

TrueArk Healthcare Limited

TrueArk Healthcare

Inspection report

4D Mitre House
2 Bond Street
Ipswich
IP4 1JE

Tel: 01473420013

Website: www.truearkhealthcare.org

Date of inspection visit:
04 May 2023

Date of publication:
02 June 2023

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

TruArk Healthcare Limited is a domiciliary care service providing care and support to people living in their own homes. The service provides support to adults some of whom may be living with dementia, a physical disability or a sensory impairment. At the time of our inspection there were 30 people using the service.

Not everyone who used the service received 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

People told us they received care of a good standard from staff who were well trained and delivered care in a kind and compassionate manner.

People were protected from the risk of abuse by staff who knew what to look out for and how to report concerns.

Risks were assessed, and information provided to staff to mitigate these. Care plans held personal information on people and provided guidance for staff to be able to care for them well. People were supported to take their medicines on time and staff competency with this was assessed regularly.

People's needs were assessed before the service began to ensure they could be met by the service. Care plans were written and updated in partnership with people and their relatives. Risks were identified, assessed and appropriate mitigation put in place.

People and relatives told us the service was well-led and they spoke positively about their carer and the support they received if they needed to contact the office. The culture of the service was open and transparent, staff told us they felt supported and motivated by managers to provide the best care for people they supported.

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.

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 9 February 2022, 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? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well-led.	Good ●

TrueArk Healthcare

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

This inspection was carried out by 1 inspector 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.

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 24 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 4 May 2023 and ended on 18 May 2023.

What we did before the inspection

We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information

about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 8 relatives of people receiving care and support. We spoke with the registered manager and received e mail feedback from 10 members of staff. We reviewed a variety of records relating to the management of the service. This included 3 people's care plans and associated records and 3 staff files in relation to recruitment, supervision and training.

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

- People told us they felt safe when receiving care and support. A relative said, "They are absolutely brilliant [family member] is completely safe with them."
- Staff confirmed they had received training in how to recognise and report abuse.
- There were appropriate policies and procedures in place to protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people being supported were identified and assessed appropriately. People had risk assessments which were relevant to their particular needs such as moving and handling needs.
- Risk assessments were regularly monitored and reviewed, to ensure staff had the most up to date information as to actions to mitigate risks.
- Where risks had been identified appropriate healthcare professionals such as occupational therapists were consulted to identify measures to mitigate the risk.

Staffing and recruitment

- People were supported by staff who had been recruited safely. Employment histories had been checked, and any gaps were discussed and recorded. References obtained were appropriate and helped the provider to ensure new staff were of good character and safe to support people in their own homes.
- All staff had appropriate right to work checks and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us they received care from staff who arrived on time, stayed the duration expected, and had built good relationships with them. A person told us, "They are so very good. We have felt at home with them from day 1. Never been worried or felt unsafe at all."

Using medicines safely

- People received their medicines as prescribed. A person told us, "They give me my medicines without fail."
- Staff told us, and records confirmed staff had been trained in administering medicines safely. Spot checks were conducted to ensure staff followed safe practice.
- Medicine records were accurate, consistently maintained and up to date.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date.
- People told us that staff used personal protective equipment (PPE) appropriately. A person said, "PPE has

never been an issue as they are so meticulous with it."

- Staff told us they had ready access to PPE. A member of care staff said, "The Company provides PPE on our demand and the way to get it is very flexible. We use aprons, gloves, masks, sanitisers and shoe covers."

Learning lessons when things go wrong

- The provider and staff understood their responsibilities to record and report any accidents and incidents or near misses. Staff told us, "The management team has also made it clear that any concerns raised will be taken seriously and investigated thoroughly."
- Incidents where things had gone wrong, were reported by staff and correctly recorded and investigated.
- The registered manager told us that any incidents were discussed in team meetings to enable staff to understand what had gone wrong and what needed to be changed to ensure they did not happen again.

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 care needs were thoroughly assessed before they began receiving care and support. This information was used to write the person's care plan. A relative said, "[Family member] assessment initially was very thorough so [family member] care was appropriate very early on."
- Care and support was delivered according to people's needs and choices. A person said, "They know how to look after me very well." A member of care staff said, "I have access to people's care plans, and they provide me with the necessary information to provide care."
- Care plans and risk assessments were regularly reviewed and updated. This ensured staff had access to the most current and relevant information when providing care and support.
- Assessments considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs these were met. For example, relating to their religion, culture or sexuality.

Staff support: induction, training, skills and experience

- People received care and support from staff with the right training and skills. Speaking about a member of care staff a person said, "My carer is trained well and knows how to look after me very well."
- New staff completed an induction that included the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff were supported through spot checks and regular supervision.
- Staff received training in a variety of areas relevant to their role. A member of staff said, "Yes, I feel that I have received adequate training and support to do my job safely."

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

- People's dietary needs were assessed during the initial assessment process. This information was used to develop the care plan.
- Where people required support to prepare their meals care records demonstrated that this had been provided.

