

Transition Care Company Limited

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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

We carried out an announced inspection on 20 June 2016.

Transition Care Company is registered to provide personal care to people living in their own homes and communities. Specialist support is provided to people with enduring mental health conditions and learning disabilities. People who use the service are provided with a range of hours of support per day in line with their assessed needs. Transition Care Company provides staff over 24 hours for people living in supported tenancies and on an outreach basis. At the time of the inspection 16 people were living in supported tenancies and a further eight people were receiving outreach support.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The people that we spoke with had no concerns about the safety of services. People were protected from potential harm and self-neglect because staff knew people well and were able to recognise when people's mental health was deteriorating.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk assessments were extensive and detailed. Risk was reviewed by staff with the involvement of the person or their relative and healthcare professionals where appropriate.

Staff were recruited safely following a robust process which included individual interviews and shadow shifts. People who used the service were encouraged to take part in interviews.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication, others required prompting. Medication Administration Record (MAR) sheets were completed by staff where appropriate. The records that we saw had been completed and showed no errors or omissions.

People using the service and their relatives said that staff had the right skills and knowledge to meet people's needs. People's day to day health needs were met by the services in collaboration with families and healthcare professionals.

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. People told us that they very were happy with the care and support provided. People were clear that they had choices regarding how and when support was given.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families and had resulted in changes being made.

People were given a number of options if they chose to complain about the service. They could speak directly to staff or managers. They could also use the complaints process. We saw that there were a small number of formal complaints received by the provider. Each complaint had been recorded, processed in a timely manner and a written response produced for the complainant.

Open communication was encouraged at all levels and everyone spoke positively about the influence of the registered manager and service manager.

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles.

The registered manager and service manager had completed a series of quality and safety audits on a regular basis. Audits were completed monthly and focused on; medicines, finances, the physical environment, staffing and people's satisfaction with the service. We saw that audits had been completed in accordance with the service's schedule and that important information had been captured and used to generate improvements in safety and quality.

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.

Staff were recruited following a robust process which included individual interviews and the completion of pre-employment checks.

The care records that we saw showed clear evidence that risk had been assessed and reviewed regularly.

The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns.

Is the service effective?

Good ●

The service was effective.

Staff were required to complete a programme of training which covered a range of relevant topics. Staff were well supported by the service.

People's day to day health needs were met by the services in collaboration with families and healthcare professionals. This included regular access to specialist services as required.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated care, kindness and warmth in their interactions with people. Staff knew people well and told us that they enjoyed providing support to people.

Choice, control and independence were actively promoted by staff and managers.

People were afforded appropriate levels of privacy and supported to maintain their dignity at all times.

Is the service responsive?

Good ●

The service was responsive.

The service worked with people to produce support plans to a high standard. These plans were regularly reviewed and used to deliver and monitor care and support.

People were given clear choices and their wishes and aspirations were respected by staff.

The service encouraged feedback and responded positively and effectively to complaints. Feedback was analysed and used to generate learning and improvement.

Is the service well-led?

The service was well-led.

The service had a clear vision and values which were reflected in staff attitudes and the delivery of care and support.

The registered manager offered leadership, but remained approachable to people using the service, relatives and staff.

The service used audit systems effectively to monitor and improve standards of safety and quality.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is 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.

This inspection took place on 20 June 2016 and was announced. The inspection was announced because this is a small service and we wanted to make sure that people were available to support the inspection process.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the local authority who provided information. We used all of this information to plan how the inspection should be conducted.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems, a PIR was not available and we took this into account when we inspected the service, and made the judgements in this report.

We spoke with three people who used the service, two relatives, three staff, the service manager and the registered manager. We also spent time looking at records, including four care records, four staff files, medication administration records (MAR), staff training records, complaints and other records relating to the management of the service. We contacted social care professionals who have involvement with the service

to ask for their views.

or seen, to gather information during the inspection; for example people who use the service, staff, relatives, health care professionals, commissioners and so on.

Is the service safe?

