Trewcare 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

Overall summary

TrewCare provides personal care to people who live in their own homes in the Falmouth/Penryn and Camborne/Redruth areas of Cornwall. At the time of our inspection the team of 68 care staff was providing support to approximately 110 predominantly elderly people.

Everyone told us they felt safe and were well cared for by TrewCare. People's comments included; "I feel very safe. I look forward to seeing them", "the carers are very good, I am spoilt to death" and, "I would give them eleven out of ten. Nothing to improve."

People told us they had "never" experienced a missed care visit. The service had robust and effective procedures in place to ensure that all planned care visits were provided. This included on-call management support, arrangements for two additional staff to be available at short notice each weekend and a system for monitoring the provision of care visits in real time to ensure all visits were provided.

We found people's visits were provided on time, staff visit schedules included appropriate travel time and staff

Summary of findings

consistently provided the care visits of the correct visit length. People told us their staff were; “always on time”, “always punctual” and, “never rush, they are pretty (very) good.”

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us “we have regular training” and “the training has been fantastic” while professionals reported, **“**the more experienced carers have a good understanding of how to care for people with dementia.”

The service’s systems for the induction of new members of staff were effective and fully complied with the requirements of the Care Certificate. Training was provided in accordance with the 15 fundamental standards. The provider’s training manager was developing appropriate systems to enable this training to be recognised by external training providers when staff chose to continue their professional development. .

People received care from a consistent staff team who knew them well and understood their care and support needs. People told us; “I know them all. They always introduce new people” and staff said, “I see the same people each day” and, “I have built up a good rapport with people.”

People’s care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people’s care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person’s individual needs and wishes.

The service’s visit schedules were well organised and at the time of our inspection there were a sufficient number of staff available to provide people’s care visits in accordance with their preferences.

TrewCare was a family business whose directors provided effective leadership and support to the staff team. Staff told us their managers were; “understanding”, “approachable”, and “quite motivating”. While people told us the service was “well managed”.

The size of the service had significantly reduced since our previous inspection as a result of changes to local commissioning practices and difficulties in recruiting new staff. The service had effectively managed this change and acted appropriately to ensure peoples care needs were met.

Summary of findings

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 understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

Is the service effective?

Good

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and call monitoring information demonstrated care staff normally arrived on time.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People's privacy and dignity was respected.

Staff supported and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to meet people's care needs.

People's care plans included personalised goals and staff supported and encouraged people to engage with their hobbies and interests.

Complaints and concerns had been investigated and resolved to people's satisfaction.

Is the service well-led?

Good

The service was well led. The registered manager and directors had provided staff with effective leadership and support.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

TrewCare Limited

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 checked 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 8 and 16 September 2015 and was announced 24 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection team consisted of one inspector and one expert by experience. The service was previously inspected on 8 January 2014 when it was found to be fully compliant with the regulations.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with the 12 people who used the service, two relatives, 10 members of care staff, the registered manager, deputy manager, training manager and two health professionals involved in the care of people supported by the service. We also inspected a range of records. These included six care plans, five staff files, training records, staff visit schedules, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe while receiving care and support from TrewCare staff. People's comments included; "I do feel safe, yes", "I am quite safe with them" and, "I feel very safe. I look forward to seeing them". People's relatives said, "I have no concerns about my wife's care" while staff told us, "People are definitely safe."

Staff fully understood their role in protecting people form avoidable harm. All staff had received training on the safeguarding of adults and were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

The provider had appropriate procedures in place for use during periods of adverse weather and other emergencies. Four wheel drive vehicles were available for staff transportation. The staff team lived throughout the services area of operation and there were procedures in place for prioritising care visits based on each person's specific needs during periods of adverse weather. Office staff understood these procedures and described how they had worked effectively in the past.

The service recognised that the reliability of staff cars represented a source of risk. As a result the provider had three cars available for staff use at short notice in the event that their vehicle broke down.

Where accidents, incident or near misses had occurred these had been reported to the services managers and documented in the services accident book. All accident and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

We reviewed staff visit schedules for the week of our inspection and found there were sufficient numbers of care staff available to provide all planned care visits. The service had significantly reduced in size since our previous inspection and we discussed this change with the registered manager. The manager explained that the service had been unable to maintain previous staffing levels. As a result the number of people the service was able to support had gradually reduced. The registered manager explained that during this period the service had limited the number of new care packages that they accepted.

