

Trinity Care Services Limited

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Inspection report

1445 London Road
Norbury
SW16 4AQ

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05 September 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Trinity Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing. There were 87 people using the service at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since our last inspection the provider had started to record people's risk so staff had a basic outline of the risk people may face. However, we were concerned there was a lack of detail in people's care records so staff may not know how to reduce risk or know what to do if people became unwell.

Staff checked people's medicine to make sure they received this safely. However, some of the records were incorrect and the provider was not always sure if they should keep incorrect records or not. We were concerned because some people's records may be destroyed when it was important to keep them. We have made a recommendation for the provider to read more guidance in this area.

The service was rated requires improvement at their last inspection, However, when we looked at the website for Trinity Care Services we could not see our rating. It is a legal requirement for providers to display their rating so people know what we found during our inspection.

At our last inspection we found the provider was not recording when people could not make decisions about their care. Some people lacked capacity to make certain choices and when this happens there is a legal process to be followed. At this inspection we found the service had started to identify people who may need extra support to make certain decisions but we found more work was needed. We have recommended the provider reads more guidance in this area. However, we did find staff supported people to have choice and control of their lives and support was offered in the least restrictive way possible and in people's best interests.

People told us staff were caring and they trusted them. People said they normally had the same staff member or a team of staff to care and support them, people said they were happy with the care and support they received and staff respected their views and wishes.

The provider had improved the way they managed care staff in the areas they worked. This meant staff were more able to make calls to people on time and were able to stay the right amount of time to make sure people received the support they needed.

People and their family members told us when they made a complaint they were listened to and changes were made to make things better.

Staff told us they felt well supported by managers and felt they had received enough training to help them do their jobs. People spoke highly of the experienced regular staff that supported them and felt these staff were trained well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 11 September 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas but not enough to meet some of the regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Trinity Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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. The registered manager was also the owner and provider of the service.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with the registered manager/provider, two members of office staff and a member of care staff. We looked at seven people's care records, three staff files as well as a range of other records about people's care, staff and how the service was managed.

After the inspection

After our inspection we carried out the telephone calls to people or their relatives. We spoke with five people and seven family members of people who used the service. We spoke to three members of care staff and we were sent additional information such as, service user guides and information about staff training and staff meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At our last inspection we found the provider did not always assess all known risk to people such as self-harm, aggression towards staff, mental health deterioration, pressure ulcers and medicine management. During this inspection we found people's risk had been identified, however, there was very little information to guide staff on how to manage and reduce risk to people in all of the care records we looked at. For example, the risk of malnutrition and dehydration had been noted as a risk for one person, however, there was no information to guide staff on how to support the person to eat and drink well or the additional, associated risks that the person may face including the health conditions staff should look out for that may be a result of a poor nutrition and hydration.
- When people used specialised equipment to help them mobilise we saw the service had worked with the relatives and healthcare professionals to make sure staff knew how equipment was used. For example, one person had started to use a hoist to help them mobilise from bed to a chair. A hoist plan was in place from the occupational therapist detailing the exact equipment needed for that person. However, when we looked at the person's care records we could not see an individual risk assessment giving staff the information they needed to provide personalised and safe care for the person and care plans had not been updated to reflect the changes in the person's mobility. We spoke to the provider about our concerns, they explained the care plan in the person's home had most likely been updated and assured us they would check this.
- The provider told us most people had the same staff members who knew people well and were able to work with people's families to keep people safe. Staff confirmed they knew the risk people faced and gave us examples of how they managed and reduced people's risk. For example, one staff member explained how they would remove tripping hazards to reduce the risk of a person falling.

We found no evidence that people had been harmed, however, we were concerned there was not enough information in people's records about how to manage and reduce risk and to give staff the information they needed to keep people safe.

This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Using medicines safely

- People told us staff helped them with their medicine and they were happy with the support they received.
- The provider explained staff would prompt and assist people with their medicines and only a few people using the service needed help with medicine administration. The NICE (National Institute for the Health and Care Excellence) guidance released in March 2017 on managing medicines for adults in community settings

explains when care workers should record the support with the medicines people take. Their definition for medicine support is prompting or reminding people to take their medicines, helping people remove medicines from packaging and administering some or all a person's medicines.

