

Tru Caring Ltd

Tru Caring

Inspection report

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Date of inspection visit:
12 September 2017
14 September 2017

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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

Tru Caring is a domiciliary care service is a small family run business providing care and support for people living in their own homes. They provided approximately 450 hours of care to 52 people at the time of our inspection. The service provided support to both young and older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment.

The inspection took place on the 12 and 14 September 2017 and was announced.

The service had a registered manager. 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 safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team.

Systems were in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains safe. People were protected from avoidable harm or abuse by sufficient numbers of staff who knew and understood the principles of safeguarding and how to report abuse.

Risks to people had been assessed to ensure people's individual needs were being met safely.

People received the appropriate support with their medicines as required.

Good 

Is the service effective?

The service remains effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

Good 

Is the service caring?

The service remains caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Good 

Is the service responsive?

The service remains responsive. Care plans reflected people's individual needs and preferences.

Good 

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Is the service well-led?

The service remains well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

The manager and staff with management responsibilities knew their role and responsibilities in ensuring a high standard of care.

Records relating to people's care were accurate, up to date and stored appropriately.

Good ●

Tru Caring

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 12 and 14 September 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, in this case older people and people living with dementia.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with one health and social care professional.

We used a variety of methods to inspect the service. We looked at the provider's records. These included six people's care records, six staff files, a sample of audits, staff attendance rosters, and policies and procedures. We spoke with the registered manager, care co-ordinator, and five members of care staff. We visited and spoke with four people including two relatives in their own homes to view their care records and telephoned five people to obtain feedback on the delivery of their care. We also spoke with two community health care professionals.

We last inspected this service in February 2016 where no concerns were identified.

Is the service safe?

Our findings

People and relatives told us they felt safe with the care staff and told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. One person told us, "I feel very safe with my carer. They ask me how I am every time they call". Another person told us, "I trust them in the house and with all my care. I have the same group of carers and they always come on time and stay as long as they need to". A relative told us, "Very happy with our carers especially (name). They are very punctual and I know that (name) loves to see them". A community health and social care professional told us, "Yes it's good. I have no concerns at all. If there are any issues they contact us immediately".

The service had policies and procedures which protected people from the risk of abuse. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "I have never had to report anything but would know what to do if I did see it". Staff were able to describe the different types of abuse and signs and symptoms that abuse may have occurred. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

There were enough staff deployed to meet people's needs. Some people told us they received a listing of staff who would be visiting them in advance. The registered manager told us, "Some people like to know who is visiting so we either post or e mail the lists to them. Some people however do not wish to receive them but we do ask people regularly when we review their care". One person told us, "I like to know in advance who is visiting. If my carer is running late I usually get a call from her or the office".

Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said, "I get the same carer most mornings. It only changes when they have a day off but the other carer that comes knows what to do so I don't really notice anything differently". A relative told us, "It's nice to know in advance who is calling in. It really doesn't matter which carer it is as they are all lovely but it's still nice to know". The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to meet people's needs and deliver the care safely.

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives. These included people's mobility, nutrition and medicines. For example, one person needed to be hoisted and re-positioned on each visit because they were at risk of developing pressure sores. The care plan stated and the person's relative confirmed that on each visit staff repositioned the person safely using glide sheets and noted this in their daily care notes. There was a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them. For example, safety and security of the premises, that carpets and flooring were well maintained and any risk of trip hazards minimised. One person told us, "They made sure that there was no clutter so that the staff could carry out my care safely".

Another person said, "They are very careful in making sure we are all safe. They checked my home thoroughly before they started coming in to see me. They check it every time before they leave also".

There were systems in place to ensure that medicines were managed safely. One person said, "Oh yes they help me with my medicines and I'm glad they do because I forget sometimes". People told us they were supported with their medicines and told us they were confident staff 'knew what they were doing'. Where possible, people were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines. Staff sometimes assisted people to take their medicines and recorded when they had done so on a Medicine Administration Record (MAR). These, where applicable were accurate, up to date and contained no gaps.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees who were contacted for feedback and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

Is the service effective?

