

TRZ Care Limited

TRZ Care - Main Office

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

TRZ Care is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. The service provides support to younger adults, people with a learning disability, autistic people, people with mental health support needs, people with a physical disability, older people and people living with dementia. Only 1 person was using the service at the time of the inspection and they were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff provided support to people which ensured they maintained good health.

People were supported, when needed, to access support from health professionals.

People were supported by staff who had been safely recruited and were trained to be able to effectively support people.

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.

Right Care:

Care was person centred and this was reflected in person centred care plans and risk assessments.

People were supported by friendly and caring staff so people received compassionate care, staff respected their choices and treated them with dignity.

Staff were respectful and supported people in a way that demonstrated they valued people's differences and equality needs.

Right Culture:

People received empowering support that enabled them to be as independent as possible.

Staff received support and leadership from the management team so people received support from staff

that understood how best to support them.

The provider was open, honest and responsive in relation to feedback during the inspection and committed to a culture of continuous improvement to improve people's quality of life.

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 24 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

TRZ Care - Main Office

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 provider a short period of 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 15 May 2023 and ended on 18 May 2023. We visited the location's office on 16 May 2023.

What we did before the inspection

We reviewed information we had received about the service since its registration. 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. We used all this information to plan our inspection.

During the inspection

We were unable to speak with the person using the service, but we spoke with 2 relatives about their experience of the care provided. We spoke with 4 staff members. This included 2 care staff, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 1 person's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training information, and policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse.
- Staff received training on safeguarding vulnerable adults and policies and procedures were in place to guide good practice.
- We spoke with staff who confirmed they understood the process of how to report a safeguarding concern including the external agencies they could contact, such as the local authority. One staff member told us, "It is my duty to the people I am caring for to protect them from abuse."

Assessing risk, safety monitoring and management

- Risks to people were assessed, and safety was monitored and managed.
- We saw the registered manager completed an assessment before people received care to assess the support required and any risks. Relatives we spoke to confirmed this.
- People's care plans provided information to staff on how to mitigate any risks and keep people safe.

Staffing and recruitment

- Staff were recruited safely and there were sufficient staff to provide people's care.
- We reviewed staff files which evidenced safe recruitment processes were followed. Staff files contained appropriate documentation, references and DBS checks were carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The service wasn't providing support with medicines at the time of inspection. However, the provider had the appropriate policy and supporting documentation in place should this change.
- Staff confirmed they had received training in medicines administration and would feel confident providing support with medicines.

Preventing and controlling infection

- The provider took measures to prevent and control infection and had a supporting infection prevention control policy in place.
- We observed that there were adequate supplies of Personal Protective Equipment (PPE) such as gloves and face masks and staff confirmed the provider ensured they had enough PPE.

Learning lessons when things go wrong

- The provider was committed to taking opportunities to learn lessons when things went wrong.
- At the time of inspection there had been no instances of things going wrong. However, the registered manager told us, "If something went wrong we would have a staff meeting to discuss what has happened and think about what we have learnt from it, and what we can do better going forward."

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

- People's needs were assessed, choices considered and care was delivered in line with standards, guidance and the law.
- Relatives told us an initial assessment was completed with them which captured their family members needs and choices.
- We reviewed care plans which detailed people's care needs, choices and preferences for example, how the person likes their tea.

Staff support: induction, training, skills and experience

- Staff received an induction and training, and their skills and experience were considered.
- We reviewed documents that evidenced staff induction and training.
- One staff member told us, "The training was robust; it was not just theory, we had lots of practical and hands-on training."

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We reviewed care plan documents that guided staff to offer a person drinks and snacks of their choice and to leave the person with drinks available.
- The registered manager told us, "As a qualified nurse I am careful to ensure staff understand the importance of good nutrition and hydration and how this can affect people if they don't receive it."

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide consistent and effective care.
- Care plans contained details of contacts for people's health professionals as well as social work team.
- The registered manager told us, "We would always ensure people had support to access appointments and health care if needed. If it's an emergency staff know to call emergency services before me so there is no delay in getting the person treatment."

