

Trinity Care Services Limited

# Trinity Care Services Limited

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Inadequate



### Overall summary

We inspected Trinity Care Service on 21 August 2015. The inspection was announced 48 hours in advance because we needed to ensure the registered manager was available.

Trinity Care Service provides personal care to adults in their own home. At the time of our visit the registered manager told us there were 24 people using the service. Information sent to us by the service later indicated there were 25 and then 27 people using the service at the time

of our visit. However, information received from local authorities which commission the service indicates that there were at least 70 people using the service who were receiving personal care at the time of our inspection.

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

# Summary of findings

We previously inspected Trinity Care Service in July 2014. We found the provider was not meeting all the legal requirements and regulations we inspected. People were not adequately protected against abuse because staff did not have good knowledge about how to identify abuse and report any concerns. The procedures in place to manage medicines were not consistently applied by all staff and the systems in place to assess and monitor the quality of care were ineffective.

During our inspection in August 2015 we found that there were arrangements in place to protect people from abuse which staff were aware of. Staff had received safeguarding training and had good knowledge about how to identify abuse and report any concerns.

We found that care was not always planned and delivered to ensure people were protected against foreseeable harm. People had risk assessments but they did not identify obvious risks or give staff sufficient information on how to manage the risks identified. There were not appropriate arrangements in place to ensure people received their medicines safely.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitable staff to keep them safe and meet their needs. Staff were recruited using an effective procedure which was consistently applied. Staff controlled the risk and spread of infection by following the service's infection control policy.

Care plans provided information to staff about how to meet people's individual needs. However, the information was not always sufficiently detailed to enable staff to safely support people they did not know well.

Staff had the skills and experience to deliver care effectively. Staff worked with a variety of healthcare professionals to support people to maintain good health.

Staff understood the relevant requirements of the Mental Capacity Act (MCA) 2005 and how it applied to people in their care.

People were given choice and felt in control of the care they received. Staff were kind, caring and treated people with respect. People were satisfied with the quality of care they received. People were supported to express their views and give feedback on the care they received. The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities. People felt able to contact the service's office to make a complaint and discuss their care. There were systems in place to assess and monitor the quality of care people received. However, we were concerned the registered manager did not know the number of people using the service, that staff were giving people medicines or that inadequate risk assessments were being conducted.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the arrangements in place for people to receive their medicines safely, how the provider protected people from avoidable harm and how the service was managed. You can see what action we told the provider to take at the back of the full version of this report.

# 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?

Some aspects of the service were not safe.

Risks to individuals were not effectively assessed and managed. There were inadequate and unclear arrangements in place to ensure people received their medicines safely.

Staff knew how to identify abuse and the action to take if they had concerns about people's safety. Staff were recruited using effective recruitment procedures which were consistently applied.

There was a sufficient number of staff to help keep people safe. Staff followed procedures which helped to protect people from the risk and spread of infection.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff had the necessary skills, training and experience to care for people effectively.

Staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care. People were supported to maintain good health.

**Good**



### Is the service caring?

The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in making decisions about their care.

**Good**



### Is the service responsive?

The service was responsive.

Staff arrived on time and stayed for the time allocated. People were usually supported by the same staff who knew them well. Staff were responsive to people's needs and care was delivered in the way people wanted it to be.

The service listened to people's comments, suggestions and complaints about the quality of care they received and acted on them.

**Good**



### Is the service well-led?

Some aspects of the service were not well led.

**Inadequate**



# Summary of findings

The registered manager did not know how many people were using the service.

The registered manager was also unaware that staff were not only prompting people to take their medication but were also giving people their medication.

The systems in place to assess and monitor the quality of care were not always effective.

# Trinity Care Services 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by two inspectors who visited Trinity Care Service's offices on 21 August 2015, 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.

Before the inspection we reviewed all the information we held about the service. This included whistle-blowing information and the last inspection report.

