Trust Homecare Solution Limited

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Inspection report

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12 October 2018

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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 between the 9 and 12 October 2018. This is the first inspection of Trust Homecare Solution Limited since it was registered in December 2017.

Trust Homecare Solution Limited is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger adults, older people, people living with dementia, people with a physical disability and people with sensory impairments.

Not everyone using Trust Homecare Solution Limited receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 30 people using the service who were also receiving the regulated activity of personal care.

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.

The service was safe. Staff helped ensure that people were safeguarded from the risk of harm. The provider identified risks to people and managed them well. The recruitment process was robust and there were enough staff employed with the necessary skills. The provider monitored accidents and incidents and lessons were learned to prevent recurrence. Skilled and competent staff administered people's medicines safely. Staff helped people to keep a clean environment in their homes.

The service was effective. Staff with the necessary skills met people's needs. Staff supported and encouraged people to eat a healthy and balanced diet with enough to drink. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The registered manager worked with other organisations such as the local authority.

The service was caring. Staff cared for and supported people in a sensitive, kind, and compassionate way. Staff respected people's privacy and dignity and promoted their wellbeing. The provider had procedures and policies in place to help people to access and use advocacy services. People had a say and were involved in how their care was provided. People were treated with fairness whatever their needs were.

The service was responsive. People received person-centred care that was based on their needs. Staff recorded the care visits to people and the provider monitored this to ensure that alternative staff resources could be deployed when needed. This helped improve the quality of people's lives. Concerns were found

and responded to effectively and this helped drive improvement. People, were supported with end of life care by staff who had the necessary knowledge and skills to do this with dignity. People's end of life care wishes were respected and acted on.

The service was well-led. The registered manager led by example and ensured the staff had skills relevant to their role. Staff worked as a team and promoted the values of the provider to help people to live life to the fullest despite any disability, gender, or age. Systems were in place and they were effective in identifying and acting on improvements when needed. People contributed to how the service was run. Staff were encouraged to develop their skills according to people's needs. An open and honest staff team culture was promoted. The registered manager and staff worked in partnership with others including healthcare professionals.

Further information is in the detailed findings below.

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.

Staff had the necessary knowledge to identify and report any concerns about people's safety promptly.

Staff found and managed risks to people and regularly reviewed these to keep people safe.

Sufficient staff who were deemed suitable were recruited.

People's medicines were administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff had regular training and supervision to give them the skills to meet people's needs.

Staff gave people choices about their care and respected these.

Staff encouraged people to eat and drink sufficient amounts.

Staff supported people to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff members showed compassion and kindness to people.

The staff team were mindful to help ensure people's care was provided with dignity.

Staff gave people as much privacy as possible.

Is the service responsive?

Good

The service was responsive.

Staff knew people's care needs well and they cared for people

equally no matter their age, gender and disability.

The registered manager used information from concerns to act before a complaint was needed.

The registered manager and staff team had the skills needed to help ensure people could have a dignified and pain free death.

Is the service well-led?

Good

The service was well-led.

People, relatives and others involved in their care had a say in how the service was run.

The provider's governance and oversight of the service was effective in finding and acting on improvements.

The registered manager and staff worked well with external stakeholders to provide people with joined-up care.

People benefitted from the appropriate sharing of their information when they used the service or moved to and from it.

Trust Homecare Solution Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 announced inspection took place between 9 and 12 October 2018. One inspector undertook the inspection.

We gave the service 48 hours' notice of the inspection site visit because the registered manager was sometimes providing personal care. We needed to be sure they would be in. We also gained people's and relatives' consent for us to call them by telephone.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from responses to our survey questionnaire as well as notifications the provider sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

Between the 9 and 10 October we spoke with six people who used the service, five relatives of people who were not able to speak with us and a commissioner of the service. On 12 October 2018 we visited the provider's office and we spoke with the registered manager, one senior homecare manager, a care

coordinator, six care staff and an administrator who also provided personal care to people.

We looked at care documentation for seven people using the service and their medicines' administration records. We also looked at four staff files, staff training and supervision planning records and other records relating to the management of the service. These included records associated with audits and quality assurance, accidents and incidents, compliments, and complaints.

Good

Is the service safe?

Our findings

People told us they were supported to be safe by staff who had the necessary skills to do this. The provider had systems in place to help protect people from the risk of abuse. Staff received training in safeguarding and they knew about the reporting processes in place should they have any concerns about a person's safety. One staff member told us, "I am trained to recognise harm such as if a person is unusually quiet, not eating or any (unexplained) bruising. If I find any of these I would call the [registered] manager immediately."

Staff used people's moving and handling equipment correctly and safely. Staff treated people equally and with respect. One person told us, "I need some help to walk. [Staff] follow me around to make sure I am safe and don't rush. It gives me confidence knowing they are there."

