

## Trinity Care Services Limited

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### Inspection report

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Date of inspection visit: 21 July 2014  
Date of publication: 04/02/2015

### 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 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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced 48 hours in advance. Trinity Care Services provides personal care to adults in their home. At the time of our inspection there were 39 people using the service receiving personal care. The service had a registered manager. A registered manager is

a person who is registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law, as does the provider.

People using the service told us they felt safe. They knew who to contact at the service if they had any concerns about their safety or wished to make a complaint. We were concerned the provider and registered manager did not have suitable arrangements in place to ensure that people were protected against the risk of abuse. Although care workers had received training in safeguarding adults, the provider and registered manager did not ensure care

# Summary of findings

workers understood their training and how to apply it in practice. The care workers we spoke with did not know how to recognise abuse or the action to take if they suspected a person using the service was at risk of harm.

People told us that no mistakes had been made with their medicines. However, we found the procedures in place to manage medicines were not consistently applied by all staff. Some of the entries in people's medicine records were illegible. We also found there were gaps in some people's medicine records. This meant that people were at risk of receiving care or treatment that was inappropriate or unsafe.

People's needs were assessed before they began to use the service and re-assessed regularly thereafter. Care workers were aware of people's needs because they had access to people's care plans in their homes and because they usually worked with the same people. This meant that people received consistent care from care workers who knew their needs and understood how they preferred their care to be delivered.

People were satisfied with the quality of care they received and told us the care they received met their needs. Care workers and office staff worked well with other services and healthcare professionals such as district nurses and physiotherapists to maintain people's health. People were supported to have good nutrition because staff knew what constituted a balanced diet and told us their meals were prepared in the way they preferred.

People felt their care workers had the skills and knowledge required to deliver their care. Care workers told us they were adequately supported by the service to care for people effectively. We saw confirmation that care workers received appropriate training, regular supervision and professional development. Care workers had been recruited using a thorough recruitment process

and appropriate checks were carried out before they were allowed to work with people using the service. This minimised the risk of people being cared for by care workers who were unsuitable for the role.

People were involved in their care planning. Care plans had information on how people wanted to be supported and detailed how their care should be delivered. People told us the service provided care and support that met their individual needs. People with particular health needs were cared for by care workers who had received training specifically to meet their particular health needs. We saw that where people had life threatening illnesses their care workers had received training in palliative care.

People told us their care workers were caring and that they were treated with kindness and respect. Care workers ensured people's dignity was respected at all times when they received personal care and asked for their permission before supporting them. People told us the care workers helped them to remain independent. The service responded quickly when notified there had been a change in a person's needs or preferences. People were supported by the service to express their views which were taken into account in developing the service.

People felt the service was well organised and managed. This was also the view of care workers who told us they were supported by the registered manager and office staff, to carry out their role effectively. However, we found that the systems in place to monitor the quality of care provided were ineffective. We were concerned that care workers did not adequately complete people's care records and they were not returned to the service's office regularly for review. This had not been identified by the service's internal audit system. Similarly, gaps in people's medical records had not been highlighted by the service's internal audit.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the 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?

Aspects of the service were not safe.

People using the service were at risk because care workers did not know how to recognise and respond to abuse. People's medicine records were not always completed. This meant there was a risk of people receiving care or treatment that was inappropriate or unsafe.

However, people were protected from the risk and spread of infection because staff had been trained in infection control and applied their training in practice. People using the service had a risk assessment which gave staff information on how to deliver their care safely. Staff understood the main principles of the Mental Capacity Act 2005.

**Requires Improvement**



### Is the service effective?

The service was effective.

Care workers supported people to live their lives in the way they chose to. The care and support people received met their needs. People were cared for by experienced care workers who had the knowledge and skills to carry out their roles effectively.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People were supported to maintain good health and have access to healthcare services.

**Good**



### Is the service caring?

The service was caring.

People told us their care workers were kind and caring. Care workers knew the people they were caring for and how they preferred their care to be delivered. People felt able to express their views and that their views were acted on. People were treated with dignity and respect.

**Good**



### Is the service responsive?

The service was responsive.

People told us the service was responsive to their needs and care was delivered in the way they wanted it to be. The service responded quickly when notified there had been a change in a person's needs or preferences.

The service helped them to remain independent. People were supported by the service to express their views and knew how to make a complaint.

**Good**



### Is the service well-led?

Aspects of the service were not well-led.

