Tru Caring Ltd

Tru Caring Limited

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

The inspection took place on 3 and 4 February 2016 and was announced.

Tru Caring provides a domiciliary care service for people living in Bishops Waltham and the surrounding area. At the time of the inspection 49 people were receiving care visits.

Tru Caring has 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 were protected from abuse. Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. There was a safeguarding policy which was available for staff to review if necessary.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Assessments were carried out before people accessed the service. Care plans were written which addressed the risks so that staff were informed about how to provide care in a way which protected people.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The allocation of staff was carried out manually to ensure that identified routes were practical for staff and that people received a consistency of care workers. Care workers were flexible with travel and hours and this meant that management were always able to match calls with care workers.

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) checks were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There was a system in place to ensure the safe administration of medicines. Some people had their medicines administered by staff. Staff had received training to ensure they were able to administer medicines safely. Information was recorded in people's care plans which informed staff where medicines were kept in people's homes and how to administer them.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food safety and health and safety. Staff told us they had received sufficient training to meet the needs of people. Staff received an induction in line with the Care Certificate.

Staff had regular supervision meetings with their line manager. These took the form of a staff observation.

Records showed that staff were regularly checked for their competency in delivering care.

People were asked for their consent before care or treatment was provided. Staff told us they asked people for their consent before providing any care. Everyone using the service had the capacity to give valid consent for the care and support they received. Management were aware of the Mental Capacity Act 2005 (MCA) and knew how to apply the principles.

The service liaised with community health care professionals to ensure that people were able to access services in relation to their health needs. The service had made referrals to health care professionals where they had concerns.

Relatives and people were happy with the care provided and thought that staff were kind and caring. One person said their care worker had become their friend. People said staff were chatty and friendly.

Staff respected people's dignity. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them. People were supported to be as independent as possible. Care staff told us they always offered people to do things for themselves. They supported people where they were unable to do things for themselves.

People were involved in decisions about their care and were offered choices. People told us they and their relatives had been involved in their plan of care and had participated in six monthly reviews.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet people's changing needs. Care plans included an assessment of people's needs and were written to reflect people's individual needs and wishes. Staff were knowledgeable about people's needs and preferences. They told us they had read and understood care plans and ensured they followed them.

The provider responded to feedback, concerns and complaints. The management team sought feedback from people using the service to ensure they were happy with the service. Any concerns or complaints were ironed out quickly.

The provider had a complaints procedure. Details of this were included in care plans so that people and their relatives would know how to complain if they needed to. Most people and relatives contacted the office if they had any issues or concerns they wanted to discuss.

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. People and staff were happy with the service and praised the management team.

The registered manager was not present during the inspection due to personal circumstances. The inspection was supported by a knowledgeable management team, who were helpful and able to provide the information requested and answer questions. The inspection was not hindered by the absence of the registered manager.

The registered manager demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team who demonstrated they were aware of their statutory responsibilities as a provider. CQC had received appropriate notifications from the service. Policies and management arrangements meant there was a clear

structure which ensured the service was effectively run and closely monitored. The provider had identified areas of the service which needed to be improved and prepared a plan to address these.

The quality of the service was monitored by management through a series of checks. People received 'courtesy calls' to check if they were happy with the service they were receiving. Feedback was sought in other ways such as formal feedback surveys and care plans were checked on a sample basis every month.

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 had received safeguarding training and knew how to recognise the signs of abuse.

Risks were identified and appropriately addressed.

There were sufficient staff to meet people's needs.

Staff had received medication training in order to administer medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences.

People gave consent to their care. The provider understood the requirements of the Mental Capacity Act 2005.

The service liaised with community healthcare professionals to ensure that people had access to health services.

Is the service caring?

Good

The staff were caring.

Staff treated people in a kind and compassionate way. They took time to get to know people.

Staff described how they provided care to people and respected their dignity.

Each person's Independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

Staff responded appropriately to people's needs due to the detailed care plans.

The service sought feedback from people, relatives and staff and responded appropriately to it.

Is the service well-led?

Good

The service was well led.

There was a positive and open culture.

The registered manager demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team.

The provider actively monitored the quality of care and took appropriate actions where necessary to drive service improvements.

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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 inspection took place on 3 and 4 February 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service. The provider ensured that people were available to speak with us on the day of the inspection. The inspection was carried out by three inspectors.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the provider is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. We did not request a Provider Information Return (PIR) from this provider prior to the inspection. This is a form which asks the provider to give some key information about the service, what the service does well, and what improvements they plan to make. We gathered this information as part of our inspection.

During our inspection we spoke with 13 relatives and six people. We also spoke with the management team and five care workers. We reviewed records relating to the management of the service, such as audits, and reviewed four staff records. We also reviewed records relating to nine people's care such as their care plans and risk assessments.