- We asked to see the medicine administration records (MARS) for those people who required help with their medicines. These were a mixture of handwritten and typed records. Records were audited regularly by office staff to ensure people received the medicines they should have when they needed them. However, we found one person's MARS stated the person was in hospital when their medicine had been signed for as being taken. The provider said the staff member had made a mistake and provided other records that showed an overlap of days. We were not clear from the records provided when medicine had been given or not. The provider told us they would destroy the records as a mistake had been made. We were concerned because the provider needed to keep all records in line with the legalisation. We spoke with the provider about our concerns and they immediately asked staff not to destroy the records.

We recommend the provider consider the current guidance on managing medicines for adults receiving social care in the community.

- Staff received yearly training in medicine management and received yearly competency checks to make sure they remained up to date with their skills and knowledge in this area and people received their medicine safely

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People told us they liked and trusted the staff they received care and support from.
- Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place.
- Systems and procedures were in place for managers to report, investigate and review safeguarding concerns. The provider told us they understood their responsibility to report any allegations of safeguarding to the local authority and the CQC.
- Staff had received training in safeguarding and this was renewed regularly to keep their knowledge current.

Staffing and recruitment

- There were enough staff to care for people and the service was continually recruiting to make sure there were enough staff numbers to meet people's needs.
- People told us staff arrived on time and stay the right amount of time.
- The service followed appropriate recruitment practices. Staff files showed all the pre-employment checks the provider had obtained in respect of each staff member. This included criminal records checks, references from former employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

Preventing and controlling infection

- Staff received training in infection control and food hygiene.
- The provider confirmed staff were supplied with personal protective equipment for use in people's homes.
- Senior staff checked staff were following infection control procedures when they checked on people's care.

Learning lessons when things go wrong

- Systems were in place to record, review and analyse any accidents and incidents. These were monitored by the provider.

- When there was learning from events action was taken to reduce any risk that people could face, and lessons learned to reduce the risk of future occurrences. For example, we heard how the service worked with staff on safety issues in people's homes following a safeguarding investigation.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At our last inspection we found the provider had not carried out MCA assessments for those people who may lack capacity to make particular decisions.
- During this inspection we were shown assessments had been carried out for some people who had poor mental health and may, at times, not be able to make decisions about their care. However, we found other people who may not be able to make decisions because of their physical or mental health had not had MCA assessments completed.
- We spoke to staff who were knowledgeable about the MCA act and confirmed they had received training in this area. One staff member explained most people lived with family and they helped and supported people to make everyday decisions. They explained how people should have choice and control in decisions about their health and told us they would speak to the commissioning authority if they felt they needed more advice.
- We spoke to the provider about having MCA assessments in place for all of those people who may lack capacity in certain areas, and they assured us they would look at increasing the assessments completed.

We recommend the provider consults the current best practice for the Mental Capacity Act to ensure appropriate assessments are recorded and retained in line with the guidance.

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

- People and their relatives told us staff provided the care and support they needed. One person told us, "They [staff] do what they have to do, they put me to bed, get me up in the morning, washed, dressed and do my medication. I am entirely satisfied."

- People's needs were assessed by the provider. The provider assessed people's need prior to them receiving care or, for emergency referrals, within the first 24 hours of receiving the care package.
- People were asked about their physical, mental health and social needs. The provider also used any professional reports such as those from social services as part of their assessment.
- People's support needs were regularly reviewed and senior staff told us they met with people and their relatives to make sure they were happy with the care they received.

Staff support: induction, training, skills and experience

- Care staff were provided with an appropriate induction, training and ongoing supervisions to perform their roles.
- People thought staff had the skills they needed to support them. One relative explained staff had attended an additional course to help with their family members needs and told us how new staff would always shadow more experienced staff to make sure they knew how their family member wanted to be cared for.
- Staff received regular training and refreshers to help them with their skills and knowledge. Records provided confirmed this.

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

- People's nutritional needs were recorded in their care plans. When required, staff supported people with their meal times.
- Staff told us most people's families would provide meals to be heated up and staff gave details of the food people liked to eat and the choices they gave. For example, one staff member told us about the types of food one person liked to eat such as cheese on toast or fried or scrambled eggs.