**Inadequate**



# Summary of findings

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.

However, people using the service and staff told us the service was well organised and well-led. Care workers felt supported by the manager and understood their roles and responsibilities.

# Trinity Care Services Limited

## Detailed findings

### Background to this inspection

The inspection was carried out by a single inspector who visited Trinity Care Service's office on 21 July 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information included in the PIR along with information we held about the service. This included the report from the previous CQC inspection which took place in June 2013, when Trinity Care Service was found to be meeting all the standards we inspected. We also obtained information about the service from a local authority who commission services from Trinity Care Service.

During the inspection process we spoke with seven people using the service and four of their relatives about what it was like to receive care and support from Trinity Care Service. We reviewed six people's care files and nine

people's care records. We spoke with six care workers to find out what it was like to work for Trinity Care Service. We also looked at their recruitment, supervision and training records.

We spoke with the registered manager about the systems in place for monitoring the quality of care people received. We reviewed the comments people made in a feedback survey and looked at a variety of the service's policies such as those relating to safeguarding adults, complaints and quality assurance.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

People using the service told us they felt safe. Information on their safety and how to make a complaint was given to people when they first began to use the service. People knew the type of behaviour that was unacceptable and who to contact at the service and local authority if they had any concerns about their safety.

However, we were concerned that staff did not have the knowledge to adequately protect people using the service from abuse. The service had safeguarding and whistleblowing policies in place which were designed to make staff aware of their obligation and how to protect people using the service from abuse. The care workers we spoke with were unfamiliar with the content of these policies.

Although the six care workers we spoke with told us they had received training in safeguarding vulnerable adults and records confirmed this, their knowledge about abuse and how to recognise it was not good. None of the care workers we spoke with were able to tell us all the different types of abuse or how to recognise it. Two of the six care workers could not tell us with any confidence the procedure they were required to follow if they had any concerns about the safety of people using the service. This meant there was a risk people using the service were not adequately protected from abuse.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us that no mistakes had been made with their medicines. Although staff were only responsible for giving a minority of people their medicines, we were concerned the procedures in place to manage medicines safely were not consistently followed by all staff. Some of the entries in people's medicine records were illegible. We also found that people's medicine records were not fully completed in two of the six medicine records we reviewed. The time people were given their medicine was not recorded in two of the records we reviewed, there were gaps in one of the records, so it was unclear if medicine had been administered or not. Care workers did not always sign the medicine records. There was therefore no way of knowing

whether people had received their medicines or if they had received them at the right time, in the correct dosage. This meant that there was a risk of people receiving care or treatment that was inappropriate or unsafe.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were cared for by care workers who had been recruited using a thorough recruitment process. Staff told us and we saw confirmation in the staff files we reviewed that job applicants were required to complete an application form detailing their work experience, qualifications and previous training. They were also required to attend an interview where their competency to work as a care worker was assessed.

We saw evidence that appropriate checks were carried out before care workers were allowed to work with people using the service. This minimised the risk of people being cared for by care workers who were unsuitable for the role. These checks included obtaining professional references, proof of identity and their right to work in the United Kingdom, evidence of fitness to carry out the work for which they were employed and criminal record checks.

We saw evidence that staff had been trained in infection control. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. People using the service told us their care workers wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene.

People's care was planned to ensure their welfare and safety. People had personalised risk assessments which considered all aspects of their individual circumstances. The risk assessments identified risks, stated in detail how they should be managed and the action staff should take if the risk occurred. Care workers told us they were familiar with people's risk assessments and had access to a copy in people's homes. We saw evidence that people's risk assessments were regularly reviewed and that where appropriate care plans were updated accordingly.

The registered manager and some care workers had received training in the Mental Capacity Act 2005. Care workers we spoke with understood the principles behind the legislation and were aware of processes to follow if someone lacked capacity to make decisions.

# Is the service effective?

## Our findings

People's needs were assessed before they began to use the service and re-assessed regularly thereafter. The care people received helped them to live their lives the way they chose to. People received consistent care from staff who knew their needs and delivered care in the way they preferred. Care workers told us they were aware of people's needs because they had access to care plans in their homes and because they usually worked with the same people. This was confirmed by people using the service who told us they had got to know the care workers and that they followed their care plan. One person told us, "They know what they have to do and get on with it."