The provider carried out robust recruitment practices to promote safety and ensure that staff employed were suitable for their role. Appropriate checks were carried out on potential new staff before they were employed. These included evidence of their qualifications, recent photographic identity, both character and previous employment references and checks for any criminal records. Only staff considered suitable to work in this type of service were employed.

People had risks to their health and wellbeing individually assessed and managed, for example risks of falls, medicines' administration and malnutrition. People's care plans contained information for staff as to the severity of risk and how to manage this. One person said, "[Staff] always check my hoist to make sure it is safe." A staff member told us, "If I see any damage I call the office staff and they arrange for a replacement." Relatives confirmed that staff's practices were safe.

There were enough staff with the right skills to meet people's needs effectively and in a timely manner. One person told us, "If [staff] are running a bit late due to the traffic, I always get a call to let me know. I have never had them miss my care visits." We found, and people and relatives confirmed, that staff in most of their care visits arrived on time and stayed until all people's care needs were met. One relative was happy with their care arrangements and said, "I have two care staff and they are fairly local so they arrive together." Staffing levels were based on people's individual needs and fluctuated on a day-to-day basis according to the support each person needed that day.

People received their medicines safely and as prescribed. Staff received training to administer people's medicines and were assessed competent to do so. Medicines administration records (MAR) were correct and gave staff the information they needed to administer medicines correctly. For instance, for medicines which needed to be taken after or before food. One person told us, "The [staff] are very good at making sure I have taken all my medicines. They wear gloves to apply my skin cream." A commissioner of the service told us that the registered manager was very good at making sure people had all their prescribed medicines when discharged from hospital.

The provider had systems in place to support the prevention and control of any infections. Staff had received training and adhered to the provider's policies. They wore disposable protective aprons and gloves

when giving personal care to prevent the spread of infection. One person said that staff always washed their hands before and after giving their care. A relative told us that staff always disposed of any contaminated waste products safely. This helped prevent potential infections and reduced the risk of them spreading.

Lessons were learned and improvements made when things went wrong. The registered manager investigated complaints, accidents and any incidents of concern. Prompt action was taken to resolve issues, improve practice and prevent reoccurrence. For example, the registered manager had acted to improve the timeliness of care visits when new people had started to use the agency. The registered manager monitored staff's location by a mobile phone application or electronic monitoring system which enabled them to deploy alternative staff if needed. This helped the manager identify if staff were likely to be late for their next visit and inform people.

Good

Is the service effective?

Our findings

Staff received training and mentoring to enable them to meet people's needs effectively and without discrimination. They were supported to keep their knowledge up to date and in line with best practice guidance. Training was provided to enable staff to meet people's specific care needs properly and safely. For example, where people required nutritional support by percutaneous endoscopic gastrostomy (PEG), a feeding tube inserted directly into the stomach to enable nutrition, fluids and medicines bypass the mouth.

People's needs were reassessed regularly. Staff with the right skills worked together with each person they supported to successfully meet their needs. One person told us, "I have got to know my [staff] ever so well just as they have me. I have never needed to worry about their knowledge. They often tell me about their training which I like to hear about." Another person said that staff were, "skilled and meticulous" when attending to their needs. A commissioner of the service said that the registered manager always sought training from healthcare specialists such as speech and language therapists. A relative told us, "[Family member] struggles to hear and see but the [staff] are very good at helping them with touch, speaking clearly and slowly and in short sentences. It works well."

Staff were encouraged to share their knowledge and skills with colleagues. One staff member had previously worked in dental care. They shared their knowledge with other staff to promote people's oral health. Oral health is important as it can lead to other more serious health issues if it is not maintained. Staff were trained in other subjects such as moving and handling, basic life support, end of life care, catheter care, equality and human rights and diabetes care.

The registered manager ensured that staff were supported with regular supervision and observation of their working practices. One person told us that a few days ago staff who were supporting them were observed by management to ensure they carried out their work as they were trained to do so. The person told us that staff provided their care as they always did, "with no issues whatsoever". One staff member told us, "I get support from the registered manager, I have some supervision every three months, sooner if needed, and this helps me to keep my knowledge up-to-date. I can't fault the training." Another staff member said they had shadowed experienced staff during their induction and this had given them chance to learn practical skills too. Staff got to know people well and this helped people live at home for longer and independently.

Staff supported people to have a healthy and balanced diet. Care plans contained information which enabled staff to support people properly with eating and drinking, and nutritional needs. One person told us how much they loved their porridge which staff prepared "beautifully." Another person said that they shopped on-line and staff cooked their chosen meals for them. A relative said, "I can relax knowing that the staff know exactly what drinks my [family member] likes. Staff also prepared meals and drinks for people to have later in the day including sandwiches and drinks in a flask.