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

- Where people required support from healthcare professionals, this was arranged and staff followed the guidance given. For example, we saw logs detailing meetings with healthcare professions and occupational therapists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- During our last inspection we found people and their relatives had concerns about the continuity of care. Some people received many different carers and this had made them feel very uncomfortable. Concerns had also been raised about the timekeeping of staff and how people felt rushed when receiving care and support. During this inspection we found improvements had been made. The provider had worked with staff to make sure the areas they worked in were more accessible so there was less chance of the being late.
- People and their relatives told us they were very happy with their regular carers and they were mostly on time. Everyone said carers would spend the right amount of time with them and no one told us they felt care was hurried. Two people told us their carers were occasionally late but understood this was often down to delays on public transport and was beyond the carers control. This meant carers had the time to travel to and from people's homes and to give the care and support needed.
- People were involved in decisions about their care and family members were consulted, when appropriate, about the care and support of their family member. The provider explained they tried to match staff with people from the same cultural background. One relative we spoke with told us staff had been able to speak the same language as their relative and this helped put their relative at ease and enabled them to make decisions about their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their families were happy with the care and support they received from their regular carers. All of the people we spoke with thought their care staff were kind and caring. Comments included, "They [staff] are absolutely brilliant. They are caring and understanding and very patient", "[Staff name] knows exactly what is needed, she is always friendly. She is one in a million!" and "My carer does it all, she is marvellous and goes above and beyond. I just can't tell you how much I regard them."
- Staff spoke about people with kindness and compassion. One staff member told us "I like to give clients the support they need... just the small things make a big difference. I can make them feel more stable and it's a stress release for the family to have someone to help. There is good job satisfaction."
- Relatives told us staff respected people equality and diversity and gave us examples of how they respected people's cultural and religious beliefs.
- People told us staff respected them and would talk to them about the care and support they were receiving. Staff gave examples of how they respected people's privacy and dignity and offered people choice. One staff member told us, "Each person must have choice, that's how I work. I respect peoples choices and wishes."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection the provider failed to respond to people's complaints and concerns. People told us they had tried to complain but the provider did not return their calls, and when they did complain the issue was often not resolved satisfactorily. The provider did not have robust systems in place to monitor and respond to complaints and concerns. This meant they did not have a structure in place to analyse for any patterns or trends or to learn lessons from what had gone wrong and make things better for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of this regulation in this specific area.

- People told us they knew who to complain to if they needed to. They explained they were able to speak to the office about any concerns or complaints and these were resolved. When people or their relatives had made complaints they felt they had been listened to and were happy with the response from the service.
- Records were kept of complaints made and the action taken by the service. The provider told us they would monitor complaints and deal directly with any complaints that senior staff were not able to resolve.
- Although complaints were being recorded we found where concerns were raised, for example, during quality checks in people's homes, these were not recorded in a way that could be analysed by the provider. We spoke with the provider about how they could also monitor these centrally to make sure they were making improvements in the right areas. The provider agreed to look at alternative ways of recording information.

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

- During our last inspection we found people did not always receive care that was responsive to their needs. People told us carers were often late and did not arrive at the agreed times. We found the system the provider used to monitor staff time keeping was unreliable.
- At this inspection people told us staff were usually on time and stayed the right amount of time. Most people saw the same care staff and they told us this really helped them with the care and support they received. Two relatives we spoke with told us they service tried to keep the same team of staff to support their family member so although they may not see the same staff member every time it was enough for them to get to know staff well. The same relative told us staff were sometimes late, however, understood this was often down to traffic conditions that could not be avoided.
- The provider told us they had a new system in place to help them monitor when staff arrived and the

length of time they stayed with people. They had also allocated staff to geographical areas so there were less time delays with travel. They felt things had really improved in this area since our last inspection and told us people's feedback had been positive.

- Care records had been reviewed in the last year. We saw most care plans were basic with very little person-centred information. They contained enough information for staff to know the support people needed but not necessarily how they wanted to be given the support. The provider told us staff knew people well and knew how people wanted to be cared for. Discussions with people and staff confirmed this, however, we were concerned that new staff members may not have the level of detail they needed to make sure they could meet people's needs and preferences. The provider told us staff would often give examples of how people liked things done so agreed to incorporate this information into care records going forward.
- We found one care plan where information had not been updated to reflect the person's change in circumstances. Records indicated the person was still mobilising with the use of a walking frame, however, a copy of a hoist plan indicated the person's mobility needs had increased. We spoke to staff who assured us the care plan in the person's home would have been updated to reflect these changes. During our inspection the provider explained they had updated the office copy and would ensure a new care plan was placed in the person's file by the end of the day.

