

The registered manager and staff demonstrated their understanding of the Mental Capacity Act.

People were supported to eat and drink and have good nutrition and appropriate healthcare.

Is the service caring?

Good ●

The service was caring

People spoken with were pleased with the support and care Provided. They said staff respected their privacy and dignity and they were treated with kindness and compassion.

People supported and their relatives were involved in making decisions about their care and the support they received.

Staff knew and understood the likes, dislikes and preferences of

people who received care and support. They were aware of and met each person's diverse cultural, gender and spiritual needs.

Is the service responsive?

The service was responsive.

People's care plans reflected their preferences, needs and wishes. They had been developed with them and their family to identify what support they required and how they would like this to be provided.

Staff were knowledgeable about how to support people according to their preferences.

People and their families told us they knew their comments and complaints would be listened to and acted on promptly.

People's end of life wishes had been discussed and documented where they were willing to discuss this.

Good ●

Is the service well-led?

The service was well led.

The registered manager encouraged people they supported, relatives and staff to make suggestions and comments.

The registered manager monitored and audited the health, safety and welfare of people to assess the quality of service people received. Action was taken to make improvements, where applicable.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support.

Good ●

Transitions Care Fylde

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 comprehensive inspection visit took place on 11 July and was announced.

Transitions Care Fylde is a domiciliary care agency. It provides personal care to people who live in their own homes. The service covers a wide range of dependency needs including adults, children, people with a learning disability, people with mental health problems, people living with dementia and older people.

The inspection team consisted of an adult social care inspector.

Before our inspection on 11 July 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people the service supported. We also checked to see if any information concerning the care and welfare of people who used the service had been received.

We contacted the commissioning department at Blackpool council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about the service. They included two people who were supported by Transitions Care Fylde and five relatives. We also spoke with the registered manager and three staff.

We looked at three people's care records, risk assessments and medicines information, three staff recruitment and supervision records, staff training matrix and staff and service user rotas. We looked at records relating to the management of the service and quality assurance monitoring.

Is the service safe?

Our findings

We spoke with people who were supported by Transitions Care Fylde and their relatives. People who spoke with us told us they felt staff supported them or their family member safely and carefully. A relative said, "The staff are good at their job and are, patient, attentive and 'with it'." Another relative told us, "I know [family member] is safe and cared for when I am not there, I am not worried anymore."

We spoke with staff who said their recruitment had been robust. We looked at the recruitment procedures and at the recruitment information for three staff who had been employed by the agency. Application forms and a full work history had been completed. Risk assessments had been carried out which looked at the person's previous employment history and other checks. However, we saw occasionally checks had not been finished until shortly after new staff had completed their induction training. The registered manager made changes to recruitment procedures and practice while we were still on inspection.

We saw and staff told us they had an informative face to face induction as well as e-learning before they began caring for people. They worked closely with the registered manager and other carers so they knew how care was delivered to individuals.

There were procedures in place to minimise the potential risk of abuse or unsafe care. The staff we spoke with understood their responsibilities to report any unsafe care or abusive practices. They told us they would report any unsafe care or abuse if they became aware of this. Staff had received safeguarding training and they explained the actions they would take. We could see they had the knowledge to reduce risks for people from abuse and discrimination. There had been no safeguarding alerts raised about the service since registration.

The care plans we checked had informative and personalised information about the person. Risks were assessed for the person as well as for environmental risks in the person's home. They showed potential risks of accidents and harm to staff and people in their care. These provided instructions and guidance for staff, assisted them in providing the right care and minimised risks to people. Risk assessments had been kept under review with the involvement of each person and their relatives so the support was appropriate to keep the person safe.

We checked staffing to see if staff supported people at a time they wanted this. We looked at staff rotas to see if staff had enough travel time between caring for people and checked staff arrived when they should and stayed for their agreed length of time. Everyone spoken with told us the rotas worked well and staff stayed at least the agreed times and often more. People were pleased with the support received and said they enjoyed the visits. Relatives told us they could trust the staff to care for them safely, carry out care well and were able to have a break from caring when staff were there.

We looked at the systems for assisting people with their medicines. People felt positive about these and were confident they or their family member received their medicines safely. One relative told us, "[Family member's] medication requirements have changed. Regular communication with [the registered manager]

has allowed us to ensure the ongoing care is the best it can be for [family member] to stay in their own home." Staff told us they received medicines training and competency assessments. We saw these and audits were carried out to monitor that staff gave medicines safely. Medicines information was recorded so all staff were familiar with the care provided.

Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. They used personal protective clothing such as disposable gloves and aprons if providing personal care.

We looked at how accidents and incidents had been managed by the service. These had been infrequent but where they occurred any accident, incident or 'near miss' had been reviewed to see if lessons could be learnt.

There were procedures in place for dealing with emergencies and unexpected events. There were on-call rota's people their relatives or staff could use in emergencies or if they had unexpected additional care needs. Senior staff evaluated the situations for any lessons learnt and shared these with the staff team.