Recruitment processes for new members of care staff were robust. References had been reviewed and necessary Disclosure and Baring Service checks had been complete before new members of staff provided care visits.

People told us they had "never" experienced a missed care visit and one person explained, "A girl didn't come once, they sent someone immediately. They apologised, they have girls on standby". The service operated an effective on call system with the duty manager responsible for covering staff sickness during the week. At the weekend two care staff were paid to be available to provide care at short notice if required. On call managers were able to access call monitoring information from home and were responsible for ensuring all planned visits had been provided at the end of each evening. We reviewed the service's call monitoring records for the week of our inspection and found all planned care visit had been provided. Office staff monitored the call monitoring information in real time to ensure people's needs were met. all planned care visits had been provided. During our inspection we heard office staff ringing individual carers to check why planned visits had not been recorded on the system. Staff told us; **"**they do chase you if you forget to use it [call monitoring system]" and, "We haven't missed anybody yet". The registered manager commented, "The good thing about the logging in system is we can catch them before they are missed."

All staff were provided with photographic identification badges to enable people to confirm the identity of carers who they did not know. However, people said new carers were normally introduced by a member of staff who they

Good

Is the service safe?

already knew. People told us, “I know them all. They always introduce new people”, and “No-one comes that I don’t know. The office rings if a stranger is coming, it’s only happened once”.

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. Staff told us, “We pick up gloves and aprons from the office when we need them.”

Staff had received training on how to support people to manage their medicines. The service generally supported people with medicines by prompting or reminding people to take their medicines. People told us, “They don’t go until I’ve taken my medicine. I take a lot. I always get them when I should” and, “They always get my medicine. I take it on my own.” Where staff administered people’s medicines this was done from blister packs prepared by a pharmacist. Where medicines were administered staff completed Medication Administration Record (MAR) charts. These charts were returned to the services office each month and audited by one of the provider’s directors who was a nurse. We reviewed the MAR charts in the care plans we inspected and found they had been correctly completed.

We saw there were systems in place to enable staff to collect items of shopping for the people they supported. People told us this was very useful and reported that staff, “always give me a receipt”.

Good

Is the service effective?

Our findings

People consistently told us that care staff were well trained. Comments received included; "I think they are well trained", "They couldn't be any better trained" and, "The staff are very knowledgeable." Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, tissue viability and, dementia. Additional training to meet peoples' specific needs in relation to their medical equipment had also been provided by the service's nurse. Staff told us; "the training has been fantastic", "we have regular training, I just did safeguarding on Wednesday. I think it was the third course this year" and, "The training is pretty good." Staff explained they were able to request additional training in specific areas that they found particularly interesting. These staff told us they had completed additional training on specific conditions including, Parkinson's disease, Motor Neuron disease and Multiple Sclerosis. Professional's commented, **"**the more experienced carers have a good understanding of how to care for people with dementia." The needs of people that had dementia were fully met by the staff.

One recently recruited staff member told us, "I had five days training over the first two weeks". The service's training manager explained that newly appointed carers completed three days of office based training during their first week followed by 12 hours of shadowing and observing the care provided by an experienced member of care staff who became their mentor. New staff then completed a further two days of office based training before working alongside their mentor in the community. The training manager explained that new staff initially worked alongside their mentor providing support to people who required assistance from two members of staff. New members of staff were 'spot checked' and the quality of their care provision assessed before they were permitted to provide care independently. Care staff told us they were not expected to provide care independently until they felt confident to do so.

TrewCare had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. The service's training manager was working with local care diploma assessors to develop procedures to allow the learning completed during the care certificate to be recognised as part of the level two care diploma. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Staff received regular three monthly supervisions and annual performance appraisals. In addition 'spot checks' by managers, or the service's qualified nurse, were used regularly to confirm each member of staff was providing appropriate standards of care and support.

Team meetings were held regularly for area based care teams. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation. Where appropriate, meetings of the care staff that supported specific individuals were held. These focused care team meetings enabled staff to share their knowledge and discuss and review any changes to the person's care needs.