Our findings

The people that we spoke with had no concerns about the safety of services. When we asked people who used the services if they felt safe one person told us, "Yes I feel safe. My worst times are at night, but we have a waking night [staff]." Another said, "I feel safer when staff are around." While a third person said, "I feel safe because I'm getting the right support. Staff know what to do when I'm not feeling too good." One relative told us, "I think the service is safe. I feel very safe. It gives me peace of mind."

People were protected from potential harm and self-neglect because staff knew people well and were able to recognise when people's mental health was deteriorating. The provider had delivered a training programme for staff and managers regarding adult safeguarding. The staff that we spoke with confirmed that they had attended the training and were able to explain the different types of abuse and what action they would take if they were concerned that abuse or neglect were taking place. The provider had a range of systems and procedures in place which allowed people using the services, their relatives and staff to raise any concerns. People were able to explain what action they would take if they had any concerns. The service maintained detailed records of safeguarding referrals made to the local authority.

The care files that we saw showed clear evidence that risk had been assessed and reviewed regularly. Risk assessments were extensive and detailed. Risk was reviewed by staff with the involvement of the person or their relative and healthcare professionals where appropriate. Risk assessment maintained a focus on positive risk taking to support recovery and improve independence. We saw that risk had been reviewed following incidents and adjustments to support plans made as a result.

Incidents and accidents were recorded electronically and subject to a formal review process which included an analysis. The service made use of antecedent, behaviour and consequence (ABC) charts to aid the process and help identify patterns and triggers. We saw that recommendations had been made and changes implemented following this analysis.

The provider had a robust approach to whistleblowing which was detailed in the relevant policy. The policy contained details of organisations that could process whistleblowing concerns and advise staff. Staff were able to explain internal mechanisms for reporting concerns and were aware of the external resources available to them if required. Each of the staff that we spoke with expressed confidence in internal reporting mechanisms.

Staff were recruited following a process which included individual interviews and shadow shifts. People who used the service were encouraged to take part in interviews. Where they chose not to, they were supported to develop questions for other people to ask on their behalf. One person told us, "I go on the interviews. I've done two or three in the last month or so." Each offer of employment was made subject to the receipt of two satisfactory references and a Disclosure and Barring Service (DBS) check. A DBS check provides evidence that a person is suited to working with vulnerable adults. The provider required DBS checks to be renewed every three years. We saw that checks had been completed in accordance with this schedule. Staffing levels were assessed according to individual need. The service manager told us that they did not use agency staff

and tried to maintain sufficient staffing levels to cover annual leave and accommodate new referrals. None of the people that we spoke with said that staffing levels had ever been a concern.

The organisation had a robust approach to the monitoring of safety across its services where appropriate. Some safety checks are not a legal requirement for the provider in non-registered homes, for example, supported living services but were completed with the permission of the people using the service, in conjunction with landlords, and in accordance with accepted schedules. These included checks on medicines, finances and fire safety.

Staff were trained in the administration of medicines but because the services were community-based, they were not always responsible for storage and administration. Some people who used the service were able to self-administer their medication; others required prompting. Medication Administration Record (MAR) sheets were completed by staff where appropriate. The records that we saw had been completed and showed no errors or omissions. One person said, "I take my own meds and sign my own MAR sheets. My PRN (as required medicines) is kept in the office." The service had PRN protocols to guide staff on the circumstances under which PRN medicines should be offered. For example, when a person was experiencing pain or showing signs that their mental health was deteriorating.

Is the service effective?

Our findings

Staff had been recruited and trained to ensure that they had the rights skills and experience to meet people's needs. One person said, "Staff understand what I need." One external professional told us, "The quality of training is excellent. Particularly in mental health." Staff were required to complete an induction programme which was aligned to the Care Certificate. The Care Certificate requires staff to complete appropriate training and be observed by a senior colleague before being signed-off as competent. Staff were supported by the organisation through regular supervision and appraisal. A member of staff said, "I feel very well trained and supported." Another member of staff told us, "I've never been so well inducted."

Staff were trained in a range of subjects which were relevant to the needs of the people using the service. Subjects included; safeguarding adults, moving and handling, administration of medication, Mental Capacity Act 2005 and equality and diversity. We looked at records relating to training and saw that all training had been refreshed in accordance with the service's schedule. People using the service and their relatives said that staff had the right skills and knowledge to meet people's needs. Staff also had access to additional training to aid their personal and professional development. For example, all staff held a recognised qualification at level two or above or had been registered on a course. We saw evidence that staff had been supported to develop within the organisation. Two of the three staff that we spoke with had been appointed to their roles from more junior positions.