We spoke with 14 people using the service, five of their relatives, eight staff members as well as the registered manager. We looked at 12 people's care files and five staff files which included their recruitment and training records. We spoke with representatives of two local authorities which commission services from Trinity Care Service.

# Is the service safe?

## Our findings

At our last inspection in July 2014, we were concerned about the arrangements in place for managing people's medicines. We found that people's medicine administration records were not fully completed.

During this inspection the registered manager told us that, "None of the carers administer medication. Carers only prompt or remind service users. Nobody's care plan states that carers should administer their medicines. Staff have been trained to administer medicines in case it becomes necessary." The registered manager told us there were no records for us to review relating to staff giving people their medicines.

However, people and their relatives told us that staff gave them medicines and this was confirmed by two of the staff members we spoke with. A person using the service told us, "The carers give me my tablets from a blister pack." One relative told us, "[The person using the service] receives medication from the carers because [the person] is incapable of doing it. [The person] wouldn't know when or what to take. There haven't been any mistakes with [the person's] medication as far as I know, the carers complete forms to say what they've given [the person]." Another relative told us, "[The person] has dementia and relies on the carers to give [him/her] tablets." One staff member told us they give medicines to several people using the service. Another staff member told us they give medicines to two people. Both staff members clearly explained the difference between prompting and giving medicines. They also told us they complete records of the medicines given which are returned to the office. Information received from a local authority confirmed that according to their care packages some people using the service should be given medicines by staff.

The unclear arrangements in place, and the registered manager's lack of knowledge on whether staff were reminding, prompting or giving people using the service their medicines meant there was a risk of people not receiving their medicines when required or in the correct dosage.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires the proper and safe management of medicines.

There were inadequate arrangements in place to protect people from avoidable harm. People's files contained risk assessments but they only considered the risks associated with moving and handling and did not always identify other obvious risks. They did not give staff sufficient or in some cases any information on how to manage risks identified or the action to take if the risk identified occurred. Of the 12 risk assessments we looked at, 10 were deficient in some way. The risk assessments of people with mobility difficulties did not consider the risks posed by their environment. People were identified as being at high risk of falls but there was no information for staff on how to minimise the risk or the action to take if the person were to fall.

We raised this with the registered manager who told us that guidance for staff on what to do if a person was to fall was not included in the risk assessment as it was the service's policy not to move the person and to call an ambulance. We reviewed the policy which confirmed this. However, when we reviewed the service's accident/ incident records, we saw that on three occasions when people using the service had fallen, staff had not acted in accordance with the service's policy.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

At our previous inspection in July 2014 we found that staff did not have good knowledge of how to protect people from abuse. During this inspection staff were able to speak confidently about how to recognise abuse and who they would report their concerns to. Staff had received training and the provider had policies and procedures in place to guide staff on how to protect people from abuse.

People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I have no concerns I feel perfectly safe", "I am safe when they are around", "I have nothing to worry about, If I did I'd call the office or speak to my family" and "I've never had any concerns about safety."

People told us staff usually arrived on time and stayed for the time allocated. People and their relatives knew who to contact in the event that staff did not arrive on time. The number of staff required to deliver care to people safely

## Is the service safe?

was assessed when people began to use the service and reviewed when there was a change in a person's needs. People told us they received care and support from the right number of staff.

Records demonstrated the service operated an effective recruitment process which was consistently applied by the office staff and registered manager. Appropriate checks were undertaken before job applicants began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their

character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how they helped to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

# Is the service effective?

## Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People using the service commented, “I think the staff have on-going training. They seem to know what they’re doing”, “I think they do get training, they have the right skills” and “Some of them are really good but the regulars are excellent and really know what they are doing”.

Staff told us and records confirmed that once appointed, staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role such as first aid and infection control. Newly appointed staff were required to shadow an experienced staff member and observe care being delivered before they were allowed to work with people alone.

