

Trelawney Care Ltd

# Trelawney Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Trelawney Care Ltd is a domiciliary care agency that provides personal care to people living in their own homes. At the time of the inspection approximately 55 people were receiving personal care from the service.

People's experience of using this service:

- People were supported by staff who knew them well and had formed trusting relationships with them. Comments from people and relatives included; "My relative has a very good relationship with all the carers, it's so nice to see them taking time to communicate with them at a pace that he can join in with" and "We get on well with each other and I think they try to please me. They know what I like to do and be done for me, and they know my family is important to me and that I like talking about them."
- The management team recognised the importance of staff having time to build relationships with people to gain their respect and confidence. When this resulted in visits taking longer than planned arrangements were put in place to ensure other visits were not negatively impacted on.
- The management team recognised the importance of staff having time to build relationships with people in order to gain their respect and confidence. When this resulted in visits taking longer than planned arrangements were put in place to ensure other visits were not negatively impacted on.
- Staff had a good knowledge and understanding of people's routines and their likes and dislikes. If they had any concerns about anyone's well-being this was reported to the office and action taken to help ensure people were safe and happy.
- People were complimentary about staff and the organisation. They told us staff were punctual and no-one reported having had a missed visit. Comments included; "I don't mind if they're going to be a little late, after all I am not the only one they have to come to. But they try and get here on time or I might get a phone call telling me their running late" and "It's not very often that they don't come at the right time. I would get a phone call if they're going to be late."
- New staff completed an induction which involved training and a period of 'buddying' more experienced staff. Training was refreshed so staff were up to date with any changes in working practices.
- Staff told us they were well supported and had a good working relationship with each other and the management team.
- A new care planning system had been introduced. Staff accessed and update people's records on a mobile phone app. They told us this was effective and made it easy to keep up to date with any changes in people's needs. The registered manager was working with the supplier to develop the system further to

meet the needs of the organisation.

- The service was exceptionally well-led. The registered manager was passionate and committed to improving the lives of people using the service. The visions and values of the service were focused on enabling people to stay living at home. This was known and understood by the staff team. The registered manager worked with other organisations and professionals to help achieve their aims.
- People and their relatives were consistently positive about the management of the service. Comments included; "I am so pleased with the management. Because my relative is so far away communication is very important to me. They keep me fully informed of any major problems, get things sorted and then let me know it's sorted, can't say fairer than that. Great service, no complaints", "For us, as a family, it meets all our expectations and more. We feel it's like family, an extended family" and "I know I can contact them, and the phone is answered and whatever it is I have rang about gets done or changed so yes, I have every confidence."
- People and staff were asked for their views of the service to help drive improvement. Spot checks of staff working practices were carried out by senior staff.

Rating at last inspection: Good (Report published 11 October 2016)

Why we inspected: This was a planned inspection based on the rating at our previous inspection.

Follow up: We will continue to monitor the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective	<b>Good</b> ●
<b>Is the service caring?</b> The service was exceptionally caring	<b>Outstanding</b> ☆
<b>Is the service responsive?</b> The service was responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service was exceptionally well-led	<b>Outstanding</b> ☆

# Trelawney Care Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by one adult social care 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 service.

#### Service and service type:

Trelawney Care Ltd provides personal care to people living in their own homes. 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 provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit in line with our current methodology for inspecting domiciliary care agencies. Inspection site visit activity started on 20 March 2019 and ended on 22 March 2019. We visited the office location on 20 March 2019 to see the registered manager and office staff and to review care records and policies and procedures. On 22 March 2019 we contacted people who used the service to gather their views and experiences.