People told us their care workers usually arrived on time and spent the amount of time allotted to deliver care. Where possible, people were informed if there was to be a change of carer because of annual leave or sickness. Where there was a change of carer, replacement carers were made aware of people's needs and how they preferred their care to be delivered by the care co-ordinators. This meant people received continuity in their care.

People using the service told us care workers had the skills and knowledge required to deliver their care. Care workers told us they were adequately supported by the service to care for people effectively. Staff files we reviewed demonstrated that care workers received an induction before they began to work alone with people using the service. They also received regular supervision and an annual performance review. Care workers had the opportunity to raise any concerns and receive guidance on good practice at staff meetings.

We saw certificates which confirmed that care workers had received training in the essential areas relevant to their work. The manager told us they carried out unannounced

visits to observe staff delivering care to people. This was to check they understood how to apply their training in practice. Care workers and some of the people we spoke with told us that such visits took place.

People who needed support with their meals were supported to have sufficient to eat and drink. People who had their meals prepared by staff told us their meals were prepared in the way they preferred, were tasty and the portion sizes were good. Care workers were able to tell us what represented a balanced diet and were knowledgeable about food hygiene.

We saw evidence on the care files we reviewed that staff worked effectively with other services and healthcare professionals such as GPs, district nurses and physiotherapists to maintain people's health. Care workers were aware of when people were admitted to hospital and when they were due to be discharged. Staff liaised well with hospital staff which meant they were aware of people's current need on discharge from hospital and that there was continuity of care.

Where appropriate, there was regular contact between the care workers, other healthcare professionals and people's relatives regarding any deterioration in their health or the appearance of warning indicators of ill health. A relative said of the service, "They are very good at keeping us informed of changes in [person] health and liaising with the GP and hospital. That's important to us because we are so far away."

We saw confirmation that people with particular health needs were cared for by care workers who had received training specifically to meet their particular health needs. Where a person using the service was at risk of pressure sores, their allocated care worker had received tissue viability training. We saw that where people had life threatening illnesses their care workers had received training in palliative care.

# Is the service caring?

## Our findings

People told us their care workers were caring and that they were treated with kindness and respect. People's comments about staff included, "Whatever I want them to do, they do. They are very, very caring indeed," "my carers are always kind and respectful," "they do a difficult job and are very nice" and "the carers are so good. They are very caring people".

People told us they understood the care and treatment choices available to them and were involved in their care planning. People's care files contained details of their preferences and dislikes relating to their daily routine and of their needs relating to their health, personal care, diet and social activities. The care plans had information on how people wanted to be supported and detailed how their care should be delivered. This meant that people's needs, wishes and preferences were at the centre of their care planning and delivery.

People told us the service provided care and support that met their individual needs and we saw evidence of this in the care plans and records of care we reviewed. Records we reviewed showed that people received their personal care in the particular way and order they required it. The care

plans we looked at had detailed information on how people preferred their personal care to be delivered and step by step guidance on how people with mobility difficulties preferred to be assisted. We saw that where a person using the service did not speak English, they were allocated a care worker who could speak their language. Care plans stated the specialised equipment people required, to receive the care they needed. People told us they had the equipment they needed to assist staff to deliver their care.

Care workers were able to tell us how they made sure people's privacy and dignity were respected. People using the service confirmed staff ensured their dignity was respected at all times when they were receiving personal care. People told us staff asked for their permission before supporting them, always explained what they were doing and addressed them by their preferred name.

Records we reviewed demonstrated that the need to treat people with dignity and respect was a core value of the service. Care workers were made aware of this at induction and reminded during supervision and staff meetings. The registered manager told us they checked whether people were treated with dignity and respect during unannounced visits where staff were observed delivering care.



# Is the service responsive?

## Our findings

People were satisfied with the quality of care they received and told us the care they received met their needs. Comments we received included, “these (carers workers) are very, very good” “they look after me well,” “they are excellent” and “the carer is good.” We also reviewed nine people’s responses to a feedback questionnaire. Eight of the nine responses said the care they received was good or excellent.

People told us the service was responsive to their needs and care was delivered in the way they wanted it to be. People knew who to contact at the service if there was a change in their need or preferences and told us the service responded quickly when notified. We saw that care plans were updated to reflect people’s current needs and there was a system in place to ensure care workers were made aware of changes to people’s care plans, such as when a person’s prescribed medicine had changed.

