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Trends Healthcare

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 the 10 and 18 November 2016 and was announced.

Trends Healthcare provides a domiciliary care service (DCA) registered to provide personal care and support to people in their own homes. At the time of our inspection six people were using the service.

A registered manager was in post who was also the owner of the business. 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.

Although the service was registered with the Care Quality Commission on 5 August 2014, at the time of our inspection the service had been operational for five months. The service was in the process of developing its quality assurance systems to improve robustness and drive improvements.

People and their relatives told us they felt safe. Staff were aware of their responsibilities to keep people safe and to protect them from harm and abuse. Risks to people were well managed and assessments were undertaken to keep people safe. The provider had effective recruitment processes in place which ensured people were protected from the risk of avoidable harm. Medication management, where required, was good and people received their medication safely.

Staff received support to ensure they had the skills and knowledge to meet people's needs. Care plans contained sufficient information to enable staff to care for people safely. Systems were in place for care plans to be regularly reviewed. People told us they were very happy with the care and support they received and that they were treated with dignity and respect. Where required, people's nutritional needs were met. People were supported to access health services. The registered manager and staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005.

Staff were caring and kind and knew the people they cared for well. People who used the service, and their relatives, provided us with very positive feedback. They told us they received a reliable service and received a good standard of care from staff.

There was a complaints system in place and people told us that they were confident that any concerns would be listened to and acted upon.

Staff told us they felt valued and enjoyed working for the service and shared the registered manager's commitment to providing a high quality service to people.

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 were protected from abuse. Staff knew how to identify and raise safeguarding concerns.

There were safe and robust recruitment procedures in place to ensure people received their support from staff who had been deemed suitable and safe to work with them. The service had the correct level of staff to meet people's needs.

Risks to people were managed and assessments were in place to manage identified risks and keep people safe.

Where required, people were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

Staff received an induction when they first started work at the service and attended various training courses to support them to deliver care and fulfil their role.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act (2005).

People were supported with their dietary needs.

People were supported to attend healthcare appointments.

Is the service caring?

Good

The service was caring.

People who used the service and their families valued the relationships they had with staff and were very happy with the care they received.

People's independence was promoted and staff encouraged people to do as much as they were able to.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The service was flexible and responsive to people's individual needs.

Care plans contained sufficient information and guidance to meet people's needs.

The service had appropriate arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were being developed to ensure a good quality service was provided and to make improvements.

Systems were in place to seek the views of people who used the service.

Staff felt supported and valued by management.

Trends Healthcare

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 was planned to check 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.

The inspection took place on the 10 and 18 November 2016 and was announced. We gave the service 48 hours' notice of the inspection to ensure the registered manager was available to assist us with the inspection. The inspection was completed by one inspector.

Prior to the inspection we reviewed the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

During the inspection we spoke with two people who used the service and one relative. We also spoke with two members of staff and the registered manager. We reviewed four people's care files, two staff recruitment and support files, training records, a sample of policies and procedures and quality assurance information.

Good

Is the service safe?

Our findings

People we spoke with told us that the service helped them to remain safe in their own homes. A relative said, "We were hesitant at first but we needn't have worried."

The service had safeguarding and whistleblowing policies in place and staff understood the importance of keeping people safe and protecting them from harm. Staff we spoke with knew how to recognise abuse and how to report it. They were aware that they could report any concerns to outside authorities such as social services or the Care Quality Commission (CQC). One member of staff told us, "People in our care need to be safe and protected from harm. If I thought anyone was at risk I would report immediately to [name of registered manager] and, if my concerns were not acted upon I would go to CQC, social services or the Police."

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews and seeking references. The recruitment records we looked at confirmed that appropriate checks had been undertaken. Disciplinary procedures were in place should any member of staff behave outside their code of conduct. This meant that people could be assured that staff were of good character and fit to carry out their duties.

There were enough staff to meet people's needs. All the people and relatives we spoke with said the service was reliable and staff always arrived on time. One person said, "They are always on time I can't complain." Staff we spoke with told us there were enough staff to meet people's needs and they did not feel rushed or task focussed. One member of staff said, "I never feel rushed at all there is always more than enough time." Records showed that there had been no missed or late calls.

The care plans we looked at contained a summary of people's individual needs and information to identify and manage any risks. Environmental assessments of people's homes were also undertaken and included information such as access to people's properties and potential trip hazards. This provided staff with information to keep themselves and others safe when visiting people.

We asked about how people were supported to take their medicines. The registered manager told us that only one person required support with medication . Staff prompted the person to take their medication and signed a medication record sheet (MAR) to confirm they had completed this task. The person's relative told us, "Staff remind [person] to take their medication; it's so much better than the other agency as they wasn't as thorough." Records confirmed that staff had received appropriate medication training.

The service had appropriate infection control policies in place and staff had access to personal protective equipment including disposable gloves and aprons.

Good

Is the service effective?

Our findings

Staff undertook an induction when they started working at the service. The induction included completing training and shadowing other staff. One member of staff told us, "I shadowed [name of registered manager] who introduced me to all the clients and told me what their care and support needs were so I clearly understood what was required."

Staff told us, and records confirmed that they had received relevant training in order for them to fulfil their duties and meet people's individual needs. One staff member said, "I feel I've had sufficient training to enable me to do my job." Although staff employed by the service were experienced in providing care we noted that they had completed a high number of training courses in one day. We discussed with the registered manager about the effectiveness and safety of training being delivered in this way and, on the second day of our inspection, the registered manager informed us that they had already taken steps to review the delivery of staff training. They also told us that they would be arranging for all new staff to complete the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics. This meant that people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff had worked at the service for a short period of time and there were no supervision records available during our inspection, however staff told us they felt well supported by the registered manager and that there was regular communication with them. One member of staff said, "[Name of registered manager] is very approachable and is very involved; we can contact them at any time." Another said, "[Name of registered manager] works alongside us so we are always talking."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA). 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.