We have not previously inspected this service.

Good

Is the service safe?

Our findings

Relatives told us that their family members felt safe with the service provided. One relative told us the care was "certainly" safe and that the family "couldn't manage without it". Another relative replied "absolutely" when we asked about this and added that staff "always report" any concerns.

People were protected from abuse. Staff had knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A relative gave examples of when care workers had acted to keep people safe. Staff observed on a visit that the person "didn't look too good". The care worker reported their concerns and the service made contact straight away. It transpired that the person had an illness that required surgical intervention. On another occasion, a care worker reported that the communal front door to the block of flats where the person lived had been wedged open. This meant that anyone could have entered the building. The relative said "I was impressed".

Staff had completed safeguarding training and knew had to report signs of abuse. There was a safeguarding policy which was available for staff to review if necessary. Mostly staff said they would report concerns to office staff. There was evidence that concerns about people were regularly reported to office staff. For example one person regularly chose to sleep in an armchair. Staff reported this to office staff so that any appropriate action could be taken to keep the person safe.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments were carried out before people accessed the service so that the service could be sure they could keep people safe. For example the risk to people of their skin breaking down or the risks associated with their continence care. Care plans were written which addressed the risks so that staff were informed about how to provide care in a way which protected people. For example one person was unable to manage money appropriately and there were risk assessments in place informing staff how to keep the person financially safe. A summary of risks and associated actions was recorded at the front of each care plan so that actions were clear to staff at a glance.

Risks to staff, in relation to lone working, had been identified. Staff provided care in the evening and this was a higher risk to staff working alone. A lone working policy was in place. Lone working had been discussed at staff meetings and staff had been issued with personal alarms. A system was in place using a messaging application on staff mobile phones, whereby staff would send a message that they had arrived home safely. The manager on call received the messages and was able to confirm that staff were safe.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The management team explained how staffing numbers were matched to people using the service to ensure there were always enough staff to cover calls. Staff numbers were built up slowly in line with the number of people using the service so that supply and demand were in tandem. This protected people and the service from the risk that there would not be enough staff to meet people's needs. A software system was used record details in relation to people and staff. The allocation of staff was carried out manually by the same member of management, ensuring that identified routes were practical for staff and that people received a

consistency of care workers. Care workers were flexible with travel and hours and this meant that management were always able to match calls with care workers. Everyone we spoke with said that they had not received any missed calls and that care workers arrived on time. If there was a short delay they always received a telephone call. One person said "They turn up on time, within 15 minutes" they added when asked about missed calls "They've never not turned up." A relative told us "If they're going to be late they'll let us know." Another relative said "I've been very pleased with the service."

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) check were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There was a system in place to ensure the safe administration of medicines. Some people had their medicines administered by staff. Staff had received training to ensure they were able to administer medicines safely. Staff's medicines training was updated annually. Information was recorded in people's care plans which informed staff where medicines were kept in people's homes and how to administer them. When staff administered medicines they completed a medication administration record (MAR). MAR charts were kept in people's homes and collected at the end of each month. Management checked MAR charts monthly to ensure there were no gaps or errors. Where these were identified they were investigated and appropriate action taken. A medication train the trainer course had been booked for two members of management to support the appropriate management of medicines within the service. A relative told us that care workers were "proficient" in dealing with medicines and "knew exactly what to do." Another relative told us that care workers had been competent in administering eye drops. A paperless system was planned to be installed and used by the service, the new system will reduce the risk of medicine errors and highlight any potential errors to management immediately.

Good

Is the service effective?

Our findings

A relative told us that staff were "all very good" and had a "good understanding of (their relative's) needs." Another relative told us that the service was "very reliable, very efficient". A health and social care professional said "I feel confident that the service they provide will be of a good standard when I ask them to support one of my service users."

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food safety and health and safety. Staff told us they had received sufficient training to meet the needs of people. Training was provided as e-learning and through 'social care TV online.' Not everyone had received mental capacity training but everyone who had not received the training had been booked to complete the training during February 2016. Training was recorded using the care software system and therefore dates for training updates were highlighted to managers. This meant they could keep training up to date. Staff received an induction in line with the Care Certificate. The Care Certificate was officially launched in March 2015 and aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. Each new employee was observed and assessed by a supervisor and an induction manager. They were not permitted to work unsupervised until all the observation standards had been met and signed off. As part of the induction a personal development plan was discussed and recorded which identified any potential training needs, it also included a tracker for care certificate work books so that management could ensure they were being completed to an appropriately high standard.

People told us that staff had received appropriate training to meet their needs. A relative told us that staff were well trained and prepared for their caring roles. Another relative told us that staff were competent and they were "very pleased" with the care provided, adding "nice staff, no problems."