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. People's capacity was assessed in conjunction with families and professionals. None of the people currently using the service were subject to restrictions on their liberty. However, staff were aware of the need to seek authorisation from the Court of Protection if people's liberty needed to be restricted to keep them safe.

People were supported to shop for food and prepare meals in accordance with their support plans. One person told us, "I do my own meals. I go shopping with staff sometimes." People were also supported with eating and drinking in community settings in accordance with their support and activity plans. We were told by one person that they went out once a month for a meal with friends.

People's day-to-day health needs were met by the services in collaboration with families and healthcare professionals. Staff supported people at healthcare appointments and used information to update support plans. We saw evidence in care records that staff supported people to engage with community and specialist healthcare organisations to support their wellbeing. One person said, "I've got a brilliant CPN [community psychiatric nurse] and I see my GP and dentist. Staff support me [with appointments]."

Is the service caring?

Our findings

We had limited opportunities to observe staff providing support during the inspection. Where we did observe support we saw that staff demonstrated care, kindness and warmth in their interactions with people. People told us that they very were happy with the care and support provided. One person using the service told us, "The staff are always kind. You can have loads of banter with them. Staff ask what I want to do based on how I feel." Another person said, "The staff are brilliant. I can't praise them enough. It's been the making of me." A relative said, "I think they [staff] are very caring. They're open and honest. They're wonderful."

People were supported by the same staff on a regular basis and each person had a nominated keyworker. When new staff were being introduced they were required to work alongside a more experienced colleague on 'shadow-shifts'. This gave people the opportunity to assess whether they wanted the new staff member to be part of their support team. The registered manager and service manager were knowledgeable about each of the people that used the service and each member of staff. People had regular contact with the registered manager and service manager and were able to refer to them by name. A contact number for the registered manager was available to people using the service and their families.

Staff told us that they enjoyed providing support to people and were able to explain how they involved people in making decisions about their day-to-day care and support. Comments indicated that the people using the service felt valued and involved in the development and delivery of support. We saw that staff knew the people that they supported well. When we spoke with them they described the person and their needs in detailed, positive terms. We saw that staff were respectful and provided care and support in a relaxed and flexible manner.

Each care record contained a section which addressed choice and control. People had signed the documents to say that they agreed with the contents. People were clear that they had choices regarding how and when support was given. We saw examples during the inspection where people spoke with staff and were supported to make safe choices. The staff that we spoke with described the services as promoting choice, independence and control for the individual. None of the people using the service at the time of the inspection was accessing independent advocacy although the people that we spoke with were aware that it was available to them. We saw that people had been supported by the service to become more independent in their own communities and were told that they were planning to increase their independence further in the future.

We asked people about the need to respect privacy and dignity. People told us that staff respected their right to privacy. One person said, "I get my own privacy when I need it. We get plenty of time on our own." Staff told us that they also promoted privacy by speaking to people in the staff office if required and by ensuring that confidential information was kept locked away. The service had recently appointed a dignity champion to monitor and improve performance in this area. Staff gave examples of how they helped people to maintain their dignity when their mental health deteriorated. As an example, one staff member said, "We encourage people to dress appropriately for the activity and time of year if they're going out."

People were free to invite friends and relatives into their homes without restriction. One person told us, "My boyfriend comes to see me. I've got lots of friends. They come here too."

Is the service responsive?

Our findings

We saw from care records that people contributed to the assessment and planning process and were given choice over each aspect of their service. Support plans included; mental health, physical health, personal safety, living skills, relationships and work. Each support plan was very detailed and focused on improvement and recovery. Each had been regularly reviewed and signed by the person or their representative. Where one person had chosen not to sign the support plans this was clearly recorded. Each of the people that we spoke with confirmed that they were fully involved in discussions and the review of their care and support needs. One person using the service told us, "I get involved in reviews with staff and my CPN." A relative said, "I spoke with a care coordinator. They discussed [relative's] needs."