The provider worked together with community nurses, occupational therapists and GPs where needed to ensure people had joined up care. People had a document which could go with them to hospital. This document gave health professionals important and relevant information about the person such as diabetes

care needs or allergies. Staff kept people's relatives informed about their family members health status if needed. One person said, "I am certain that if needed, the staff could call a GP for me or a paramedic. I can do it myself but you never know." People were given support to access health services such as opticians, GP's, dentists and physiotherapy services to help them live healthier lives.

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 make decisions 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Policies and procedures as well as staff training on the MCA helped staff to identify anyone who needed advocacy or additional support in making decisions. People's mental capacity and ability to make decisions was respected by staff who understood the principles of the MCA. This included decisions people could make as well as those they needed support with such as when to take their prescribed medicines and when to get out of bed. One person told us, "I am always asked by [staff] if there is anything else I need. They listen to my choices and respect them." Staff supported people to make informed decisions.

People were offered choices in all areas of their care and wellbeing. One staff member said, "It is important to consider people's day to day decisions and to know when to contact the registered manager about any that may not be safe such as, refusing medicines without reason." Staff knew when people needed support to make decisions about their health and welfare such as by a relative or appointed advocate through the Office of the Public Guardian (OPG). The OPG protects people who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.

Good

Is the service caring?

Our findings

People received a caring service from staff who showed them kindness, empathy and compassion. One person said that staff always made sure they were warm or cool enough and they had everything they needed whilst staff were with them. A relative told us, "Over the past few months the care has just got better and better. The staff are very, very polite and understand body language well enough to know if my [family member] is in any discomfort and if they just need the loo." Another relative told us that the staff had made a real difference to their loved one since they moved back home from hospital, enabling them to remain at home. Staff showed people a caring approach and commitment by ensuring they felt valued and maintaining their independence as much as possible.

People were complimentary about the caring nature of the care staff and often referred to staff as being more of a friend. One person told us, "The staff are all so very friendly and it is always a pleasure to see them. They make my day and we do have a laugh." One person told us how they had shared many of their photographs of their favourite pastime with staff. A staff member said that the person had really enjoyed this and they had looked forward to every occasion to share many happy memories. Relatives were also complimentary about staff's knowledge of their family members, being considerate of their needs and interacting with them by listening to music or having a drink and snack together. This often led to a conversation people could engage with such as the weather, the news, or families.

People were pleased because they had their own team of staff providing their care which meant they had continuity and consistency in having their needs met. However, for most of their care they could choose the gender of staff and the time of their care visit. Another person said, "I have my favourite staff, but they are all pretty good. I have never had any issues, they understand me." Other people liked to have different staff. Another person said, "The staff I see most know me well. We chat about things and they take an interest. It's the little things like getting to know each other." Where people needed the same and consistent care staff, this was arranged.

People told us they were spoken with in an appropriate and sensitive way. Records showed us how care staff had been changed to better match the personalities of the people they supported. Most people received help from having regular care staff who knew them well. One staff member told us, "I am quite new but I am always introduced to each person I am going to be caring for. I do read the care plans but people often tell you about what they want." Staff promoted equality and diversity and supported people to be involved in their care as much as they wanted to be, and as much as they were able.

People received a service that was based on their individual needs. Care coordinators and senior staff kept in regular contact with people by working some care shifts as well as contacting people by telephone and in person. Information they gathered was held securely and only shared where people had agreed to this. One person said, "[Staff] have taken note of how I like my porridge. They always ask about my life and family. It's lovely."

People were treated with respect no matter what their care needs were. We found that staff promoted

people's independence, privacy and dignity. One person told us that staff helped them to wash and shower. Staff got towels and clothes ready, closed curtains and doors and kept the person's dignity intact. Another person said, "[Staff] only come upstairs when I am ready. Only one staff member comes in the bathroom to give me more privacy." Staff gave people time to undertake their own care or aspects of it. For example, by enabling people to wash or dress themselves. One relative told us that staff did not talk over their family member which was important, as was having a laugh to keep them relaxed.

Good

Is the service responsive?

Our findings

Staff were responsive to people's care needs and people received their care in a way they preferred it. One person said, "It is important to get my sling and hoisting right. [Staff] involve me by asking all the time if I am okay." Another person said, "I have [health condition] and like to do as much as I can. They respect that and don't take over." People could also request the time they would like to receive their care.

Most care plans had enough detail to guide staff on how to support people properly and safely and in a way, they preferred. The registered manager was updating care plans to include more detail about how to move people safely. Staff could tell us in detail, how each person was cared for and supported. For example, one staff told us, "I have to hoist a person with another staff member. We both know exactly how to position the person, what they can do and how to fit the sling." They also told us the finer detail of the person's care.