Our findings

People and their relatives told us they were cared for by staff who had the skills and knowledge they needed to meet people's needs. People spoke highly of the calibre of the care workers that supported them. They told us they thought they were well trained and competent in their work. One person told us, "They are excellent, very skilled. I get the correct support when they hoist me. They know what they are doing". A relative told us, "As far as I am concerned they very good at what they do. We have no complaints at all". Another relative said, "They do everything we ask and more. We couldn't wish for better".

People told us that their health care appointments and health care needs were organised by themselves or their relatives. However the provider worked well with others to ensure people maintained optimum health. One relative told us, "We receive care from Tru Caring and another agency that covers a 24 hour period. The carers work really well with the other carers and they all get along well which we find tremendously reassuring". A visiting community health care professional told us, "I visit my client regularly and the carers are very good at contacting me if they feel I need to make an impromptu visit because they have concerns. Yes. They care for this person and manage his condition very well".

The provider's induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. All new staff had undergone an induction which included the standards set out in the Care Certificate. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness. One member of staff told us, "When I first started apart, from the training I shadowed another carer for two weeks. I was never put under any pressure to 'go it alone' until I felt confident to do so. I also received good support around my Care Certificate training from my supervisor or management".

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. One member of staff told us, "I have regular structured meetings with my manager. I find them really helpful. It's good for me to know how I am doing and I like them".

People told us staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) never come in and assume or take over. They always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "They carers are good at asking for permission. They don't ever come across as wanting to 'take over'. They always ask (name) what they can do for themselves and what they can help with". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The 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. The registered manager and care co-ordinator told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to make a decision to ensure that care and support was provided in their best interest.

Most of the people we spoke with or visited did not require support with food preparation or eating however staff were clear about the importance of identifying any concerns about people's food or fluid intake and reporting them promptly.

Is the service caring?

Our findings

People were positive about the care and support they received. One person commented, "The carers that visit me are very good and very caring." Another person said, "I'm very happy with my care. The girls that come in are very kind and attentive. I look forward to them coming". One relative said, "They come in four times a day and are always happy and willing to do whatever needs doing. I don't have anything but good things to say about them. They are marvellous". Another relative told us, "It's not an easy job they do yet they are always smiling and that's so nice to be greeted by someone who appears happy in their work. It inspires confidence".

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people receiving care, their relatives and from records viewed. Care plans contained information about preferences for care and support including personal histories and how people wished to be cared for. Staff understood how to promote and respect people's privacy and dignity, and why this was important. They

demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering people up during personal care support and providing personal support in private. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

Staff understood the importance of promoting people's independence and this was reinforced in people's care plans. People's care plans were detailed and provided staff with guidance on how people wanted their care to be given. For example, one person said, "They help me to walk around my flat. I've not been very good on my legs but I'm getting stronger with their help. It really has made a difference to me". Staff explained how they provided support to people whilst maintaining their independence. One member of staff told us, "I always try and promote people's independence. I support one lady I visit to make a cup of tea. I hold the cup whilst she pours the water, to maintain her skills". People indicated that staff knew how to support them in a way they preferred. Our observations and people we spoke with confirmed that this was the case. One person said, "Once they have got me up in the morning or ready for bed at night, if there is time we have a cuppa and a chat. They've got to know me that way and are very polite". Staff were able to talk about the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways such as, some people had certain routines and other people preferred a bath to a shower. Staff told us that they read people's care plans before they met people to ensure they had up to date information.

Daily communication records demonstrated a kind and sensitive approach from the care staff in the way they delivered care and support. The registered manager explained how the service prided itself on the provision of high quality care and that the care provision was dependent on relationships built on trust, choice and respect. Staff told us they were proud of working for the service and staff, people and relatives attributed this to a solid staff team and good positive teamwork.

We saw letters of thanks and written extracts of care provided and the common theme was that the service

worked hard to provide support that was personalised and special to each person. Comments included, 'Thank you for everything over the past year. You have all been wonderful and all so lovely', 'Tru Caring for caring so much about our mum in the very short time you knew her and for all that you did in life and at the end' and 'Just a token to express our thanks for your help, care, support, patience, perseverance, compassion and hard work'.

People were provided with a Service Users Guide book when they started to use the service. This included the aims and objectives of the company in providing care, types of services provided and how to make a complaint. It also contained information on how to contact organisations such as, Care Quality Commission and the Local Government Ombudsman Service.

Is the service responsive?