TrewCare used a password protected application installed on each staff member's mobile phone to enable information to be shared securely. This application included details of any changes to a planned care visit, enabled staff to acknowledge receipt of this information and included facilities to share information about people's specific care needs. In addition TrewCare used text messages to alert staff when changes had been made to their planned visit schedules. Staff told us their visit schedules did not normally change and when changes did occur they were normally as a result of staff sickness.

TrewCare's staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented, "there is enough travel time" and, "the web roster system is really quite good." People said their staff were, "always on time" and "always punctual." Managers told us copies of people's visit schedules were available and could be accessed by the person or the family via a secure internet site. People told us; "I get a schedule in advance" and, "they send me a list every week whose coming, it's very useful."

We reviewed the service's call monitoring data and daily care records. We found care staff normally arrived on time

Good

Is the service effective?

and provided the full planned care visit. People told us; "they always stay, never go early", "never rush, they are pretty (very) good" and, "They are very good, they give me all the time I need."

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care.

All of the care plans we inspected had been signed to formally record the person's consent to the planned care. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask me what I want", "They look in the book and ask if it's alright to carry on" and, "They always ask what I want doing and the same when they leave." Staff recognised the importance of gaining consent before providing care and told us, "I listen to what people are saying and do what they want" and, "I talk through everything stage by stage so people can choose how they want me to do things."

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks. Where staff prepared meals these records included details of how much food the person had eaten. People told us, "They give me everything, drinks, lunch, supper. I know what's in my freezer; they always ask what I want", "No I can't get drinks, they always give me drinks", "I can do my drinks but I couldn't do without TrewCare." Specific additional training had been provided to selected staff to enable them to prepare and provide food for people who were unable to swallow. The service's summer newsletter had included information for people and staff on how to ensure people's hydration needs were met during periods of hot weather.

TrewCare was collaborating with professionals from the local clinical commissioning group to develop new monitoring tools. These tools were designed to ensure people with complex needs, being cared for at home, received appropriate support with food and drinks in order to avoid risks associated with dehydration and poor dietary intake. The service was currently using the new tools to monitor a group of 20 volunteers and was providing regular feedback on their effectiveness.

TrewCare employed a trained nurse as the service's clinical lead. The nurse's duties included provided training and guidance to care staff and acting as liaison between the service and other health and social care professionals. Professionals told us this arrangement was beneficial as they knew the service had immediate access to guidance and support if required.

People told us TrewCare routinely supported them to make and attend medical appointments. People said; "I can do doctor's appointments but Trewcare do it sometimes", "The carers arrange my doctor, I do my chiropodist" and, "Trewcare are taking me to have my hearing aid checked".

Records showed TrewCare worked effectively with other services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The service's managers and nurse had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. The service had recently contacted a hospital to discuss arrangements before one person's planned admission. Before previous admissions the service had been provided with detailed guidance on necessary specific changes to the individual's routine. On this occasion no guidance had been provided and the service was concerned that the lack of appropriate pre admission routines might impact on the person's treatment. TrewCare staff contacted the hospital, which confirmed the changes to the person's routine were necessary and these were immediately introduced by TrewCare. This demonstrated TrewCare was willing to challenge and check information provided by professionals to ensure people's care needs were effectively met.

Good

Is the service caring?

Our findings

Everyone we spoke with complimented TrewCare's staff on the caring and compassionate manner in which they provided support. People told us, "the carers are very good, I am spoilt to death", "they are very good, very caring and always respectful" and, "they are lovely, they do everything I want. I can't complain really about any of them". While professionals said, "the staff are very caring" and, "the service users love them and have nothing but positives to say about TrewCare."

Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "I care, so I am caring", "I enjoy caring for people", "I treat [the person] how I would treat my mum" and, "I try to treat people how I would want my own granny to be treated."

Professionals had recognised that staff from TrewCare knew people well and were able to help them to communicate effectively with people. One professional told us the carers regularly supported them by facilitating communication and, "ensured the person's voice was heard". Daily care records showed that staff had regularly supported people to attend hospital and other health appointments.

Visit schedules and call monitoring data showed that people were regularly supported by the same carers. People said they knew and got on well with their carers. Staff recognised the importance of their role in the social networks of the people they supported and told us, "I see the same people each day", "I think I have broken down the barriers with quite a few people", I nearly always have a coffee and a chat with the client at the end of the visit" and, "I have built up a good rapport with people."