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to live healthier lives.
 - Care plans contained details of people's GP and other professionals involved in their health care.
 - At the time of the inspection the person supported accessed healthcare services with family support.
- However, the registered manager confirmed that staff were available to provide support with this if required.

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 found that the service was working in line with the principles of the MCA. The registered manager told us, "We always assume a person has capacity and if we find there is a question about this we would look at decision making in that specific area with input from family and professionals."

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 were treated well, and their equality and diversity was respected.
- We saw details in people's care plans about their culture, interests, and spiritual beliefs. The registered manager told us, "We match people with staff that they will connect with, for example if they have a similar cultural background."
- One staff member told us, "I always show empathy when caring for any individual. I try to reverse roles and imagine I am the one being cared for."
- A relative told us, "I have watched the staff with my [relative], it's like they are caring for their own [relative] which is what we wanted."

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

- The provider supported people to express their views and be involved in decisions about their care.
- The registered manager told us they regularly sought feedback from people and their relatives about the care they received.
- We reviewed feedback forms and how they were responded to. A relative told us the registered manager regularly contacted them and said, "I really value that, they check to make sure everything is good with [relative] care."

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was respected and promoted.
- One staff member told us, "I ensure curtains are closed and that [name] are as comfortable as they can be, then I get their permission before I go ahead and do anything personal."
- Relatives we spoke to confirmed that their loved one was treated with dignity and respect.

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 had choice and control over their care which was personalised to meet their needs and preferences.
- The service had person centred care plans in place for people which they, and relatives, had been involved in developing.
- The registered manager told us, "Care plans are unique to the person, what they prefer, and how they like things done so staff provide personalised care."
- Staff understood the importance of supporting people's choice, preferences and control over their care. One staff member told us, "People's care must be based on individual preferences. Your care for the person has to be based on each person's different needs and choices."

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 service worked in a way that reflected the requirements of the Accessible Information Standard.
- People's specific communication needs and preferences were considered at assessment and recorded in their care plan.
- The registered manager told us, "We support a person that communicates verbally but we would offer different people information in a way that meets their needs. For example, in pictures or bigger print."

Improving care quality in response to complaints or concerns

- The provider improved quality of care in response to complaints or concerns.
- We saw evidence of responses to complaints, and the providers process for managing complaints was contained in their policy and procedure.
- A relative told us they had raised a complaint, the issue was dealt with, and they received regular contact from the provider to ensure they were happy with their relatives care.

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

- The provider promoted a positive, person-centred culture that was open, inclusive and empowering and supported people to achieve good outcomes.
- The nominated individual told us, "We empower people by not taking their autonomy and freedom away and giving them the chance to make choices."
- A relative told us, "They provide really good, personalised care."

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 understood their legal responsibilities under the duty of candour.
- The registered manager told us, "It's about putting people first, being transparent, open and honest. Speaking with people and family as well as external partners if something has gone wrong. I would also apologise, saying sorry means I am taking responsibility for the error."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and managers were clear about their roles within the service, and understood quality performance, risks and regulatory requirements.
- A staff member told us, "Care staff understand the structure of the business, for example if there is an issue we escalate the matter and speak with the manager."
- We reviewed audit documents, issues identified and actions following on from them which demonstrated that the registered manager understood quality performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people using the service and staff and fully considered their equality characteristics.
- During the inspection we saw documents that evidenced engagement with people using the service, relatives, other professionals and staff.
- One staff member told us, "Management are really approachable, I have direct contact with them, I can call and I go to the office, they are interested in what staff have to say."

Continuous learning and improving care

- The provider adopted a continuous learning culture to improve care.
- We reviewed documentation which evidenced an issue the registered manager had highlighted through auditing daily records. We could see that these findings were shared with staff to improve care.
- The registered manager told us they shared experiences and knowledge with staff, kept up to date with legislation, and maintained their own continued learning and professional development.

Working in partnership with others

- The provider worked in partnership with others.
- The registered manager told us, "We are arranging a family and friends meeting. We want people to know we value their input and we are approachable."
- Relatives we spoke with told us the provider worked in partnership with them.