Our findings

Before receiving care people's needs were assessed by one of the management team to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. One person said, "They came and asked me my preferences when I was in hospital and again when I returned home". This was to identify what was important to the person and how their individual needs were to be met. People care plans were routinely reviewed annually or if needs or circumstances changed. For example, where people had been admitted to hospital a full review of their care needs would be undertaken by the provider on their discharge to ensure they could still meet the persons care and support needs.

Care records contained detailed needs assessments and care plans had been developed from these that met people's needs and wishes. These provided a good picture of each person, their needs and how these were to be met. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence.

Regular reviews were carried out or whenever a person's condition changed. This helped to ensure that care plans remained relevant and provided staff with guidance and instructions about how people wanted to be supported. People consistently told us they were asked whether the support they had met their needs and whether any changes were required. For example, one person told us they no longer required support with preparing their lunch as they liked to sometimes go out at that time. Other comments we received included, "They telephoned me a few days after I started the care package to find out how things were going and whether I was happy" and "I have regular visits from the 'head carer'. They want to know if I have any concerns and whether I am happy with the service". Another person told us, "The supervisor comes to see me regularly to ask me about the care".

The provider used an annual survey to obtain feedback about how the service was performing. We saw the results of the survey completed in February 2017 which reflected the feedback people shared with ourselves. Comments from people indicated that 22% found the service to be outstanding, 73% found the service to be good and 1% indicated that there was room for improvement. People confirmed that they had various opportunities to provide feedback and that they had good on-going relationships with their care staff and the service.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. The provider had received two formal complaints since our last inspection. The registered manager was able to show us how they had responded to concerns that had been raised and how they had communicated their outcomes to the complainants. People and their relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. People said they had been able to contact the office when they needed to and had been happy with the response they received.

Is the service well-led?

Our findings

Staff told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, "The registered manager is very approachable, as are the office staff. I feel that I can talk to them about anything". Another member of staff said, "I had never worked in care before so found this move from what I used to do quite challenging however from day one I have always been supported. Every question I had was answered and I really enjoy the work that I do".

The registered manager had clear visions and values of the service and told us, "Our aim is to deliver a service that we would be happy for our family and loved ones to receive. We aim to support our clients to maintain their independence and lifestyle by providing the highest quality of care. The main aim of the service was to provide high quality, flexible, person centred care and support that helped people maintain independence whilst living safely in their own homes".

Procedures to monitor the delivery and quality of care provided by care staff included regular spot checks by the registered manager or supervisors. This was to help ensure that the care staff were working to the right standards as well as exhibiting the provider's values of putting people first and foremost. The registered manager used the information to assess the day to day culture of staff. This showed us that the provider considered what worked well for people and where changes were needed.

Staff meetings took place regularly. We looked at the minutes of the meetings held in June, July and August 2017. Topics included for example, correct completion of care records and medicine administration records, key entry codes, time off, communication, lone working and the people being cared for. Staff we spoke with told us there was a sense of 'togetherness and teamwork' and morale was very good.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "If I suspected someone was being abused by a colleague, family member or anyone I would have no hesitation in reporting it to my manager" and "We have a legal duty to protect people from harm so for me it wouldn't be an issue. If I didn't report it I would be part of it and that's not for me".

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding, complaints, staff training and risk management. The registered manager carried out regular audits to monitor the quality and safety of the service provided. On the first day of our inspection the registered manager gave us a document titled, 'Tru Caring Self Evaluation Summary'. The document highlighted areas of improvement that had been identified through their internal audit processes and feedback. For example, a call monitoring system to improve service user safety and efficient call planning, larger premises to enable

them to engage in charity and community events such as dementia awareness and a major restructure of care plans to continually improve on the delivery of care.

The provider continually raises funds and awareness for the Alzheimer's society with coffee mornings and they fully supported Dementia Awareness Week in May 2017 by raising over £350.00. The registered manager told us, "We are hoping to make Bishops Waltham a dementia friendly town and use our offices as a 'drop in centre' to offer advice to relatives and friends of people living with dementia".

Records relating to people's care were accurate, up to date and stored appropriately. Staff maintained daily records for each person and provided information about the care they received and the medicines they were given. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered at each visit. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was appropriate.

The provider is required, by law, to notify the CQC of certain important events that occur at the service and in people's homes. From records viewed we found that they and the registered manager had notified us about these events where required.