Trinity Care at Home Ltd

Trinity Homecare (Worcester Park)

Inspection report

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13 November 2018

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 5, 8 and 13 November 2018. At our last inspection in April 2016 we rated the service 'Good' overall. At this inspection we found that Trinity Homecare had improved to 'Outstanding' overall.

Trinity Homecare is a domiciliary care agency. It provides personal care to people in their own homes. There were 200 people using the service at the time of this inspection with 24 people receiving live-in care.

The manager of the service had started the process to be a registered manager at the time of our inspection and was confirmed in the post shortly afterwards. A registered manager is a person who has registered with the Care Quality Commission 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.

The provider demonstrated exceptional responsiveness to the needs of people and their relatives by developing mobile phone accessible applications alongside electronic care records. These innovative programmes enabled people and relatives to see what care and support was planned, when it was delivered and by whom. This was reassuring for people and relatives, particularly relatives who lived considerable distances from their loved ones. The provider developed unique software to maximise people's data security and confidentiality. People and the relatives were actively involved in the development of care records which were highly personalised and unique.

The provider was exceptionally flexible in meeting people's rapidly changing needs to ensure they remained in their homes rather than in health or social care settings. The provider extended this capability to support people receiving care from other providers to remain in their homes too.

There was outstanding leadership at the service. The provider was exceptional in its commitment to the training and development of staff. People benefited from the provider's outstanding approach to partnership working with other organisations and its pioneering approach to technology. Trinity Homecare engaged with the public extensively and used feedback and ideas from people and staff to plan, implement and achieve continual improvements in care delivery.

People receiving care and support felt it was delivered safely by staff they felt safe with. People's risk of experiencing avoidable harm were reduced by the provider's risk assessments and risk management plans. Robust procedures were in place to ensure care visits were not missed. Staff and managers were clear about their responsibility to safeguard people from abuse. People received care in their own homes from staff whose suitability was established through thorough recruitment processes. People received their medicines safely and staff followed appropriate hygiene practices.

People's needs were assessed and met by trained and supervised staff. People were supported to remain

healthy and access healthcare services when required. People chose what they ate and staff supported people to eat and drink in line with their assessments. The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected.

People received care and support from regular staff they knew well and with whom they shared trusting and positive relationships. People were encouraged to make decisions about their care and to be as independent as possible. Staff maintained people's dignity when providing personal care and were respectful to people and their homes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider assessed risks to people and ensured plans were in place to mitigate them.

People were protected against the risk of neglect arising from missed care visits.

Staff were trained and understood their roles to protect people from abuse and improper treatment.

The provider used robust procedures to ensure staff were safe and suitable to work with people.

Staff supported people to receive their medicines in line with their prescriber's instructions.

Is the service effective?

Good

The service was effective. The provider undertook comprehensive assessments of people's needs.

Staff were supported, receiving training, supervision and appraisal.

People received the support they required to eat and drink.

Staff enabled people to engage with healthcare professionals whenever they needed to.

People's care was delivered in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People told us the staff were caring.

People and staff knew each other well and shared positive relationships.

Staff promoted people's independence.

People were treated with dignity and respect.

Is the service responsive?

Outstanding ☆

The service had improved to outstanding. The provider was innovative its development of applications in support of electronic care records which people and relatives found reassuring.

The provider demonstrated excellence in its creative response to people's need for information security within mobile accessible information technology.

The provider went the extra mile to ensure people could continue to receive care at home when their needs changed.

People's care records were highly person centred as a result of their active input and regular review.

Is the service well-led?

Outstanding ☆

The service had improved to outstanding. Staff received exceptional support to develop their skills and knowledge to deliver high quality care.

The provider demonstrated a deep and enduring commitment to working in partnership other organisations to improve care outcomes for people.

The provider's creation of new technology was transformative for people and their relatives.

The provider was excellent at gathering ideas from staff and acting on them to improve the care people received.

Trinity Homecare (Worcester Park)

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 took place on 5, 8 and 13 November 2018. It was undertaken by one inspector and two experts by experience who telephoned people to gather their views and experiences of using the service'. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that managers and staff were available to meet with us. We also needed to ensure that people were informed that we might be phoning them.

Prior to the inspection we reviewed the information we held about Trinity Homecare including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to share with us some key information about the service, what the service does well and improvements they plan to make. We used this information when planning for this inspection.

During the inspection we spoke with 27 people and nine relatives. We also spoke with four care staff, a compliance officer, live-in support manager, care coordinator, care manager, the registering manager, director of operations and managing director. We reviewed 17 people's care records which included needs and risk assessments, care plans, health information and support plans. We checked 14 staff files which included pre-employment checks, training records and supervision notes. We read minutes from team meetings, staff forums and feedback. We inspected the provider's quality assurance audits and information related to complaints, incidents and safeguarding. We also looked at compliments from people and their relatives, including those made on line.

Following the inspection, we contacted four health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People felt safe receiving care and support from Trinity Homecare staff. One person told us, "I feel safe with the carers I have. I think they are very trustworthy. If they shop for me they always bring me the receipt and count the change back to me." Another said, "I feel very safe with them. I'd trust them with my life." A third person told us, "I definitely feel safe." The relatives of people shared similar views with us. One relative said, "[My family member] is definitely safe with them. They never leave without checking she is safe and secure. I know that I can trust them, they have never let me down."

