

Trust Life Care Ltd

Trust Life Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trust Life Care is a domiciliary care agency providing personal care to adults living in their own homes. During our inspection visit, the service was caring for 26 people.

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

People and their relatives were overwhelmingly positive about staff and told us the service made them feel safe and promoted their independence. Staff and healthcare professionals were also positive about the service. However, during this inspection we found concerns in relation to the safety of the some areas of care and management of the service.

The provider was caring for people with complex health conditions and some required end of life care and we found inconsistency in how risks to their care were recorded. Medication was not always managed in line with best practice guidance and staff did not always have their competencies to administer medication regularly assessed. The provider was not always recording when equipment used to move people had passed the relevant safety checks. Most areas of staff recruitment were safe, however, references requests were not always chased up and we found examples of the provider's recruitment policy not being followed. We made a recommendation in relation to this area.

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. However, there was no evidence of recording of relevant discussions and decisions about the care of people who lacked capacity to make decisions. The provider's policies and procedures in this area were not being consistently followed. After our inspection, we checked evidence showing the provider was reviewing this area.

Evidence reviewed did not show staff had received additional training to care for people at the end of their life's or around compliance with the Mental Capacity Act. Other areas of required training had been covered. After our inspection the registered manager showed that completion of training was underway. We have made a recommendation in this area. Staff knew people well and had the necessary support to carrying out their jobs.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met. The provider kept in close contact with relevant healthcare professionals.

Most care plans were centred around people's needs and preferences however, these did not always follow best practice guidance, and some required additional detail. After our inspection, the registered manager sent us evidence showing this area had been reviewed.

The service had not received any complaints. People and family members were confident that any concerns or complaints would be listened to and acted upon quickly by the registered manager.

We found some aspects of the management of the service had not always been effective. The provider failed to implement appropriate processes to monitor the quality of the service, drive the necessary improvements and to identify the issues found during our inspection. Records were not always accurate and complete. The management team were receptive to the inspection process and responsive to the issues we raised.

We received very positive feedback about the registered manager being approachable and responsive.

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 17 May 2022 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Trust Life Care

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 conducted 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, flats and specialist housing.

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 17 October and ended on 7 November 2023. We visited the location's office/service on 18 October 2023.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who were using the service and 6 relatives of people using the service. We received feedback from one healthcare professional We spoke with 5 staff members; this included care workers, the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at care records for 3 people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely or in line with good practice guidance.
- We found gaps in medication records and medication was not always recorded individually, for each medication. We discussed our concerns with the registered manager, who investigated the gaps and confirmed these were recording issues and medication had been administered.
- Staff were confident in describing how they would safely support people with their medication however, staff had not always completed a medication competency assessment as frequently as recommended in good practice guidance.
- Medication audits provided had not identified the issues found during this inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance of management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, the registered manager sent us additional information about the changes they had implemented to address the medication issues found.

- People and relatives shared positive feedback about the support staff provided with medication. One relative commented, "They give [person] all the medicines [they] need, and they come in 4 times daily so they really do know [them] and they will give [them] anything [person] asks for."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always well recorded and assessed.
- Although people and relatives told us they felt safe with how risks were managed and gave us examples of when staff had been proactive in managing those risks, we found examples where risk assessments required additional information, particularly for people with complex care needs. For example, 1 person required support with suction equipment to improve their breathing. Staff knew how to manage this and the care plan also provided information to staff, however a specific risk assessment had not been completed. After our inspection, the registered manager sent us evidence of this information being added.
- The provider was not always recording the equipment staff used to support people with their moving and handling requirements was safe to use and had passed the Lifting Operations and Lifting Equipment Regulations. We discussed this with the registered manager and they took immediate action to record this information.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate good governance of management of risk. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe with the care provided and staff took steps to prevent risks. One person told us, "Perfectly safe especially when I need to walk as I'm unsteady, so they take good care of me and I can't move very well." A relative said, "Yes, I do [think person receives safe care]. As an example they noticed [person's] skin becoming a little red and said they wanted to prevent any sores as they could see sores coming on [person] little finger and asked me to get some cream from the doctor to use to help [person]."
- One healthcare professional, commenting on the safety of the care, told us, "I believe clients are safe under their care and have never felt that risks could be managed better as they always manage them very well."