People told us the service helped them to remain independent. Some of the care plans we looked at stated how care should be delivered to maximise the independence of the person using the service. We saw statements in people’s care plans such as, “it is important that [person] is assisted to be as independent as possible,” followed by detailed instructions on the action staff needed to take to enable the person to be independent. One person told us, “I wouldn’t still be living in my own home if it wasn’t for my carers.”

People were supported by the service to express their views. We saw that since April 2014 half the people using the service had been selected at random and contacted by

telephone to obtain their feedback on whether they were happy with the service or had any concerns. There was also a system of spot checks in place which involved the registered manager attending people’s homes to observe staff delivering care. People confirmed the registered manager had attended their home but were not always sure of the reason for the visit.

People using the service were also asked to complete a feedback questionnaire quarterly. The questionnaire gave people the opportunity to comment on whether they were treated with dignity and respect, whether staff arrived on time and the quality of care they received. We saw evidence that management reviewed the feedback and used it as a basis to develop good practice and new systems to improve the service. This meant that the views of people were taken in to account in developing the service.

The service had a policy and procedure for dealing with complaints. When people began to use the service they were given information on how to make a complaint. People told us they knew how to do so. People who had raised issues of concern with the manager told us their concerns were dealt with appropriately and in a timely manner. Care workers were made aware of the policy and procedure for dealing with complaints as part of their induction. Those we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records for the past 12 months. The majority of complaints were about care workers arriving late. We saw that management reviewed people’s complaints and had implemented a new electronic system to monitor the time care workers arrived at people’s homes and that this had reduced the number of late calls.

# Is the service well-led?

## Our findings

The registered manager told us they were responsible for a variety of tasks in the day-to-day running of the service such as, conducting assessments, carrying out unannounced visits and supervising staff. They were also responsible for carrying out audits to monitor the quality of care people received and for checking the effectiveness of the systems in place. We found that the registered manager's workload meant that some of the tasks such as, staff competency checks and audits of records were not prioritised.

People were not adequately protected against the risks of inappropriate or unsafe care and treatment. This was because the systems in place to monitor the quality of care people received were not consistently followed by care workers and this was not identified by the service's internal audits. The registered manager told us people's care records were returned to the office at least fortnightly by care workers. This was so the office staff could regularly check whether people's care was being delivered in accordance with their care plan.

None of the nine care records we looked at had been returned within the previous fortnight. The most recent care records which could be found for three people, was for care delivered six or seven months before. This meant that there was not an effective system in place to assess and monitor the quality of care people received or to check that people's care was delivered in accordance with their care plan.

The registered manager told us they conducted these visits regularly. However, they were only able to provide confirmation that six such visits had taken place in the past seven months. The manager told us this was because she had not had the time to write up her notes.

We were also concerned about the poor standard of record keeping and the impact this might have on the safety of people using the service. Care workers were not always completing people's care records properly. We saw entries in these records such as, "care as before" "all care given" and "delivered personal care". These entries did not give any detail on the care people received or how the care was delivered. This meant the office staff and the registered manager were not always able to monitor the care people received day-to-day or that care was being delivered in accordance with their care plan.

We raised these issues with the registered manager who was unaware of the standard of record keeping or that people's care records were not being returned to the office by care workers fortnightly, and reviewed as required. This meant that people were not protected against the risks of inappropriate or unsafe care because the service's systems to assess and monitor the quality of care were ineffective.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

However, people using the service told us it was well organised and managed. This was also the view of care workers who told us they were supported by the registered manager and office staff to carry out their role effectively. A care worker commented, "If I have any problem at all, I just ring or go in to the office and they will sort it out." Care workers told us they were able to discuss any issues affecting their ability to carry out their role at one-to-one supervision meetings. There was a clear management structure in place and every staff member we spoke with understood their roles and responsibilities within that structure.

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 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p><b>Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Safeguarding people who use the service from abuse.</b></p> <p>The registered person did not make suitable arrangements to ensure people who use the service were protected from abuse by taking reasonable steps to identify the possibility of abuse and prevent it before it occurs. Regulation 11- 1(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p><b>Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Management of medicines.</b></p> <p>The registered person did not protect people against the risks associated with the management of medicines because they did not have appropriate arrangements for recording medicines given to people.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p><b>Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</b></p>

This section is primarily information for the provider

## Action we have told the provider to take

The registered person did not protect people against the risk of inappropriate or unsafe care and treatment by operating effective systems designed to regularly assess and monitor the quality of care people received.

Regulation 10- (1)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.