

Transition Care Company Limited

# Transition Care Company Limited

## Inspection report

99A South Road  
Waterloo  
Liverpool  
Merseyside  
L22 0LR

Tel: 01519490156

Date of inspection visit:  
15 July 2019

Date of publication:  
14 August 2019

## 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

Transition Care is a supported living 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. At the time of our inspection, the service was providing support to 33 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service actively supported people to live their life in the way they wanted to live it, whilst also encouraging people to develop their independence. People participated in activities and pastimes which were meaningful to them, both in the local and wider community. Staff took the time to get to know what people enjoyed doing and supported people with their chosen activities. People were encouraged to set their own goals and aspirations. Some people attended college, voluntary work or undertook employment.

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.

Regular checks and audits were carried out to determine the quality and safety of the care and support being provided. Risk to people was appropriately assessed and measures were put in place to support people safely, whilst still respecting their choices and freedom.

People were treated with dignity and respect. Staff provided support where required, but also took care to encourage and develop people's independence.

Staff were supported in their role with appropriate training and supervision. Most staff had received additional training to meet the specific needs of the people they were supporting. New staff completed an

induction programme. We have made a recommendation to the provider about staff induction.

Feedback about the management of the service from people, relatives and staff was positive.

The registered manager and registered provider had met their legal requirements with the Care Quality Commission (CQC). They promoted a person centred and transparent culture within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At our last inspection, the service was rated "Good." (Report published January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staff induction and the service's knowledge, management and support of new people to the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Transition Care Company Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by four inspectors.

#### Service and service type

Transition is a supported living service. It provides care and support to people living in their own houses and flats, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided and one relative. We also spoke with the registered manager, service administrator and eight support staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a health care professional who regularly visited the service. We also spoke with two relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's feedback and their relatives told us they felt the care received by staff was safe. One person told us, "I feel safe living here with the staff."
- Staff received safeguarding training and had access to a whistleblowing policy. Staff understood how to safeguard people from abuse and how to report any safeguarding concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk of harm.

Assessing risk, safety monitoring and management

- Individual risk assessments were carried out for each person and included health, safety and environmental risks. Control measures were in place providing staff with guidance on how to mitigate any identified risks to people.
- The service encouraged positive risk taking. People were not simply told they could not do something. People's freedom was respected, and they were encouraged to manage risks with the direct support of staff.

Staffing and recruitment

- Most people were supported on a 'one to one' or 'two to one basis.' There were enough numbers of staff to provide people with safe and, consistent care and support.
- People received care and support by staff who were familiar with their needs and routines.
- Full pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Using medicines safely

- Medicines were stored and managed safely. Medication was administered by staff who were trained and competent to do so.
- People's independence to manage their own medicines was maintained, as long as it was safe to do so.

Preventing and controlling infection

- Staff received training in infection prevention and control and followed good practice guidance.

Learning lessons when things go wrong

- Incidents and accidents were reviewed by the registered manager to identify any themes and trends.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles. The service supported staff through inductions, supervisions and appraisals. However, induction programmes were not tailored to the people new staff would be supporting. This meant that new staff were not always familiar with people's background and needs. We made a recommendation about this.
- We recommend the provider adapts its induction programme for new recruits, so that new staff are familiar with the support needs of the people they will be supporting before starting their roles.
- The service operated a key worker system. This matched staff and service users depending on their shared interests and personality traits. This helped staff to build good relationships with the people they supported, and ensured people received personalised care and support dependent upon their needs and preferences.
- Most staff had undergone additional training to help meet the specific needs of people.
- Staff told us they felt supported by managers to develop further.

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

- People's needs, and choices were assessed, and they received care and support in line with standards, guidance and the law.
- Care records evidenced the involvement of people and relevant others such as relatives. Records contained details about people's backgrounds and life history. This helped build up a more complete picture of the person. One person told us, "I was involved in setting up my care plan." A member of staff told us, "Care plans give us all the information we need, it is an ongoing process."
- Records were individualised and contained details of people's preferred routines and preferences. People were fully involved in setting their own goals and aspirations. Goals centred around supporting people reach independence, so they could eventually move on to independent living.
- Daily notes were recorded by staff which detailed all care and support carried out. The service reviewed people's care records with the person so that any changes in support needs could be implemented.

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

- People received the care and support they needed. The service referred people to external healthcare professionals where appropriate.
- Staff supported people attend external appointments where required, this was important for people who wanted an advocate to act on their behalf. People had a choice in what member of staff they preferred to support them.

Adapting service, design, decoration to meet people's needs

- Some people shared properties with other people using the service. The service would regularly review the suitability of people living together, to ensure their needs were being met as effectively as possible.