#### What we did:

Before the inspection we reviewed the Provider Information Return (PIR). The PIR 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

#### We reviewed:

- ☐ Notifications we received from the service
- ☐ Two people's care records
- ☐ Records of accidents, incidents and complaints
- ☐ Audits and quality assurance reports
- ☐ Six staff files

We spoke with:

- ☐ Eleven people using the service; four relatives
- ☐ The registered manager
- ☐ Nine members of staff

We received feedback from:

- ☐ Three external healthcare professionals

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care. Comments included; "Yes they make me feel safe. They knock the door and call out, I answer with 'come in'. And they make me feel safe by supporting me when I shower, that makes me feel safe", "Well it must be part of their job, because I do feel safe" and "I do feel safe it must be the way they work, they give me confidence. They knock the door and I let them in, they always say shall I lock the door on leaving."
- Staff received safeguarding training and were confident any concerns would be addressed by the management team.
- Staff were adamant they would report any concerns they might have about colleagues working practices. One commented; "I would [report a concern] I don't see why you wouldn't? It's people that are important, not the fact you might upset someone you work with."

Assessing risk, safety monitoring and management

- People's care records contained risk assessments which recorded risks associated with their environment.
- Risks specific to people's individual circumstance were not as clearly or consistently highlighted. The registered manager told us they were working with their software suppliers to develop a means of securely storing risk assessments on the phone app used by care workers.
- Staff knew people well and understood how to support them to mitigate any identified risk.

Staffing and recruitment

- There was a stable staff team in place and many had worked at the service for several years.
- There were enough staff to provide care in line with people's care plans. People told us visits were never missed, staff were punctual and stayed for the allotted time.
- Recruitment checks were completed before new staff started working. This included background criminal checks and taking up references.

Using medicines safely

- Staff were trained to support people with their medicines. This sometimes involved staff administering medicines for people.
- Medicine Administration Records (MAR) were kept to clearly record when people had received their medicines.
- Care plans included information about the medicines people had been prescribed.

#### Preventing and controlling infection

- Staff had access to gloves and aprons to use when providing personal care or preparing food.
- Care plans stated the precautions staff should take to help prevent the spread of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed so lessons could be learned and risks minimised.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service to identify the necessary level of support.
- A relative, who's family member had recently started using the service, told us the pre-assessment had been thorough. They said they were confident the agency had used the opportunity to gain a good understanding of their family members' needs.

Staff support: induction, training, skills and experience

- New employees underwent an induction and were initially 'buddied' by an experienced member of staff.
- Competency assessments were completed before new staff started to work independently.
- Staff told us they were well supported. They had regular face to face meetings with a member of the management team to discuss concerns or training needs.
- Regular spot checks took place to ensure staff worked in line with the organisational values and principles.
- Training was regularly refreshed. At the time of the inspection the method for recording training was being updated to give a clearer overview of when training was due to be updated.
- People and their relatives told us staff were competent. One relative told us; "I have seen the way they are with my relative, it shows great skill, my relative can be prickly. I have also read the notes that they write up, it shows they know what they're doing."
- External healthcare professionals told us staff were professional and reliable. They were described as; "Conscientious" and "Helpful and accommodating"

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

- Some people required support with food preparation. We observed staff discussing with people what they wanted to eat before preparing it.
- Where appropriate, people's food and drinks were monitored so staff could check people were having enough to eat and drink.

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

- Staff were alert to any changes in people's health and made sure they saw external healthcare professionals as necessary.

- When people needed additional equipment to maintain their health and well-being the management team worked to help ensure this was put in place.
- External healthcare professionals told us the agency worked closely with them to deliver effective support.

#### 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 lacked 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 with appropriate legal authority.

- Staff checked people consented to receiving care and support before completing any routines. People commented; "Well the girls ask me if I would like a shower or strip wash each day. I also get asked what I would like to eat for my lunch so that's choice. This is my home and I say what's to be done", "When we go shopping I say where I would like to go. I am in charge" and "Choice? Well yes, it's my home, the girls are very good, nothing gets done that I don't want done."
- Staff had received training in the MCA and demonstrated an understanding of the underlying principles.
- Staff told us how they worked with people and their families to make sure care was delivered according to people's preferences. One commented; "We didn't get it right at first and had to work with them to work it out, we got there!"