Is the service effective?

Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Care plan records confirmed a full assessment of people's needs had been completed before the person started to receive care. A relative told us, "The package of care is based on an assessment of my family member's needs which was agreed by the family." Another relative said, "The manager, visited our home to speak with us all and asked [family member] the key things she needed for her daily care." Following the assessment, the registered manager, in consultation with the person and their family had produced a plan of care for staff to follow. These had been kept under review to ensure the information was up to date and appropriate.

Care plans seen confirmed people's dietary needs in regard to health, culture or preference had been assessed and any support they needed recorded. One person told us they had been eating too much before being supported by Transitions Care Fylde. They added, with their carer's support they had received training in food safety and were aware of safe food handling practices. The person said, "I am now on a healthy balanced diet food plan with Transitions. All the food I like but without all the junk." A relative told us, "The registered manager gave us advice regarding coloured bowls to use so [family member] could enjoy eating her meals more. He takes safeguarding very seriously - letting us know [family member] is drinking enough in this hot weather, alerting us if there are any queries for example, over medicines." Another relative said, "With the previous company they were in and out and quickly, and just microwaved a meal. With Transitions care it is so different. The food they prepare is now generally home cooked meals."

Staff assisted families to monitor people's healthcare needs as part of planning care. Care records showed staff noted any changes in health and where appropriate informed relatives and relevant health professionals. This meant they all had information about people's care needs so the right care or treatment could be provided. People told us staff knew and understood their care needs and preferences. One person told us they had improved their personal care since Transitions Care Fylde staff had supported them.

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. We saw best interests' decisions were discussed and made by those involved in the person's care, taking their views into account.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People who received support consented to care where they were able. People's mental capacity had been considered and was

reflected in their care records.

We spoke with three staff and looked at staff training records. We saw they were working towards or had achieved national qualifications in care and were knowledgeable about the care they provided. They told us they received training that was relevant to the care needs of the people they supported. We saw responses to surveys which were very positive. One person said, 'Staff are well trained and it is clear the company supports ongoing CPD for members of staff. An external professional told us, "The staff are all well trained and are always professional in their dealings."

The service provided equality and diversity training to all staff and checked they understood their responsibilities. The registered manager felt the service could accommodate diversity in the workplace and create a positive and inclusive environment. Staff respected people's individual beliefs including religion, culture and sexuality.

Staff told us they received frequent training such as moving and handling, the Mental Capacity Act, equality and diversity, safeguarding, infection control, food safety and first aid. This training assisted staff in providing appropriate care. A member of staff said, "Any training I feel I need is offered." Another member of staff commented via Transitions Care Fylde's survey, 'Not only does Transitions provide personalised care to the people we support, they provide the staff with the opportunity to learn and develop, enhancing skills and earn qualifications to develop their career choice'.

Staff told us and records confirmed they received regular formal supervision. This is where individual staff discuss their performance and development with their manager. Senior staff explained supervisions were carried out in a variety of ways. These were by observing the way a member of staff supported a person as well as one to one discussions. Staff told us they were encouraged to discuss ideas and any concerns, their training needs and any support they needed in their role. They felt this made them more confident and competent.

Is the service caring?

Our findings

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We saw staff were aware of people's individual and diverse cultural, gender and spiritual needs and met them in a caring and compassionate way. Relatives told us staff spoke with their family member in a friendly, polite and respectful way. People told us staff respected their privacy and dignity. One person said, "They are so polite and they ask if I want them to wait outside the bathroom when I am in." A relative told us, "From that first visit, to setting up the formal Care Plan, to [family member] meeting her new carers, she now feels very lucky and knows each day will give her a chance to have a laugh and a joke." Another relative commented, "All of the things you feel should be part of your loved one's personal dignity in advanced old age, are part of the care [family member] receives with Transitions."

People we spoke with were praising of Transitions Care Fylde. One person said, "They are fabulous. I couldn't fault them if I tried." Another person told us, "I can honestly say all of the staff are now my friends even though they are here to support me." A relative said, "The level of care and expertise is exemplary. [Family member] is shown great affection by her carers and you can see she enjoys their company." Another relative told us, "The carers are wonderful to a woman/man. When I visit, I see people who are compassionate and who truly care. Nothing is too much trouble."

Staff we spoke with showed they had an understanding and an appreciation of people's individual needs around privacy and dignity. People supported by the service told us staff spoke with them in a respectful way and they were treated with dignity during delivery of their personal care.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. Most people supported had close family involvement but the service had information details for people and their families if this was needed. Advocacy services offered independent assistance to people if they wanted them to act on their behalf or give support to make decisions about what was important to them.

We looked at three people's care records. Care plans seen and discussion with people and their relatives confirmed they had been involved in the care planning process. The plans contained information about the care and support each person needed and their wishes and preferences. A comment through Transitions Care surveys was, 'Staff listen to me and my needs. Nothing is ever too much trouble. I have the same staff so I am able to build good relationships with them. The other care I had, didn't listen and wanted me to use aids and do things I didn't want to do. I am now happier in myself as the staff support what I want to do.'

