

Trix Medcare Ltd

Trix Medcare Limited Southend Branch

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

About the service

Trix Medcare Limited Southend Branch is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 20 people receiving personal care support.

People's experience of using this service and what we found

People were supported by a small and consistent staff team who understood how they liked to be supported. Staff arrived at the agreed time and the provider ensured people were contacted if there was any delay. Staff were safely recruited and received an induction and relevant training when starting in their role.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns. Risks to people's safety were assessed and documented. People were supported to take their medicines appropriately and the provider ensured staff were trained and competent to administer medicines. Staff had access to personal protective equipment [PPE] and had received infection prevention and control training.

People and relatives spoke positively about the kind and caring attitude of staff. People's care was personalised and reflected their individual preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff told us they felt supported and valued by the management team and were able to discuss any issues. People and relatives told us the registered manager was approachable and they were confident any concerns raised would be acted upon promptly.

The provider had systems in place to monitor the quality and safety of the service and worked in partnership with other healthcare professionals in order to support people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 20 February 2020 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated since its registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Trix Medcare Limited Southend Branch

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 April 2023 and ended on 26 April 2023. We visited the location's office on 19

April 2023.

What we did before the inspection

We reviewed information we held about the service and we used this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We received feedback from 11 members of staff including the registered manager and care staff and from 2 healthcare professionals who had contact with the service.

We reviewed a range of records. This included 3 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and safety had been assessed and documented in their care plans. However, some information about how to support people safely was only included in the summary of their care visits and not within people's specific risk assessments. This meant guidance may not always be easily accessible for staff.
- Following our inspection, the provider confirmed the information had now been incorporated into the relevant risk assessments.
- People told us they felt safe, and relatives confirmed they had no concerns about people's safety. Comments included, "I was wary before they started but they put me at ease" and "I've no concerns. They're confident in what they're doing."

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from the risk of abuse. Staff had received safeguarding training and there was a safeguarding policy for staff to follow.
- People and their relatives were provided with information about who to contact if they had any safeguarding concerns.
- The registered manager was aware of their responsibility to submit safeguarding notifications to the relevant authorities when necessary.

Staffing and recruitment

- People were supported by a small, consistent staff team and there were enough staff available to meet people's needs.
- People told us staff arrived at the agreed time and contacted them if there were any unforeseen delays. Staff stayed for the agreed time and were not rushed when providing care. One relative said, "They arrive on time, and they take their time, they're not rushing."
- The provider had completed the relevant employment checks with new staff prior to them starting work to ensure they were safely recruited and were able to work with vulnerable people.

Using medicines safely

- The provider had processes in place to administer people's medicines safely. People's care plans contained information about what support they required to manage their medicines.
- Staff had received medicines training and the registered manager had completed competency assessments with staff to check their knowledge and skills.
- The registered manager completed regular medicines audits to ensure people's medicines were being

managed appropriately.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were provided with infection prevention and control training and were supplied with appropriate personal protective equipment (PPE).
- Where any concerns with safe infection control practices were identified via feedback or audits, the registered manager was able to evidence the steps they had taken to address these concerns. For example, through discussions with staff and increased spot checks.

Learning lessons when things go wrong

- The provider had a system in place to record and review any accidents and incidents which may take place. The registered manager told us any feedback or improvements needed were shared with staff via supervisions and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had completed an initial assessment of people's needs prior to them receiving care.
- People and their relatives were involved in the assessment process and the provider documented their views and preferences.
- The provider had created key policies to underpin staff's knowledge and working practices. The registered manager communicated regularly with staff and signposted them to any relevant guidance and policy updates.

Staff support: induction, training, skills and experience

- Staff received an induction and relevant training when starting in their role. This included shadowing more experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager completed spot checks and competency assessments with staff to ensure they were confident and ready to begin working before signing off their induction.
- Staff were offered regular supervisions and told us they were able to speak to the registered manager if they had any queries or concerns.