Staff had regular supervision meetings with their line manager, these included an observation of their work practices. Records showed that staff were regularly checked for their competency in delivering care. Following each observation there was a discussion with staff which reviewed their overall performance, identified any training needs and also gave the staff member the opportunity to ask any work related questions or raise issues of a personal nature. Staff told us they felt supported in their role and felt able to discuss any concerns with the management team at any time. One member of staff said "They are a fantastic employer, they put me at my ease, if I have a problem I can ring up and talk."

People were asked for their consent before care or treatment was provided. Staff told us they asked people for their consent before providing any care. Relatives told us that care workers sought consent before giving personal care and explained the care to be provided. A relative told us that the provider had dealt with issues of consent well in practice.

Everyone using the service had the capacity to give valid consent for the care and support they received. Whilst the service did not need to carry out mental capacity assessments in line with the requirements of the Mental Capacity Act 2005 (MCA) at this time, management had received training and were aware of the

principles of the MCA. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff were booked to receive their mental capacity training during February 2016.

Food and nutrition was not included as part of the service provided to people. Staff prepared people's own food for them and records demonstrated that they regularly checked the 'use by' dates of food stored in people's fridges to ensure it was safe for them to eat. A relative told us that care workers wrote down the date when a food pack, for example, of ham was opened so that it would be consumed within the 'use by' date. Staff ensured that people had access to drinks. When we visited people in their home we noted that everyone had a drink and had also been left hot drinks in a flask and jugs of cold drink to consume during the day.

The service liaised with community health care professionals to ensure that people were able to access services in relation to their health needs. Mostly relatives supported their family member to attend medical appointments, but sometimes care workers supported people to attend their appointments. Relatives told us that the service was flexible in working with health services. We saw that the service had worked with adult services in ensuring that people were kept safe. The service had also made referrals to health care professionals where they had concerns. For example to a continence nurse and a Parkinson's nurse to ensure people received the support they needed to stay healthy.

Good

Is the service caring?

Our findings

A relative told us care was provided mostly by the same staff member, giving a "lovely continuity of care". They felt that care workers knew the person's needs well and took their individual needs into account "(my relative) is much happier with someone who's quietly spoken." Another relative told us that care workers "go out of their way" to ensure the person's needs were met, "Not only do they do their job, they have become friends."

People and their relatives told us that staff were chatty and friendly with them. A relative told us "(my relative) feels well looked after." Another relative told us that care workers were "trustworthy and helpful" and that "they're excellent." Staff told us they built up trust with people, so that people would be more relaxed during care. One member of staff told us they sat with people holding their hand and chatting with them, in order to put them at their ease. One person said "(a care worker) is very astute, (they) know me very well." Another person told us that care staff always ensured they had what they needed within easy reach and their feet were elevated before they left. They described care staff as "marvellous."

Staff respected people's dignity. Staff described how they protected people's dignity by closing curtains and doors and covering people with towels when they were washing them. A relative said that care workers were "All extremely good at preserving (the person's) dignity." One person said "They're very hot on dignity."

People were supported and encouraged to be as independent as possible. Care staff told us they always gave people the opportunity to do things for themselves. They only supported people where they were unable to do things for themselves. One person told us that they struggled to do some things for themselves, they went on to say "(a member of staff) always praises me and says how well I'm doing." One person told us they were always offered the opportunity to do things for themselves. A care worker recalled a person who she had previously supported to dress but who now was able to dress themselves and put their shoes on. One person said "One of their aims is to keep us as independent as possible. I've become independent – gradually."

People were involved in decisions about their care and were offered choices. People told us they and their relatives had been involved in their plan of care. People told us they had participated in six monthly reviews which had taken place in their home with relatives and a member of management. One relative said they had been included in the review and that "everything was up to date." A member of staff told us they always gave people choices. They said "People make their own choices."

Good

Is the service responsive?

Our findings

Staff were able to respond appropriately to people's needs because they knew them well and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes providing personalised care.

People had care plans that clearly explained how they would like to receive their care and support. Care plans were regularly updated and amended where necessary to meet people's changing needs.

Care plans included an assessment of people's needs and were written to reflect people's individual needs and wishes. They contained information 'About you,' emergency information, care plan updates, an assessment of needs in relation to personal hygiene, communication, hearing, sight, breathing, pain, skincare and continence. Tasks to be carried out were listed and people's care needs were recorded in an individualised way. For example '(a person) has a hearing aid but doesn't like to wear them. (They) have better hearing in their right ear. When talking to (the person) please face (them).' Important information such as people's allergies, was clearly recorded at the front of people's care plans. Care plans were reflective of people's needs and wants.