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

- Care records contained information on how staff were to support people with any dietary needs and maintain a healthy balanced diet.
- People were supported with dietary requirements as appropriate. For example, staff had supported one person to lose weight by choosing healthier options.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in mental capacity and assumed people had the capacity to make decisions, unless assessed otherwise.
- Staff ensured people were involved in decisions about their care and support. We found recorded evidence of people's consent to care documented in their support files. Staff asked and explained to people before giving care and support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained. 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

- Staff were motivated about ensuring people were well treated and supported and knew people's needs and routines well.
- People and their relatives told us they were satisfied with the care they received. One person told us, "It's very relaxed, it's a proper house and we do what we want to do, I feel settled and at home here, it's very comfortable, " another commented, "I think the care here is excellent."

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

- People's communication needs and any assistance they needed was recorded in their care plan. Care plans were presented in a way people could understand.
- Staff took every opportunity to ensure people were supported to make decisions and choices about their care. People were given the autonomy and independence to live their lives.
- People were given the opportunity to express their views and opinions through regular meetings.
- For people who had no family or friends to speak on their behalf, the service had details of an independent advocacy service. An advocate helps to ensure that the views and wishes of the person are conveyed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to develop their independence as far as possible. Staff explained what they were about to do before any support or intervention. One person commented, "Staff treat us with respect and really help us."
- People's right to privacy and confidentiality was respected. People's dignity was maintained, and they were treated as individuals. One person told us, "Staff give me privacy and don't come into my room."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 care and support from staff who were familiar to them. This helped to ensure consistency and continuity of care staff wherever possible. People told us this was important to them. One person told us, "Staff know us and how we like to be approached." Comments from relatives included, "Staff understand [person] and cope well with them" and "Because of staff, [person] has a great quality of life and does the things they really want to do."
- Care records contained information about people's preferences in relation to their support and treatment. Staff used this knowledge to care and support people in the way they preferred.
- A re-assessment of people's needs was regularly undertaken to ensure that any changes in their needs and goals were identified and planned for.
- People were fully involved in making decisions and choices and to have as much independence as possible.
- The registered manager invited people to be part of the recruitment process and take an active part in interviewing staff. This allowed people to have a say in the people who would be supporting them.
- People's protected characteristics were recorded such as their religion, culture and sexual orientation.

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

- The service engaged people in activities which were person-centred, individualised and meaningful to them. People had forged strong links with the community which developed their confidence and self-esteem and helped achieve a sense of belonging.
- Staff supported one person with running coffee mornings in aid of charities that were important and significant to the person.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place.
- People told us they knew how to raise any concerns if needed.
- The registered manager analysed any complaints received and used them as opportunities to further improve the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff supported people who required assistance with reading or completing paperwork in relation to their care and support. People's care plans were available in a format they understood. Guidance on how best to communicate with the person was recorded in their care plan.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Working in partnership with others

- The service worked in partnership with others such as commissioners, safeguarding teams, health and social care professionals and community groups. One visiting professional told us, "I have the highest respect for Transition Care, they manage people, often the most complex people, exceptionally well."
- The service utilised health care professionals to develop and deliver bespoke training for staff in order to better meet the needs of the people they supported.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Individualised care and support were the cornerstones of the service. People were supported and encouraged to set their own goals and aspirations for the future.
- The service had an effective system to monitor the safety and quality of the service.
- Whilst audits identified actions required to ensure full compliance with the provider's objectives and regulations, we observed that some audits could include more detail. We spoke with the registered manager about this and they confirmed they would amend audits to reflect this.

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

- The registered manager promoted transparency and honesty in the running of the service and was well respected by people, relatives and staff alike. They were described as, 'approachable' and 'supportive.' People told us, "If you need help or anything [managers] are there," and "Managers are very open and supportive." One member of staff told us, "Management are very good, organised, and have the information we need to help people."
- The prior inspection rating was displayed within the service's premises in accordance with regulatory requirements.

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

- People were encouraged to put their opinions and views forward. This included daily interaction with them to assess their well-being and ongoing support. The registered manager also held regular reviews of support as an additional way of obtaining people's feedback.
- The registered manager held staff meetings. They encouraged good communication between staff. Staff told us they felt comfortable to raise any issues or suggestions they had not just at meetings but at any time.

Staff told us they felt completely supported by their manager.

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 management team held regular meetings and discussed any incidents. This helped to further drive the quality of the service.
- The registered manager submitted any required notifications to CQC in a timely way.

Continuous learning and improving care

- The registered manager was continually reviewing and learning where possible. They were open and receptive to our feedback and committed to sustained improvement.