Supporting people to eat and drink enough to maintain a balanced diet

- People's eating and drinking needs had been assessed by the provider.
- People's care plans contained information about what level of support they needed and what types of food and drink they preferred.
- Staff had guidelines in place for each visit, detailing how to prepare any meals and drinks. Staff recorded the support offered in people's daily care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were documented in their care plans alongside the contact information for any health professionals involved in their care and guidance on when to get in touch with them.
- The provider had sought support from the relevant healthcare professionals in response to people's changing health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- The provider had considered people's capacity to consent as part of their initial assessment process.
- People's care plans contained clear guidance for staff about how to support and involve people in making decisions.
- People had signed their own care plans to document their consent where appropriate. Where people were unable to sign due to their physical health, the provider had recorded how verbal consent had been given as an alternative.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. Comments included, "They're wonderful, they can't do enough for you", "They're excellent, they go out of their way to help you" and "They're very kind."
- Staff spent time getting to know people in order to understand how they liked to be supported. One relative told us, "We have the same carer every time, we're very happy. It takes time to get to know [person]. Now they get on well, the carer is very good with [person]."
- The provider had considered people's protected characteristics as part of their initial assessment and documented their needs and preferences in their care plans.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their day to day care. People's care plans contained clear guidance about how to offer choices and the importance of listening to people.
- The provider regularly contacted people and their relatives to request feedback and to check they were happy with the care being provided.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. Staff were provided with clear information about what people were able to do for themselves and what areas they required support with.
- People's care plans highlighted how their needs may change depending on how they were feeling on a particular day and prompted staff to always check before offering care to ensure they were offering the right level of support.
- People and relatives told us staff were respectful and provided support in a dignified way. One relative said, "They're very respectful and kind."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised and reflected their individual preferences. They were supported by regular staff who knew them well and understood how they liked to be supported.
- People's care plans contained information about their support needs, what was important to them and what they did and didn't like.
- The provider had considered people's relationships and the relatives and friends who were important to them and had documented relevant information in people's care plans.
- The provider arranged regular care plan reviews and ensured people and their relatives were consulted and any changes implemented as part of the review.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs. People's care plans contained information about how they communicated and any sensory aids they used.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process in place to follow when concerns were raised.
- The registered manager kept a record of any concerns raised alongside information about what actions they had taken, who they had notified and what the outcome was.
- People and relatives told us they felt comfortable voicing any concerns with the registered manager.

End of life care and support

- The provider had asked people about their end of life care wishes during the initial assessment of their care needs.
- The registered manager told us where people had chosen to share their end of life care wishes, these were documented in their care plans so staff understood people's preferences.
- At the time of the inspection, staff had not received any specialised end of life care training. However, the registered manager was aware of how to access support and resources to support staff knowledge.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the culture and attitude of the management and staff team. Comments included, "They're absolutely amazing and I would definitely recommend them to others" and "They're brilliant, we're so grateful for what they do. We're very happy."
- Staff told us they felt supported in their roles and felt comfortable contacting the registered manager whenever needed. One member of staff said, "The manager is very supportive and understanding and a good listener." Another member of staff told us, "They are supportive and I feel valued. I'm always comfortable speaking to them about any concerns."
- The provider sent out regular questionnaires and surveys to people, relatives, and staff in order to capture their views on the service and identify any areas for development. The feedback was generally positive and any issues identified had been promptly addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had processes in place to monitor the safety and quality of the service. These included monthly management audits to review key areas such as care planning, medicines management and regular spot checks and competency assessments for staff.
- The registered manager understood their regulatory responsibility to submit appropriate notifications to CQC when needed.
- Concerns were fully investigated and people and relatives were kept informed. The provider had been open and honest and apologised to people and those important to them when appropriate.

Working in partnership with others

- The provider worked in partnership with other health professionals to improve people's care. One health professional told us, "The staff are very quick to implement any guidance given by professionals."

Continuous learning and improving care

- The provider had started to implement an electronic system for monitoring people's care visits and recording care notes. The registered manager told us they planned to expand this system to incorporate more quality monitoring processes and to enable them a more real time view of people's care. They told us

this would enable them to maintain and improve their oversight as the service grew and developed.