Staff were knowledgeable about people's needs and preferences. They told us they had read and understood care plans and ensured they followed them. A relative told us their family member had a care plan that was followed and they had attended a meeting recently to review it. A relative gave an example of plans changing because a person was going away on holiday. They said the process had been straight forward. Another relative told us they had initiated a change to daily care arrangements due to a hospital appointment and that the provider had responded helpfully by arranging a later visit. People's care plans were regularly reviewed and adjusted where necessary so that staff would have up to date information about people's care requirements.

Relatives thought communication about their family member's care needs was "excellent." One relative said "They keep in touch about the smallest thing. I'm kept in the loop." Another relative told us there was "comprehensive paperwork" and referred to the care plan folder, daily log and weekly schedule that included who was coming and when. This was helpful because "we know exactly" about care arrangements.

The provider responded to feedback, concerns and complaints. The management team sought feedback from people using the service, especially people who were new to the service. During their first two weeks of using the service people were visited by a care supervisor a couple of times a week. This was to ensure that the person was happy and to iron out any issues. After that time people received a 'courtesy call' from office staff. We saw these calls recorded on the system. Positive comments were recorded and some adjustments to calls were made as a result such as cancelling calls due to hospital appointments or booking in extra calls. A relative told us they were "invited to call if there was any concern" but they had "no worries" and were "very happy." A 'Service user satisfaction survey' had been carried out by the provider and responded to appropriately.

The provider had a complaints procedure. Details of this were included in care plans so that people and their relatives would know how to complain if they needed to. Most people and relatives contacted the office if they had any issues or concerns they wanted to discuss. A relative told us that if there were any issues with their relative's care, they would "give (a manager) a ring." Another relative named a manager and said they were "always available" and could be contacted via mobile telephone during the evening. Any complaints received were recorded on the system, investigated and appropriately responded to. Staff had an opportunity to raise and discuss concerns during staff meetings or individually through calling or visiting the office. They all said they would speak to staff in the office if they had any concerns.

Good

Is the service well-led?

Our findings

There was a positive and open culture within the service. Staff said they felt able to raise concerns, and were confident they would be responded to. One member of staff said "You know you could just ring if you had any problems."

The registered manager was not present during the inspection due to personal circumstances. The inspection was supported by a knowledgeable management team, who were helpful and able to provide the information requested and answer questions. The inspection was not hindered by the absence of the registered manager.

People and staff thought the management team were excellent and provided a good service. One member of staff said "I couldn't fault them, they're wonderful. Very flexible." A relative told us "The quality of care is superb, utterly superb." They added that the service was "incredibly efficient" and "it's a brilliant company." Another relative said that they had been provided with a "very good level of service" and it was "overall, well managed." People described the service as "professional" and "efficient." A health and social care professional said "They are one of our more reliable care agencies." One relative responded, when asked what the service did well "They train staff well, they listen and they're discreet. That is especially important in a village."

The registered manager demonstrated good management and leadership, through the effective management of the service and the quality of care provided. She was supported by the management team who demonstrated they were aware of their statutory responsibilities as a provider. CQC had received appropriate notifications from the service. A notification is information about important events which the provider is required to tell us about by law. People had regular visits from care supervisors and regular contact with office staff. They knew the names of office staff, which included the management team, and said they had spoken with them regularly. Some people said they would like to see more of the registered manager. In a care service of this type it would be difficult for the registered manager to visit everyone at home.

Policies and management arrangements meant there was a clear structure which ensured the service was effectively run and closely monitored. Policies included staff recruitment, safeguarding, confidentiality and complaints. The management team told us the values for the service were 'Caring in the community.' They felt strongly their service was provided by the community for the community. Bishops Waltham is a village and staff were recruited from the village to serve people's care needs in the village. They saw this as the community supporting itself, which was important to the community as a whole.

The provider had identified areas of the service which needed to be improved and prepared a plan to address these. A new paperless system was planned to be installed. An agreement had already been signed for the new system. They expected the new system to give a greater accuracy of information, provide a quicker response to changes in care planning and reduce errors in medicines administration. People will have access to a live portal so they can see up to date information about which care worker will be

supporting them and their expected arrival time. Due to the planned absence of the registered manager, there were plans in place to register a joint manager to share responsibility for the service. A more detailed up to date staff hand book was due to be issued shortly to staff.

The quality of the service was monitored by management through a series of checks. People received 'courtesy calls' to check if they were happy with the service they were receiving. Feedback was sought in other ways such as formal feedback surveys. Feedback from surveys had been acted upon where appropriate. Care plans were checked on a sample basis every month. This ensured that staff were completing records of care appropriately, signing time sheets and completing MAR charts. Supervisors also carried out staff 'spot checks' to ensure that care was delivered to appropriate standards.