People told us their staff always responded to small changes in their care needs and one person commented, "They do everything and a bit more sometimes if I'm not well". Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people increased needs and that when this was necessary mangers would contact their other clients to inform them of any delay.

During our review of call monitoring information we identified one visit that had been provided very late in the evening. We discussed this incident with the registered manager. The manager explained this visit had been cancelled by the person as they had been away on a short break. However, the person had contacted the on-call manager in the evening to ask for support to go to bed. The service had responded immediately to this request for additional support and had provided an evening care visit within an hour of this request. The prompt provision of this unplanned care visit, late in the evening, demonstrated the commitment of both staff and managers to meeting people's care needs.

Staff recognised the importance of enabling and empowering people to make decisions. Staff described how they always offered people choices and provided care in accordance with people's requests. Staff told us, "I ask lots of questions about how people want things done", "The best person to ask is the client they know how they want things done" and, "At breakfast for example they might normally have cereal but I don't assume. I check what is available and offer as many choices as I can, eggs or toast or whatever they would like."

People preferences in relation to the gender of their care workers were respected during the visit planning process. The registered manager explained that the service's policy was that male carers staff did not provide personal care to female clients. Our review of visit schedules and daily care records showed that people's preferences had been respected.

People told us their staff were "extremely respectful" and said; "They do have the right attitude. They are always respectful" and, "ten out of ten for attitude and respect. They have the personal touch". People described the actions staff consistently took to protect their privacy and dignity while providing personal care. Relatives confirmed staff routinely protected people's privacy and dignity while providing care. While staff told us, "I always cover people up while providing care" and, "I always close the curtain and cover the person."

Good

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care plans. People told us, "I think I did help plan my care", "TrewCare sat down with me a few months ago and updated my plan" and, "I've got a care plan. It was updated last week. I signed it."

Staff told us people's care plans were "useful", "very thorough" and available in each of the homes they visited. Staff comments in relation to care plans included; "they explain things in good detail", "there is always a green folder, it's quite detailed. If you read the care plan you know what to do" and, "they are in all of the houses I go to and tell you everything you need to know". Senior carers told us, "I write the care plans, they are all up to date and I review them every three months or when something changes."

All of the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plans included details of their preferences in relation to how their care should be provided. For example, one person's care plan provided staff with clear detailed instructions on how to support the person into bed and then said, "Ensure [the person] is comfortable, She normally sleeps on her right hand side. Assist [the person] to roll over if required."

People's care plans were developed from information provided by the commissioners of care and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a senior carer who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff than provided care and support in accordance with the interim care plan for two weeks. After this period the interim care plan was reviewed in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person to formally record their consent to the care as described.

Each care plans included specific objectives that had been developed collaboratively with the person in need of support. For example, in one person's care plan the objective was, "[The person] is hoping to return to her pre hospital health and to visit friends using her electric wheelchair." The inclusion of personalised objectives within the care plan meant staff understood people's desires in relation to their care needs. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background effected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. People told us, "They [carers] know everything about me, likes, everything", "Definitely know what I prefer" and "Of course they do know what I like." One person described how care staff helped them to build plastic models while staff described how they supported people to engage with their hobbies and interests. For example, one staff member told us, "[the person] loves music, so we have a little bit of a sing along together".

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the persons care needs. The daily care records were signed by staff and our comparison of these records with the service's call monitoring information found that information recorded was accurate. Daily care records were regularly returned to the service's offices and appropriately audited.

People described how staff provided support and encouragement for people to do things independently and engage with their local communities. Person told us, "I can be independent with my trolley, they encourage that. They say come down and get your supper", "They encourage me to go out in my electric wheelchair and get a meal at the cafe". Another person explained that staff had previously come to the rescue when their electric wheelchair battery ran flat while they were out in the community. Trewcare had recently taken part in Falmouth festival with both staff and people who used the service walking together to raise

Good

Is the service responsive?

money for a local charity. One person who had taken part in the festival had written to thank the service for their support during this event saying, “it was really good, one of the best days. I felt like one of you.”

Details of the services complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. Most people reported they had never wished make a complaint and the minority who had raised concerns with managers were happy with how the service had addressed and resolved their concerns. People told us; “Complaints information is in the folder”, “Quite comfortable complaining if needed. Nothing so far” and “I mentioned once to the office how I was spoken to by a carer. Things got better after that.” TrewCare regularly received compliments and thank you cards from people who used the service and their relatives. One recently received card read, “I would like to say a big thank you to all the lovely staff that came to help me.”