Staffing and recruitment

- Most aspects of staff's recruitment were managed safely. However, we found some examples of references not being sought in line with good practice and the provider's own recruitment policy.
- Other aspects of recruitment were managed safely.

We recommend the provider reviews and implements regulations and good practice guidance in relation to recruiting staff safely.

- There were enough staff deployed to safely care for people.
- People and relatives told us care was provided by a consistent staff team who had good relationships with people, that staff arrived on time and stayed for the full duration of the visits. The registered manager completed spot checks to oversee this area of care delivery.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place in relation to safeguarding and whistleblowing and staff had their safeguarding training up to date
- In our conversations with the registered manager and staff, we were assured appropriate steps would be taken, when required, to protect people from abuse, neglect or harm and the relevant authorities contacted.

Preventing and controlling infection

- People were protected against the risk of infections because the service followed safe infection and prevention control procedures.
- Staff had completed training in infection control and food hygiene and told us protective equipment was made available.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider was not always following their own policies and best practice guidance in relation to the MCA. However, we did not find evidence that people who lacked capacity to make decisions about their care were receiving care that was not in their best interests.
- Mental capacity assessments were not consistently recorded. After our inspection, the registered manager showed us the documentation they were going to implement to ensure improvement in this area.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not always ensuring that consent to care was always being assessed or recorded for people who lacked capacity to make decisions about their care. This placed people at risk of harm.

- People and relatives told us staff asked consent before supporting people with care. One person commented, "They always speak to me in a respectful way about how to help me and they never just do it. They always ask me and talk to me rather than just doing things."

Staff support: induction, training, skills and experience

- Staff required additional training in certain areas.

- During our inspection we identified that not all staff had received training to care for people at the end of their lives or around compliance with the Mental Capacity Act. Other areas of mandatory training had been covered. We discussed this issue with the registered manager who told us the staff team were experienced carers who had been working in care for other providers for some years. After our inspection the registered manager showed us that staff had been enrolled to attend training in these areas and training certificates were also provided to show training had been completed after we raised this issue.

We recommend the provider reviews and implements good practice guidance in relation to ensuring all staff have appropriate training for the needs of the people they are caring for and that this is recorded.

- Staff completed an induction programme and shadowed experienced members of staff before starting to work independently. Staff's induction records did not detail all the areas the registered manager and staff told us were covered during this period. We discussed this with the registered manager, and they told us they would review documentation used.
- Staff were supported with regular supervision and told us their supervision meetings were supportive.
- Feedback from people and relatives was that staff was skilful and competent. One person said, "They seem to know what they are doing so they must have been trained and they are very good with helping me move around and seem to know how best to help me." One relative commented, "We think everyone involved knows how to care well so they must have received adequate training."

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

- People's nutritional needs and preferences were included in their care plans.
- Care notes mostly described the support provided around people's nutrition and hydration and was consistent with their planned care.
- Feedback received from people and relatives in relation to this area of people's care was positive. One relative told us, "They prepare all meals and always ask [person] what [they] want e.g. when [person] was in hospital, [person] kept telling me [they] wished [they were] at home getting [their] breakfast made by carers."

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

- Staff carried out an assessment of people's needs before the service began to provide care and support. This ensured people's care needs and preferences were at the centre of the care provided.

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

- The registered manager was knowledgeable about people's health needs and people had been referred to health professionals when required, to address any changes in their needs.
- The service kept in close contact with relatives and relevant healthcare professionals such as for guidance and support. One relative told us, "They [staff] have been very good, and they made the arrangements to meet the OT [occupational therapy] professionals to arrange standing training." A healthcare professional told us, "Staff are always receptive to my professional advice and have demonstrated several times that they are willing to act on it in a timely manner."

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.

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

- Records reviewed did not evidence how people and relatives were involved in reviews of care. However, feedback from people and relatives confirmed they were involved in planning and reviewing care plans. Comments included, "The care plan was made originally, and they have a book they fill in which is available to us and we are involved in everything" and "Initially the care plan was made up with all present and it is all recorded in a book that is left there and [registered manager] visits [person] to see [they are] OK."
- We discussed with the registered manager the importance of recording reviews of care. After our inspection visit they sent us further information about documentation they would use.