Staff received regular training in areas relevant to their work such as safeguarding adults and moving and handling people. Field supervisors attended people’s homes and observed staff interaction with people and how they put their training into practice. Staff received regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Staff employed by the service for more than one year had an annual performance review. Staff were required to attend staff meetings where they received guidance on good practice as a group. They also received reminders of aspects of their training such as confidentiality, the different types of abuse and how to recognise the signs of abuse.

Staff asked people for their consent before care and treatment was provided. People commented, “They always ask me what I want and when”, “They always ask for my consent” and “They ask me what I want”.

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The registered manager had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 but had limited knowledge of how it applied to people in their care. The registered manager was due to attend refresher training. Staff had not received training in the MCA but told us if they had concerns about a person’s capacity to make decisions they would report it to the office.

The MCA requires providers to submit applications to the Court Of Protection if they consider a person should be deprived of their liberty in their best interests. Although the registered manager was not aware of the role of the Court of Protection, there were procedures in place to enlist the help of the local authority if an application needed to be made.

Staff supported people to maintain good health and have access to healthcare services. Records of staff meetings indicated that staff were reminded of the importance of monitoring and recording the state of people’s health. Staff were in regular contact with people’s GPs and district nurses. People told us that where there was a change or deterioration in their health staff promptly involved their relatives where appropriate and relevant healthcare professionals. Staff were aware of when people were admitted to hospital and when they were due to be discharged. People using the service and staff had access to the contact details for healthcare professionals and a representative of the service if they needed to make contact outside of office hours.



# Is the service caring?

## Our findings

People made positive comments about the staff and told us they were kind and considerate. Staff were respectful, polite and friendly. People's comments included, "They are very polite and respectful", "The carers are excellent, very good", "I can't fault the carers. They are very caring and patient", "They help me out. I know they give it their best shot" and "They are very nice to me". A relative commented, "They are really caring and always treat [the person] with respect."

People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name. Staff knocked on the door and asked for permission before entering people's rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they were receiving personal care. One person commented, "They care for me with dignity and respect." During unannounced visits Field Supervisors observed staff delivering care to check their competency in treating people with dignity and respect.

Staff had a positive attitude to their work and told us they enjoyed working for the service and caring for people. One person commented, "My carer is always cheerful and so willing." Another person told us, "Often the carers do much more than they have to just to make sure [the person] is comfortable before they leave."

Although it was not apparent from looking at people's care plans, people told us they and where appropriate their relatives, were involved in their needs assessments and in making decisions about their care. People felt in control of their care planning and the care they received. People told us, "They came to see me and we discussed what I needed and that's what the carers come in and do" and "They [the staff] always listen to me and give me options". A relative told us, "I have been involved in all [the person's] assessments and reviews."

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and manager. People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

People's needs, values and diversity were understood and respected by staff. People from other cultures told us that they had carers that understood their culture. A relative commented, "They sent [the person] a carer from the same culture who can understand [the person]." People were allocated staff of the same gender if they requested it.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people's care with people's family or friends unless they had express permission to do so.

# Is the service responsive?

## Our findings

People were satisfied with the care and support they received. Comments included, “They are excellent”, “They give me the care I need. I’ve no complaints”, “I’m very happy with this agency” and “There were one or two problems at the start but they’ve ironed them out and I’m quite happy with them now.” Relatives told us, “We are very happy with the way they are looking after [the person]”, “They are very good with [the person]” and “I am happy with the care [the person] is receiving. They are meeting his needs”.

People and where appropriate their relatives were involved in the care planning and review process. There was continuity of care. Staff we spoke with were familiar with the needs of people they cared for. People told us they were usually cared for by the same staff who knew their needs and how they preferred their care to be delivered. One person told us, “My carer has been coming here for a while now. She knows how I like things done.” A relative commented, “[The person] has the same carers and they know[the person] well.”