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

- Staff were aware of people's health needs and when people may require professional support. A relative told us, "They are very aware of [family member] health needs and very vigilant." Another person said, "If I am not feeling well, we have a chat and decide what should or needs to be done. To be honest they notice before I do."
- People's care plans contained details of the healthcare professionals involved in their care, such as GPs or

consultants.

- The service worked with external healthcare professionals where needed to ensure people received effective care. For example, working with the occupational therapist (OT) with regard to a person's moving and handling 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make decisions about their own care and support had been assessed and staff had consulted with professionals and appropriate family members where necessary.
- People told us that they were given choices when their care and support was delivered. A relative said, "They are always kind and thoughtful and listen to [family member] wishes."

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 supported and treated well. Staff were caring and supported people in a personal way, respecting their choices and staff treated them with kindness.
- Everybody spoken with told us that staff treated them or their family member in a caring and respectful manner. A relative said, "[Carer] is kind and she actually cares and does such a good job from the bottom of her heart." Another person said, "I feel it is not just a good service but a caring service that wants to help."
- People received care from a consistent staff team. A relative told us, "There is continuity of care and usually the same person caring for [relative]." They went on to describe the positive impact this had had on their relative.

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

- People were involved in making decisions about their care. A relative said, "We have a care plan and sometimes we have a chat about it if they feel anything needs changing or adding to it."
- People were able to contact the provider as required to discuss their care and support. People and their relatives knew who the provider was and how to contact them. A person said, "I can call the office whenever I need to, and I know that they are there to help."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respected their privacy. A person said, "They always check with me that it's alright for them to come in and always ask before starting a task."
- Records of the care the service was providing demonstrated that people were supported to regain their independence.
- Staff responded to people in a compassionate and appropriate way. A person said, "[Carer] knows my needs and how I feel day to day." A family member told us, "[Family member] is reluctant to accept care but they have been great at coaxing [family member] and understand that [family member] is clinging on to their independence and help them to do as much as possible for themselves."

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 received personalised care, which met their current and changing needs. A relative said, "We went through all [family member] care needs when they were initially assessed." Another relative said, "We had a meeting at the beginning to discuss what level of care would be needed and we discussed all [family member] needs and got it covered."
- Care and support plans had sufficient information and guidance included to ensure individual care was delivered and responded to any changes in people's needs. Care plans were kept under review and were updated as necessary.

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 identified people's information and communication needs by assessing them before providing care and support.
- People told us staff adapted their communication methods to their individual needs. One person said, "I don't like them wearing a mask as it makes hearing difficult so they will drop it if I ask."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care, which met their current and changing needs. A relative told us, "We have such a great team that we have got to know so well it's like friends coming in."
- Records were written in a person-centred way with the involvement of the person and their families when appropriate. Care records were regularly reviewed, and this was confirmed by documentation and feedback from people and their relatives.
- The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. Care plans covered areas including medical conditions and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.

Improving care quality in response to complaints or concerns

- People, and their relatives, told us they felt comfortable in raising concerns and that they would be actioned. A relative told us, "I have every confidence in them [the service] addressing anything I would put to them if needs be."
- There was a complaints policy in place. People using the service were given a copy of this when they began receiving care and support.

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 received personalised care from caring staff who had the knowledge and skills to carry out their roles and responsibilities. A family member said, "It's been a smooth run from the beginning so yes I would say that it is a very well-run tight ship."
- Care staff demonstrated a commitment to providing high quality care. A member of staff said, "I am so happy to work in this organisation the best management people. I love my profession very much and I get satisfaction from doing my job and I am so happy."
- People and their relatives were encouraged to be involved in the care and support provided. A person told us, "I can call the office whenever I need to, and I know that they are there to help."
- The provider held regular staff meetings, where issues or concerns identified were discussed.
- Care records we reviewed showed office staff contacted people regularly to see if everything was satisfactory. Where concerns had been raised these had been actioned appropriately.
- The provider and office staff had completed regular effective checks and audits such as, care plan audits, spot checks, and reviews to monitor the quality and safety and identify any changing risks.
- The provider understood the requirements of notifying the Care Quality Commission (CQC) of important events which had happened in the service. These had been submitted appropriately.

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 a clear understanding of their responsibilities to report under the duty of candour. The duty of candour sets out actions the provider should follow when things go wrong and to be open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management and staff structure provided clear lines of accountability and responsibility.
- Staff understood their roles and responsibilities and when to escalate any concerns. Staff told us that the managers were all approachable and supportive. A member of care staff said, "I can raise any concerns to the management team without any hesitation."
- People told us that the service contacted them regularly to check on the quality of care they were receiving. A person told us, "They have asked for feedback yes, and I have said it was excellent."

Working in partnership with others

- Specialist advice was sought and acted upon when required.
- Referrals were made to other healthcare professionals if people's needs changed.