People were supported to maintain contact with relatives, friends and those people who were important to them. One relative told us how staff had helped their family member access a day centre to provide them with more social stimulation and enabled them to meet with people with similar interests. One person said, "I don't get many visitors but [staff] come four times a day. They are very good at getting me up in the morning. We chat about all sorts of subjects." A relative told us how important it was for them and care staff to visit their family member regularly as well as community nurses for the person's diabetes management.

The provider used technology in the form of a mobile phone program which staff used to record their care visits and the care they provided. This helped the registered manager to find out straight away if a person's needs changed. It also aided decision making about the length or duration of care visits to people or the number of staff needed. One staff member said, "It is a really useful system. We log the care we provide and if we consistently go over the time needed, the registered manager investigates and refers the matter to the local authority."

A complaints process was in place and people were given information how to use this. This was also available in large print or braille format to make it more accessible for people. Most people told us that they had never had to complain and minor issues such as the deployment of staff were resolved quickly. The registered manager had responded to people's complaints to their satisfaction. One person told us that satisfactory action was taken in response to their complaint about a staff member. They said, "I reported that I did not like or get on with the staff member. I asked if they could be changed and everything is now fine and there haven't been any other issues." We found however, that the registered manager did not always keep a record of the complaints. This limited their ability to find any patterns or trends. They told us they would start keeping a record now that there were more people using the service.

People were supported with end-of-life care that helped ensure they would have a dignified and pain-free death. This included any religious matters that needed to be respected. The provider's statement of purpose included the care people could expect at this sensitive part of their lives. The registered manager had received many compliments about this matter from relatives. One of these stated, "We are so grateful for all the help you gave us. It enabled [family member] to remain at home which was their wish." Another

complimented staff for "such good care" provided to a person in their final days of life. The relative stated, "[Staff] were always on time and helped us all with gentle and sensitive care which was appreciated." One staff member told us, "It is never easy providing care to people who may be near death. We have training, counselling if needed and the registered manager is there too if needed."

Good

Is the service well-led?

Our findings

The registered manager was supported by other managers, care coordinators and care staff. 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. We found that they had notified the Commission about events that they are required to do such as safeguarding incidents.

Staff were supported in their role and treated equally well. The registered manager and service managers had regular meetings and they supported staff with supervision, meetings, and mentoring. This gave staff the understanding of the quality of care expected from them.

We found that the registered manager had an open-door policy where staff could meet with them and discuss anything related to, or affected by, their work. Staff received the support they needed and this helped them to give care to the standard expected by the provider. Staff meetings were used as an opportunity to remind staff of the standard of care expected as well as delivering praise for their hard work. One relative said, "Having the same staff helps so much and they are all brilliant at their job. I would recommend the service to anyone." One staff member told us that they would not hesitate to report any poor standards of care.

The registered manager and staff who had a management role either visited people in their homes or called them by phone to ask about the quality of the care provided. This was to make sure people were happy with the quality of their care. The monitoring of staff helped to reinforce the provider's values. One person said, "I can't hear very well. [Staff] have got to know how I like my care provided. They are equally good. I can only praise them for doing a difficult job in all weathers." One staff member told us, "The regular spot checks by the managers is a real help. You don't know when they are going to arrive. I just work to the same high standard all the time." Another said, "The training we get is very good. We get checked on for our hygiene practices and if we are wearing a clean uniform. I have gained so much more knowledge working here. If I don't remember something I call the office [staff] and they always give you a solution." People's care was regularly reviewed and changes were made when needed.

The registered manager led by example and they had created a staff team culture of openness, honesty and reliability. Quality assurance systems were effective in identifying and driving improvements. Audits of people's MARs were effective in ensuring errors were not repeated such as, staff signing at the time the medicine was administered.

The service listened to what people, their representatives, staff and health professionals told them about the quality of the service. This included a quality assurance survey and compliments which showed what the service did well. One such compliment stated, "Staff were very friendly, approachable and supportive. Nothing was too much trouble. I have been extremely happy with [the service]." Another compliment stated, "The staff team I have are fantastic." People were offered the opportunity to discuss any issues further if this

was needed. A relative said they would recommend the provider and that having a thorough process to assess their family member's needs had helped ensure the person was still able to live at home. The provider only accepted people's care where they could meet this to their standard.

The provider's policies gave staff information about subjects including professional boundaries, whistleblowing and the registered manager's duty of candour. These policies included how the quality of the service was kept. One staff member told us, "I have worked in healthcare for over 15 years but the support I get working in the community is second to none. If I need help I am never turned down."

The registered manager understood their role in reporting incidents such as safeguarding to the Care Quality Commission. The registered manager had made a difference to the overall quality of the service by working with external stakeholders. The registered manager said, "If a person is discharged from hospital to us, I always make sure they have the correct equipment and prescribed medicines. If I find anything missing I chase it until everything is in place. A commissioner of the service told us the registered manager was "very good at getting the quality of care right". This resulted in people being safe, well cared for and having their needs met.