## 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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Staff had gone out of their way to ensure people received caring and compassionate care which impacted positively on their quality of life. We heard of an occasion when staff had recognised how important one person's dog was to them but were finding it difficult to look after it because of their own health. They were reluctant to let others walk the dog as they feared the dog would run away. Over a period of time staff gradually built on their relationship to a point where the person felt able to allow them to take the dog for walks. Staff also helped to feed and clean up after the dog and arranged for it to receive treatment at the vets.
- People's preferred routines were recorded in care plans and well known by staff. This meant staff were able to deliver care in line with peoples wishes.
- Staff spent time developing trusting relationships with people. Some people had initially been reluctant to accept support. Staff persevered, often returning to people's homes several times until they agreed to let them in. They spent time chatting with people and getting to know them until people were able to trust them and accept help and support. One relative commented; "My relative has a very good relationship with all the carers, it's so nice to see them taking time to communicate with them at a pace that he can join in with."
- The service recognised that some people required additional time before they would trust staff and welcome them into their homes. The management team worked with staff to ensure they had the time they needed to build these relationships.
- The importance and significance of these trusting relationships was demonstrated when one person's health improved as they began to accept support with monitoring their health needs and keeping to a routine.
- Staff recognise the importance of family relationships and offered relatives reassurance and support as needed. One relative told us; "I haven't seen them with my relative, but they contact me frequently giving me information about them and keeping me fully informed. I have a lot of confidence in them. My relative had trouble with their boiler and the carer phoned me and we got it sorted, I was very grateful." Another person's family was reluctant to visit them at their home but wanted to maintain a relationship. The care worker arranged to drive the person to visit their family for regular visits.
- One person had a relative who visited regularly but was unable to tell them about their day due to their limited verbal skills. The day centre they attended recorded what the person had done in a diary. Staff spent time reading the diary to the person, so they could keep up to date with their relative's news.
- An external health care professional commented; "I also hear back from patients very good comments about the carers - their understanding, doing that little bit extra for the patients and generally they are very

well liked."

- Comments from people and relatives included; "A company filled with massive hearts, patience and empathy", "We get on well with each other and I think they try to please me. They know what I like to do and be done for me and they know my family is important to me and that I like talking about them", "I think they know me by now. It jogs along nicely works well, I am happy" and "We understand each other. They try hard, and get it right, for me anyway."
- Staff were positive and affirming when they spoke about people. One commented; "I work with the same people and I've got a rapport with them. It's not like going to work, it's like going to see a friend."

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

- Staff asked people about all aspects of their care during visits. For example, they checked if people were comfortable in their surroundings, if they needed any support with personal care and their preferences for meals.
- People told us they were able to contact the office to discuss aspects of their care and support at any time.

Respecting and promoting people's privacy, dignity and independence

- People were given privacy appropriately. One person's care plan stated; "Do not rush [Persons name]. Let them have some private time." We observed staff were unrushed and patient in their approach.
- The service was sensitive to people's needs at all times. An external professional told us; "A patient wanted to speak to me away from the home. The manager offered us the opportunity to speak confidentially at their office premises. This allowed myself and the patient to have some confidential time together to talk through some of the patients worries and issues."
- Staff meeting minutes read; "[Rota] times are a guide. Care provided should not be rushed or shortened... if carers are running late they must ring through to the office, so we can let the clients know."
- Some people preferred to have their care provided by carers of a specific gender and this was respected.
- People's confidential information was protected. The registered manager spoke of the importance of ensuring the systems in use did not compromise people's privacy.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans contained clear information about people's preferred routines and their likes and dislikes.
- People told us they were supported by small groups of care workers who knew them well and understood their needs.

Staff responded well to people's changing needs and adapted how they supported people appropriately.

One person told us; "When I wasn't well one day the girl who came said, "I am

going to sit and talk with you today and we can have a cup of tea together", I felt so much better afterwards, it was just what I needed."

- Information about how to support people to understand information was recorded in care plans. For example, any aids people used and descriptions of how staff could communicate effectively with them. This showed the service was acting in accordance with the Accessible Information Standard.
- Care plans did not contain details about people's personal histories. This information can help staff develop meaningful relationships with people
- Staff used an electronic software app on their mobile phones to record care delivered and keep up to date with any changes in people's needs. Staff told us the system was effective and easy to use.
- The software enabled the management team to monitor visits and identify if any were missed or planned timeslots were no longer appropriate. This meant they were able to identify, and respond to changes in people's needs.
- Daily records were consistently completed outlining the care and support people had received.