Staff could describe the importance of promoting each individual's uniqueness and they had a sensitive and caring approach when talking about the people they supported. A relative told us, "Nothing seems too much trouble for Transitions carers to do - cook [family member] bacon and egg for breakfast; massage her restless legs; or make sure her nightie is just so before she settles to sleep at night." Another relative commented, "The care team have become a much valued, extended part of our family. I can't name names, but every Transitions carer has gone above and beyond for [family member]. They all seem to really care about the people they are caring for, and some are extremely well qualified and work to an outstanding level."

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. They had not received any information or concerns about the care provided.

Is the service responsive?

Our findings

People told us staff were familiar with any additional communication and support needs they had. They told us there had been a thorough check before Transitions Care Fylde provided any care. We checked whether the provider was following the Accessible Information Standard. All organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

Care plans seen confirmed the assessment identified people's needs including the ways the person communicated. These were informative and personalised. They provided guidance on how staff were to support people with their daily routines and personal care needs including communication and use of aids such as glasses and hearing aids or communication devices. Transitions Care Fylde provided information personalised to each individual they supported. We saw care plans were regularly reviewed and updated in response to any changes in care or circumstances.

People told us staff never missed visits and always told them if they might be late. They told us staff listened and encouraged people to make decisions about their care and lifestyles. One person told us, "I Have been doing regular exercise with the support of Transitions. When I was on my own I couldn't or didn't want to do any exercise. Transitions make the exercise fun."

People told us Transitions Care Fylde were flexible and responsive. They told us they could always get hold of someone any time of day or night. One relative told us, "Transitions Care provide a flexible and adaptable service and are able to respond to medical appointments, to which they accompany [family member]." People said staff always stayed for their full shift and often longer. A relative told us, "It is a delight to work with an organisation the is prepared to go over and beyond normal expectations to provide what is needed."

We saw staff had supported one person to increase their social activities. They told us, "Transitions has helped me a lot to engage with people and my confidence has grown a lot. We go out bowling and I have the confidence to do other things including, doing [leading] quizzes. That was really fun and I would love to do it again." A relative said, "Transitions staff support [family member] on a weekly visit to the hairdressers. It has made such a difference to them."

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining the ways a complaint could be made and reassured people these would be responded to appropriately. People we spoke with told us they knew how to make a complaint if they were unhappy about anything. They said they had no complaints but had full confidence the registered manager would deal with any complaint to their satisfaction. One person commented through the surveys, 'I am supported and listened to by staff if I complain and they have a thorough approach to deal with and prevent reoccurrence.'

People's end of life wishes had been recorded where they agreed to discuss them. Staff could support

people who were heading towards end of life so they could remain in the own home as long as possible.

Is the service well-led?

Our findings

People we spoke with told us it was easy to speak with the registered manager at any time. They said he was friendly and approachable as well as knowledgeable. They told us they could ring or go into the office to discuss things as they needed. One person commented, "Right from the first visits we have been impressed with the high quality of care provided." A relative told us, "[Registered manager] has been a fantastic manager. He seems to have valuable experience with the elderly, especially dementia, which has been of such help." Another relative said, "My view is that Transitions Care Fylde Limited is a high-quality care company that exceeds the expectations of those it provides services to. I cannot speak highly enough about them as a company and the individuals they employ as carers."

We found the service had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Staff were sure about their responsibilities and duties. People told us the care team provided an efficient and consistently good service. A staff member said, "I am really happy here. [The registered manager is fantastic." Another member of staff told us, "I was looking for somewhere that had the same values as me and wanted to provide really good care. I came here and it's great, fabulous support from [registered manager]."

The organisation had systems and procedures in place to monitor and assess the quality of their service. People were encouraged to share their views about the service and any ideas to improve support. The registered manager carried out monitoring checks as well as routinely providing care to people and working with staff. This assisted him in checking staff were punctual, polite and respectful and people were happy with the service. He also had regular telephone contact with people who used the service and their relatives. If the registered manager or care team found any omissions or shortcomings action was taken promptly so continuous improvement could be maintained.

As the service was supporting a small number of people, audits were mainly informal checks, during the registered manager's regular contact with people. Formal audits were planned for when the numbers of people supported increased. We saw survey responses from people supported, relative and staff praising the service provided and support given.

Staff told us they had excellent support from the registered manager. They told us they could contribute to the way the service ran through staff meetings, supervisions and daily handovers and during training. They told us they could suggest ideas or give their opinions on any issues.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as, dieticians, speech and language therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support. They learnt from incidents that had occurred and made changes in response to these to improve care and safety.

This is the first rated inspection of Transitions Care Fylde since registration. Providers are expected to place on display in the conspicuous area of their premises and their website their CQC rating once received. This has been a legal requirement since 01 April 2015.