People were supported to follow their interests and develop their skills. One person told us about working in the provider's office. They said, "I work in the office a couple of hours a week. I enjoy it." Another person said, "I've talked about a photography course next year. Staff have said they'll take me out at five in the morning to take a picture of the sunrise." In another example a person had been supported to have a book of photographs and poems published. People were also supported with their cultural and faith needs. For example we were told about a person who was supported to attend their local church.

The provider encouraged people and their families to provide feedback through a range of formal and informal mechanisms. They issued annual surveys and sought feedback at each review. Information from surveys was shared with people and their families and had resulted in changes being made. For example, we saw that comments had been made previously about the experience levels of new staff. We saw evidence that recruitment procedures had changed to accommodate the request for more experience. In another example a person had commented that a new carpet was required for the lounge. The service manager confirmed that the new carpet had been purchased. The survey for 2015 had been analysed and summarised. The majority of comments were very positive. One person had written, "My carers are great and always listen to me." People and their relatives told us that they could speak with the registered manager, service manager or any other member of staff at any time.

People were given a number of options if they chose to complain about the service. They could speak directly to staff or managers. They could also use the complaints process. We saw that there were a small number of formal complaints received by the provider. Each complaint had been recorded, processed in a timely manner and a written response produced for the complainant. This was in accordance with the provider's complaints policy. The people that we spoke with were clear about what to do if they needed to complain, but each of them said that they had not had to make a formal complaint. One relative said, "I'd always ring first. They always get back to you."

Is the service well-led?

Our findings

A registered manager was in post.

Open communication was encouraged at all levels and everyone spoke positively about the influence of the registered manager and service manager. One of the people using the service told us, "[Registered manager and service manager] are nice. They talk to me. They're just good staff." When referring to the registered manager and the service manager a relative said, "They're open and honest." A member of staff said, "I couldn't praise them enough. Every time you ask a question it gets answered." The registered manager told us, "We involve staff. We like to empower them."

The service had been developed and was continuing to develop with input from people and their staff. Meetings for people using the service and their staff were organised on a regular basis. Each agenda covered important topics, such as support plans, policies and procedures, rotas, housing and support hours. We saw evidence that people were encouraged to make suggestions and contribute ideas at each meeting.

The organisation had a clear set of visions and values which were displayed in documents and other promotional materials. Staff were able to explain the visions and values of the service and applied them in their practice. An external professional said, "Transitions Care has a can do approach. They're great at overcoming obstacles."

The staff that we spoke with were motivated to provide high quality care and understood what was expected of them. They spoke with enthusiasm about the people that they supported and their job roles. Each of the staff was positive about the support and quality of care offered by the organisation. A recently recruited member of staff said, "It's fantastic. I'm glad I made the move. You want to go the extra mile for them." Another member of staff said, "Every day is different. I'm very motivated to do my job." Clear guidance for staff was available through a comprehensive set of policies and procedures. Documents had been regularly reviewed and included important information about; administration of medicines, safeguarding, staff discipline and whistleblowing.

The registered manager was clearly aware of the day to day culture and issues within the service. We saw that they knew the people using the service and their staff well. The registered manager understood their responsibilities in relation to their registration. Notifications relating to people who used the service had been submitted to the commission as required.

The registered manager had sufficient systems and resources available to them to monitor quality and drive improvement. The registered manager was knowledgeable about their role and the organisation. They were able to provide evidence to support the inspection process in a timely manner and facilitated meetings with service users, family members and staff. They spoke with enthusiasm about working for the organisation. They said that they were well supported by the proprietors. They understood their role in relation to the assessment and monitoring of quality and coordinated the collection and collation of data in relation to quality and safety audits.

The registered manager and service manager had completed a series of quality and safety audits on a regular basis. Audits were completed monthly and focused on; medicines, finances, the physical environment, staffing and people's satisfaction with the service. We saw that audits had been completed in accordance with the service's schedule and that important information had been captured and used to generate improvements in safety and quality. The registered manager and service manager also conducted unannounced service visits to spot-check safety and quality. The registered manager told us, "There's always room for improvement. We look at quality systems and learn from feedback. We're not scared to say we got it wrong."