We checked whether the service was working within the principles of the MCA. The registered manager had an understanding of the MCA. Although staff had not received MCA training they recognised the importance of enabling people to make choices and ensuring that the care they provided was in the person's best interests. Prior to care and support being provided staff told us they always asked for people's consent and acted in accordance with their wishes; this was confirmed by the people we spoke with. The registered manager informed us on the second day of our inspection that they were in the process of arranging MCA training for staff.

Where appropriate, people were supported at mealtimes to have food and drink of their choice. Information on people's nutritional needs, including food likes and dislikes, were detailed in their care plans.

The service supported people to meet their health needs. Staff told us if they had any concerns about a person's health they would inform the person's family and notify the registered manager. One relative told us, "Staff always contact me if they have any concerns about [name of person]; they are brilliant." Another said, "They always let me know if [name of person] isn't quite right." The registered manager told us that they ensured the service was flexible to enable people to access healthcare appointments. This was confirmed to us by one relative who told us their family member attended regular hospital appointments and staff would come early so their relative was ready in time for hospital transport.

Good

Is the service caring?

Our findings

People using the service, and their relatives, spoke positively about the care and support they received. Comments included, "They're wonderful, very caring." "If I'm unwell they always come back to see if I'm ok and see whether I need anything." And "They are really nice and caring and couldn't do anything more for [name of relative]."

Staff knew people well and care plans contained information on people's life histories and how people liked to be supported. People and their relatives told us they had been involved in developing their care plans. The registered manager showed us the systems they had in place for monitoring and reviewing people's care on a regular basis.

Staff treated people with dignity and respect. People told us that staff listened to them and respected what they had to say. People and their relatives valued their relationships with staff and spoke highly of individual staff members. One person said, "[Registered manager's name] is really lovely, so friendly and nice and they have made me feel relaxed as I haven't had care before. All the girls treat me with respect, really perfect; even my [name of relative] who is a carer has seen what they're [staff] like and they thought they were wonderful."

People were encouraged to remain as independent as possible. A member of staff told us, "It's important that we always encourage people to do what they can for themselves." One person told us, "They have helped me get back my independence. I couldn't get into bed on my own now I do the washing, cook my own dinners and everything and the girls help me with [personal care]; they're blooming marvellous."

People's privacy was respected and staff received guidance in relation to dignity and respect during their induction. Records confirmed that their practice was monitored and observed by the registered manager.

The service held information in the office about local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. At the time of our inspection there was no one accessing advocacy services.

Good

Is the service responsive?

Our findings

People were supported by staff who provided personalised care and were responsive to people's individual needs.

The registered manager told us that before the service agreed to provide any care or support an assessment was undertaken to ensure the service was able to provide the level of care required to meet people's needs and, where possible, the assessment included the involvement of families. Information from the initial assessment was used to develop people's care plans.

The care plans we looked at provided sufficient information and guidance for staff on people's care and support needs. Care plans were reviewed every three months or sooner if people's needs changed. This meant staff had up to date information of how to support people.

People and where appropriate their relatives were involved in the planning and review of their care. The registered manager told us that people were asked for feedback about the service they received; this included a 'first contact' questionnaire which was conducted within two to three weeks of a person using the service. We saw 10 'first contact' responses which were all very positive about the service. One response stated, 'To date I have been very pleased with my specific requests, I thought I would find it difficult to receive care but the outcome has worked.'

Although the service had a complaints policy and procedure, people and relatives we spoke with were unsure how to raise a concern or complaint. They told us they did not have any complaints about the service they received and felt confident that the registered manager would listen and respond appropriately to any concerns. We discussed this with the registered manager who informed us they would ensure information about how to make a complaint would be provided to people. Records confirmed that no formal complaints had been received. It was noted the service had received many compliments thanking staff for the care provided to their relatives.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. Although the service was registered with the Care Quality Commission on 5 August 2014 the service became operational in June 2016. Quality assurance processes, although in place, were still being developed to ensure robust quality monitoring of the service. The registered manager informed us they were in the process of recruiting a care coordinator and administration officer who would be supporting them with the day to day management of the service and to embed effective quality assurance systems and processes. Records showed that some audits such as medication, missed and late calls and health and safety had been undertaken; spot checks had also been undertaken by the registered manager to observe staff practice, attitude and behaviour.

People and their relatives told us they felt the service was well led. One relative said, "Yes, the service is well led and managed really well." The registered manager was committed to ensuring the service was responsive to people's ongoing needs, they said, "As a new business it is really important we learn from our clients, listen to their feedback and build a successful and caring service." They told us all feedback from people would be analysed and, where appropriate, action plans would be developed to improve the quality of the service.

Staff shared the registered manager's vision and values to provide high quality care for older people living in their own homes. One member of staff told us, "I want to make people feel comfortable, safe and happy living in their own homes and do all I can to help them so they don't have to go into a care home."

Staff told us they felt well supported and valued and were positive about the registered manager, comments included, "[Name of registered manager] is very approachable and is always there for advice. They are very involved in the service and always calls us to check we are alright." And; "[Name of registered manager] is very open and honest, knowledgeable, approachable and supportive."

No staff meetings had been held; the registered manager explained that they worked alongside the staff on a daily basis and informed us that as the service grows systems would be put in place to ensure regular staff meetings were held.

Information relating to people's care was held in folders in their homes; staff updated these during each visit. They were then removed and stored in a locked filing cabinet at the provider's office to ensure people's private information was kept secure.

The registered manager told us they kept themselves up to date with best practice and with any changes in legislation by accessing the Skills for Care, CQC and the local authority's websites. They also attended a local providers forum.