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

- People and relatives told us staff were kind and friendly. One person said, "I feel that I know them very well so they know me very well and they talk to me and involve me in daily life conversation so I do like them, and I can't find anything wrong." One relative said, "They are wonderful and so caring and helpful and there is nothing they won't or can't do."
- People and relatives spoke positively about the positive impact the care they were receiving was having on their lives. One person told us they valued the support provided by staff to enable them to continue living in their own home; "They are all lovely and I am able to stay at home as last year they wanted to put me in a home, and I said no so I have the carers 3 times a day and every one of them is lovely and do everything I ask, whatever I ask they do."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged and supported people to maintain and improve their independence. One relative told us, "They are very good with [person]. [Person] lost the use of [their] arm and leg and now we are getting to the stage of nearly standing so the staff have arranged a carer meeting with the OT [occupational therapist] to work together to help [person] stand instead of using the hoist."
- People told us staff always respected their dignity and privacy and promoted their independence.
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- People's records were kept securely in the office and electronically.

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 requires improvement. This meant people's needs were not always met.

End of life care and support

- The provider was caring for people who required end of life care. Although people's care plans did not always detail people's particular end of live care wishes, relatives told us staff provided person centred care in this area and were in contact with relevant professionals.
- Not all staff had received training for caring for people who were at the end of their life. In our conversations with staff and the registered manager, we were assured they were aware and responsive to the needs of people who required this support, for example to ensure people were comfortable and pain free. After our inspection, the registered manager told us staff had been enrolled in training and sent us training completion certificate for staff.

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

- Most care plans were centred around people's needs and preferences however, these did not always follow best practice guidance, and some required additional detail. Care plans did not always detail the desired outcomes or what staff should do in case of an emergency. After our inspection, the registered manager sent us updated care plans showing this information had been added.
- Feedback from people and relatives was positive about staff delivering person centred care and being flexible to people's needs. One person told us, "[Staff listen] very much so as they really seem to know me now and know how to help me."

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 was working within the AIS. Although there were not specific communication care plans, people's communication requirements were described in people's care tasks. Having communication care plans ensures this area of people's care is planned and delivered consistently. Staff and the registered manager told us how they would effectively communicate with people.

Improving care quality in response to complaints or concerns

- The service had complaints policies and procedures in place. At the time of our inspection, there were no complaints logged.
- People and relatives told us they were confident that if there had any concerns they could contact the

registered manager and they would act on their concerns.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- During this inspection, we found care records were not always complete or contemporaneous. For example, some areas of people's care plans were detailed and centred around their needs, in particular the tasks to be completed by staff and its order. However, we also saw examples where care plans needed to be added or developed. The provider was caring for people who required end of life care but there was not specific information to people's particular end of life care wishes and preferences. People's communication plans were not always recorded.
- Some quality assurance checks were in place however, these had not always been effective in identifying and ensuring the necessary improvements had been acted upon. For example, medication audits were completed but these had not identified the issues with recording of medication found during this inspection.
- There were areas where audits were not being completed and we found issues during this inspection, such as staff files and care plans. After our inspection, the registered manager told us the action they would take to address these issues.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This could place people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences.
- Relatives knew the registered manager by their name and shared positive feedback about the management of the service. Their comments included, "[Name of care coordinator] and [name of registered manager] are great and I have never had any concerns as they are just wonderful and I couldn't have managed without them as they have just taken away a huge burden."
- Staff also told us the registered manager was approachable and they would not hesitate in contacting them for any advice or support. One staff member commented on how well supported by management when they felt when they were going through a personal emergency. A healthcare professional told us, "TLC in my opinion is one of the best care agencies that I have dealt with as a professional. It is obvious that the service is not just a business and that they actually care that they provide the best care and support to the service users."
- The management team told us about their plans to continue to develop the service, such as acquiring an

electronic system to record people's care plans and employ additional office staff.

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; 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

- People and relatives consistently told us they were satisfied with the service.
- There was an open culture within the service. Staff told us that the registered manager was supportive, that they could raise concerns with them and they were listened to.
- The provider was responsive and open with the inspection process; they told us they would act on our recommendations and demonstrated a willingness to continuously learn and improve.
- The registered manager was aware of their responsibilities under the duty of candour requirement.

Working in partnership with others

- The registered manager told us they were in regular contact with other health and social care professionals to deliver good outcomes for people. This included working with commissioners and health and social care professionals such as physiotherapists, social workers and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medication was not always well managed and risk assessments required additional detail.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits had not always been effective in identifying issues found at this inspection. Records were not always complete, including mental capacity assessments.