Improving care quality in response to complaints or concerns

- Any concerns or suggestions were listened to and action taken to improve people's experience of the service.
- People told us they had not had reason to raise a complaint but would be happy to contact the office if they had any concerns. One person told us; "I would ring [named manager] and talk to them. But in ten years I have never had to. Ten years!"
- The registered manager advocated on people's behalf when they needed additional support from other agencies. For example, they ensured people had appropriate equipment in place to maintain their health and independence.

End of life care and support

- No one was receiving end of life care at the time of the inspection. Care plans contained details of people's wishes at this stage of their lives.

# 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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had a comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a thorough understanding of people's differences and individual preferences.
- Staff told us they had great confidence in the management of the service and would not hesitate to report any concerns. One commented; "It's drilled into us, any concerns, report them to the office."
- The values of the service were based on enabling people to remain living at home for as long as possible. This was understood and supported by staff. One person told us; "After my stroke they gave me time and helped me to do things for myself again. I am now so much better than I was and its down to their continuing support and help."
- Relatives were highly complementary about how the service was managed. One told us of an occasion when they felt the way things had been organised had been particularly positive. "They have a good network in place. When it was snowing last year, we didn't expect our relative to get a visit, but as it had been forecast that snow could be likely the management had put in place an emergency rota. This was above and beyond what we expected. When I went in, as I do once a month to the office, I thanked them for all that they had done. So, on saying that, I think they do all that they can and can't think of anything they could improve on." Another relative commented; "The carer's help me to feel that my relative is safe. They know I can't get to my relative so are my eyes and ears, they have eyes everywhere. We had a new kettle delivered and it was faulty. They rang me, and it was replaced, I had another one delivered. I am reliant on them to keep me informed on anything that needs attention and they do."

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

- Staff, people and their relatives were asked for their views of the service.
- Staff meetings were held regularly, and staff told us they felt listened to and their views were taken into account.
- Staff were extremely positive about the support they received from the management team. They told us they felt valued and were well supported. They repeatedly referred to the flexible approach to rota management which enabled them to achieve a work/life balance. The registered manager told us; "Staff are the most important part of the business."
- Staff told us they were treated fairly and had not experienced any discrimination. If any employee needed additional support to complete training this was provided.

- Staff were encouraged to develop their skills through training and personal development.
- Annual questionnaires were sent to people using the service. The results from 2018 had been positive.

#### Continuous learning and improving care

- The registered manager was highly committed to improving care for people using the service and older people generally. They told us of ideas they had which they hoped would reduce the risk of people becoming socially isolated.
- They worked with other individuals and agencies and campaigned to improve how care was delivered. A member of staff told us; "She is very passionate!"
- The registered manager was working on projects which they hoped would lead to better experiences for people and enable them to remain living at home for longer. For example, they were working with local GP's to streamline how healthcare was provided to people in the community.

#### Working in partnership with others

- The registered manager and wider staff team engaged with the local community. Staff were actively fundraising to raise money to buy an accessible bus, so they could support people on trips out. They told us this was important for people as, not only would it give them an opportunity for a day out but would help them develop friendships.
- A local school was running a 'loneliness project'. The staff team was working with the school to support their fundraising initiative as well as contributing to the project and increasing dementia awareness in the community.
- An external healthcare professional told us; "The owner/registered manager is involved in the local Cornwall Partnership in Care (CPIC) and is well respected amongst her peers."
- As part of a trial with a local surgery, some staff had completed training to enable them to carry out basic clinical observations such as assessing oxygen levels and blood pressure readings. The registered manager hoped, in the future, these skills would enable staff to monitor people more effectively at home.

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

- The registered manager was supported by a case care co-coordinator, supervisors, an administrator and finance manager. Each member of the management team had clear roles and responsibilities which had been clearly communicated to the staff team.
- The previous report rating was displayed in the service and on the organisation's website.
- The registered manager was aware of the need to report specific events to the Care Quality Commission.