There was effective communication between the office staff and staff delivering care which meant that care could be provided flexibly. Where there was a change in a person’s circumstances, staff were able to meet their needs without delay. Staff were updated by the office of changes in

people’s needs, to ensure the care and support delivered met people’s current need. Communication between the office staff and people using the service was good. People were advised of a change of staff or if staff were going to arrive late. People commented, “There was one time when the carer was late. They contacted me and explained and I understood” and “They let me know if the carer is going to be late”.

The service enabled people and their relatives to give their views on the quality of care they received. The service employed a field supervisor whose job was to collect staff time sheets and care records, observe care being delivered and obtain people’s feedback. People told us they had been contacted by staff who asked for their feedback. One person told us, “Someone came around to see how we are getting on” and “They check how I am”.

The service gave people information on how to make a complaint, comments or suggestions when they first began to use the service. People felt able to contact the office to discuss their care or make changes to their care plan. People told us they knew how to make a complaint and would do so if the need arose. People who had made a complaint told us they were responded to promptly and their concerns were addressed. People commented, “I complained about the timings and it was resolved” and “I know how to complain but I’ve never had reason to”.

# Is the service well-led?

## Our findings

At our inspection in July 2014 we found people were not adequately protected against the risks of inappropriate or unsafe care and treatment. This was because the systems in place to record, assess and monitor the care people received were not consistently followed by care workers and this was not identified by the service's internal audits.

At our inspection in August 2015 we remained concerned about the effectiveness of the systems in place to assess and monitor the quality of care people received. The registered manager did not know how many people were receiving personal care from staff at the service. When we visited Trinity Care Service's offices the registered manager told us there were 24 people using the service. After the visit to Trinity Care Service's offices we asked the registered manager to confirm the number of people using the service. We were then advised that there were 25 and then 27 people using the service.

However, when we spoke to the commissioning teams from two local authorities, they confirmed that there were at least 70 people using the service who were receiving personal care from Trinity Care Service. The registered manager did not know that staff were giving medicines to people using the service.

We were concerned that the registered manager did not know the number of people using the service or that staff were giving some people their medicines, the service was not being effectively managed and there were ineffective auditing systems in place. This meant there was a risk of people receiving care and treatment that was inappropriate or safe.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

People using the service and staff told us the office staff were accessible. People told us, "Communication with the office is always ok."

The registered manager held regular staff meetings during which staff had the opportunity to discuss issues affecting their role and how to improve the service. Staff told us there were always sufficient resources available for them carry out their roles, such as aprons and gloves.

At induction staff were made aware of their role and responsibilities, the values of the service and the policies relevant to their role. Staff understood their roles and responsibilities. They were well motivated and spoke positively about their relationships with the office staff and registered manager, and the support they received.

There was a management structure in place which people using the service and staff were aware of. There were clear lines of accountability in the management structure. Staff knew who to report any incidents, concerns or complaints to within the management team. Staff were aware of the whistle-blowing procedure. They were confident they could pass on any concerns and that they would be dealt with internally but also knew who to contact if they wished to express their concerns to an external organisation.

The service used the information gathered from its internal audits and feedback from people to make improvements to its procedures and to improve the quality of care people received. People's feedback about staff arriving late led to an improvement in staff time-keeping. Records showed these shortfalls in performance were raised with staff during staff meetings and they were given guidance on good practice.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider is failing to provide safe care and treatment to service users. The provider did not assess the risks to the health and safety of service users of receiving the care or treatment and do all that is reasonably practicable to mitigate any such risks.</p> <p>This is a breach of regulation 12 - 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not provide care and treatment for service users in a safe way through the proper and safe management of medicines.</p>

**The enforcement action we took:**

We issued a warning notice to the provider requesting them to make improvements by 2 December 2015.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not establish and operate effective systems or processes to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The systems in place were not effective in capturing with accuracy the precise number of service users receiving personal care, and the quality assurance and recording systems in place failed to identify this.</p>

**The enforcement action we took:**

We issued a warning notice to the provider requesting them to make improvements by 2 December 2015.