Meeting people's communication needs

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

- The provider told us they would try to match staff with people who spoke the same language to help people communicate and feel more at ease about the care they received. Relatives we spoke with confirmed this had happened and told us how much this had helped their family member feel supported and involved in their care.
- The provider also explained they were looking to translate the service user guide into different languages to reflect the different ethnic minorities in the area. They explained three staff members were able to use Makaton (a type of sign language) and they would put documentation in large print for those people who requested this.

End of life care and support

- Although no one was receiving end of life care at the time of our inspection the provider and some staff had undertaken training so they were able to provide this type of support if required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found the providers governance systems were not always reliable and effective in relation to staff timekeeping, communication with people and relatives, complaints and concerns, MCA care plans and people's risk assessments. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made, however, not enough to meet the breach in regulation. This meant the provider remained in breach of regulation 17.

- The provider was also the registered manager for the service. Since the last inspection the provider had worked on recognising risk areas for people, however, there was very little information to guide staff on how to reduce risk for people. For example, one person was receiving care in bed, however, there was no guidance in place for staff concerning the person's skin integrity and that they may be at risk from pressure sores. There was no information for staff on what to look for or what they should do to reduce the risk of pressure sores. Although the provider was reliant on staff knowledge to keep people safe, this was not, on its own an adequate process to reduce risk.
- The provider did not always manage records in line with current legislation and guidance. We were concerned when the provider told us they would destroy one person's recent medicine records because they were not completed correctly. We informed the provider they should not be doing this and they agreed to keep the records. We heard them informing staff that the records should not be destroyed as they were relating to the persons care and support. However, we were concerned about the providers lack of knowledge in the storage and retention of documents and the potential risk of other important documentation being destroyed rather than being stored for the appropriate timeframe.

Although the provider had made improvements in this area, the service continued to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider failed to meet legal requirements and had not displayed their CQC rating. At our last inspection Trinity Care Services Ltd was rated as requires improvement. Before this inspection we looked at the providers website and found the CQC rating was not displayed. This meant it was not obvious for people

using the service and their family members or people looking at their website that Trinity Care Services Ltd required improvement.

Failure to display a rating in a prominent way on the providers website is a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they were aware of their responsibilities to report significant events to CQC and other agencies. The provider has a legal responsibility to report these events to the CQC, this allows us to check that appropriate action has been taken. We were concerned that in the last 12 months there had been no notifications to the CQC. We spoke to the provider about the lack of notifications that we had received and the provider assured us this because there had been nothing to report. We will continue to monitor the situation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People spoke highly of the support they received from their care staff and told us when they telephoned the office they found managers and office staff to be friendly and supportive.
- Senior staff carried out spot checks on staff to observe their working practice and to check they were providing the care and support people needed. The provider told us each person would receive a spot check each month. Although we saw a sample of spot checks there were not enough to equate to each person using the service having a monthly check. The provider told us this was because not all spot checks had been returned to the office. Senior staff told us feedback from spot checks made sure staff provided the right care and support. Staff were given feedback if there were improvements that could be made. This helped make sure people experienced positive outcomes in relation to their care and support needs.
- People and staff were able to have their say about how the service could improve. People were asked what they thought about their care and support during spot checks, surveys and reviews of their care and support needs. Staff were asked about their views through individual supervision and at team meetings with the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider told us there were systems in place to investigate events and incidents involving people. There was only one reported incident in 2019 so we were unable to make a judgement with regard to the providers response to people when something went wrong. However, we did see evidence of lessons from previous incidents being discussed at team meetings. This helped staff understand what they needed to do to make things better for people using the service.

Working in partnership with others

- The service worked closely with healthcare professionals in relation to people's care. This included joint working with the occupational therapists, GP's and the local authority to ensure people received the care and support that was right for them.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not assessed the risk to the health, safety and welfare of people using the service. Information was not always managed in line with current legislation and guidance</p> <p>Regulation 17 (2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The registered person did not ensure their ratings were displayed conspicuously and legibly at their location delivering the regulated activity and on their website.</p> <p>Regulation 20A (1)(2)(7)</p>