Good

Is the service well-led?

Our findings

People and their relatives told us of the consistent high standards of care and support they received from TrewCare. People said, "I would give them eleven out of ten. Nothing to improve", "I wouldn't change them. Ten out of ten" and, "eleven out of ten. I can't really think of anything to improve."

People were highly complimentary of the service and reported that they would, and had previously, recommended TrewCare to others. People told us, "I would recommend TrewCare", "I did recently recommend them" and "I would, I really would recommend them." One person said, "They are a brilliant company. The council wanted me to change but I refused" while another commented, "They couldn't be any better". Professionals told us; They are one of my top three agencies for people with complex needs", "they are very good actually, one of the better ones in the area" and, "They do provided a very good standard of care."

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us, "I think we are a really good company", "It's brilliant, I cannot fault it in any way" and "People are quite happy with TrewCare." TrewCare's commitment to ensuring people care needs were met was demonstrated by the service's response to a recent incident. A carer had reported to office staff that a person had been upset during their morning care visit. As a result of this report a manager visited the person at home later in the morning to check how they were doing between planned care visits. The manager had been concerned about the person's health and had contacted their GP. The manager had explained their concerns and as a result of this information the GP had decided to make a change to the persons prescribed medications. TrewCare had made arrangements for the new medicine to be collected in the afternoon and delivered by staff during the planned tea time visit. This demonstrated how the services caring and reactive approach ensured people received effective care in a timely manner.

Trewcare was a family business effectively led by the registered manager who was also one of the provider's three directors. Each of the provider's directors had clear responsibilities in relation to the leadership and operation of the service. People told us the service was organised and well managed. Their comments included; "I think it's very well managed" and, "It is well managed". Staff reported TrewCare's directors and managers were; "understanding", "approachable", "quite motivating" and, "really good." One staff member told us, "the managers are lovely, always helpful."

The services directors and registered manager were active participants in, and provided significant leadership to, numerous local peer support groups designed to share best practice between care providers.

People told us the service always responded promptly to any questions or enquiries they made. People said; "I did leave a message, they replied same day", "There is always someone available. I have left messages, they always action them" and, "I have the office telephone number. Someone always answers". Trewcare had effective systems in place for ensuring information reported to office staff was acted on appropriately. All information reported to the office was recorded on the service's digital care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.

Since our previous inspection the number of people who received care and support from TrewCare had significantly reduced. The service had experienced difficulties in both recruiting and retaining staff as a result of changes to local commissioning practices. The registered manager had successfully managed the reduction in the service size and had taken appropriate but difficult decisions to ensure the service was able to meet people's ongoing care needs.

TrewCare valued its work force and staff were paid from the beginning to the end of their planned care visit including appropriate amounts of travel time between care visits. As a result of recent media reports into pay rates in home care agencies TrewCare asked the Advisory, Conciliation and Arbitration Service (ACAS) to review their compliance with the minimum wage rules. This assessment found that current pay arrangements exceeded the requirements of the regulations.

The service's training manager was a "Dementia Champion" who had provided, "dementia friends" training to the service directors, staff, local voluntary groups and businesses. In addition the service supported and encouraged the training manager in their role as a care

Good

Is the service well-led?

ambassador. This initiative initiated by Skills for care involved attending various events throughout Cornwall to highlight and improve the profile of careers in the care industry.

The service had robust procedures in place to continuously monitor the quality of care provided. People told us managers regularly completed "unexpected" spot checks on their care staff. Their comments included, Yes, '[the manager] comes and checks what the carers write down, she came two weeks ago", "the manager comes round sometimes. A senior comes round unexpectedly" and, "Senior lady came to check yesterday." In addition telephone surveys were completed after the first two weeks of care provision to gather feedback on people's initial experiences of care and to discuss any changes the person would like to their care plan.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. People told us; "I have had surveys" and, "a couple of weeks ago a survey came." The results of the 2015 survey completed by 47 people who used the service were highly complimentary. People's comments provided in response to this survey included; "just keep up the fantastic service" and "you provide an excellent service that fully meets my needs, thank you."