The provider took steps to protect people from abuse and improper treatment. The service had a clear safeguarding policy with which staff were familiar. Staff were trained to safeguard people from abuse and told us about types and signs of abuse and the actions they would take to keep people safe. Each member of staff we spoke with confirmed they would inform their manager if they had any concerns about people's safety, treatment or well-being. Where concerns had been brought to the attention of senior managers these were forwarded to the local authority and to CQC and the provider cooperated fully with subsequent enquiries.

People were protected against the risk of avoidable harm. People were supported with risk assessments prior to receiving a service and regularly after care delivery commenced. Where risks were identified staff took action. For example, staff made referrals to healthcare professionals where people were assessed to be at risk of falling. Care records reflected the measures put in place to reduce people's risk of falls, such as the use of a walking frame or where people wore a falls pendent alarm. One person told us, "As I have had a few falls, they always make certain there's nothing for me to fall over and then walk behind me to support me." Where people presented with a risk of pressure ulcers, the care they required to protect the integrity of their skin was stated in care records. This included people's use of pressure relieving cushions and the application of prescribed creams to at risk skin areas.

People were supported to eat and drink safely. Where people were at risk of developing chest infections as a result of unsafely swallowing food the provider worked with healthcare professionals and implemented their recommendations. Where people required their drinks to be thickened to prevent them from being accidently inhaled, this was detailed in care records too. For example, one person's care records directed staff to add to a person's drink, "Two scoops of thickening agent per 200mls of fluid." Care records also noted the safest positioning for people when eating and drinking. For example, one person's care records stated, "Sit upright, remain upright for 30 minutes after eating or drinking." This meant staff had guidance in care records to reduce the risk of people aspirating or choking.

Staff had details in care records which informed them how they should gain access to people's homes. For example, staff were let in to some people's homes by people themselves or their relatives. In other instances, staff used key safes to enter people's homes. Staff had policy guidance on the actions to take if they were expecting a person to open the door to them but did not respond to the doorbell being rung. The 'no response' protocol staff were required to follow included informing office based staff who contacted relatives and neighbours and the emergency services if required.

The provider deployed staff in sufficient numbers to ensure people received their care and support as planned. One person told us, "Staff are always on time." Another person told us, "There's a half hour tolerance built in. When they leave they tell me who is coming next and when." Staff had access to managers out of hours, including at weekends. The provider's 'on-call' system enabled staff to contact one of four managers on duty to obtain advice and direction to meet people's needs safely.

People were supported by staff who had been recruited through robust procedures. The selection process for staff included pre- application telephone screening, submitting an application, attending an interview and taking up two references. The provider confirmed the identities, addresses and right to work status of candidates and ensured checks were undertaken by the disclosure and barring service [DBS]. The DBS checks criminal records and lists of individuals barred from working with vulnerable adults. This information enables providers to make safer recruitment decisions. Where risk assessments were required for the provider to assure themselves about the suitability of staff to deliver care and support these were undertaken in line with the provider's policy.

People received their medicines safely according to the prescriber's instructions. One person told us, "They give me my medicine, watch me take it and then record it in the book." Another person told us, "Before they leave, they make sure I've got my medication. I take it myself, but they remind me." Care records noted where people's medicines were stored in their homes and who was responsible for the disposal of medicines. Where people were prescribed 'when required' medicines staff had guidance in care records on the number of permissible doses in a 24 hour period. Office based care managers checked that people's medicines administration records were completed correctly, each month.

People were protected from the risk and spread of infection. One person told us, "They are so particular in their hygiene when they help me shower." The provider ensured staff had access to gloves and aprons which were disposed of after a single use. One member of staff told us, "We are all trained to wash our hands before and after using gloves. Just like we wash work surfaces before and after we prepare food."

Care records noted important information about the environment of people's homes. For example, care records informed staff about the location of fuse boxes, gas shut off points and water stopcocks as well as whether people had smoke and carbon monoxide alarms. This meant staff had practical information to keep people safe.

The provider learned from mistakes and used that learning to improve the care and support people received. The registering manager held regular best practice meetings at which learning from incidents, events and experiences were discussed. Where required the provider made changes to prevent the recurrence of identified shortfalls. For example, following a medicine's error the provider introduced a second signatory system for use when people's medicines were changed by their prescriber. This meant people's safety was enhanced because the provider systematically reflected on their practice.

Good

Is the service effective?

Our findings

People were supported to have detailed assessments of their care needs. One person told us, "The assessment of my help was very thorough, and I think it is just right. It allows me to do whatever I am able to do for myself which helps me stay independent." Assessments included people's physical and mental health, risks, communication, mobility, continence and personal care needs. People and their relatives participated in their assessments. One person told us, "They came and did an assessment before the service started. We were asked what we needed. My son was with me and between us we talked it through with them. It's all worked very well indeed."

The staff delivering care and support to people had the skills and knowledge to effectively do so. People told us that staff were well trained. One person told us, "Staff are very well trained" A second person said, "They all seem to be skilled. They're all so nice as well." A relative told us that staff were, "Very professional." Staff received on-going training in areas including, mental capacity, safeguarding, infection control, safe lifting and medicines. Staff completed competency tests alongside their training to reinforce learning. Staff also received training specific to people's needs. For example, staff attended two-day dementia awareness training. The provider had training rooms at their head office. These contained equipment to support staff training such as hoist equipment, key safes and items for first aid. The provider maintained a training matrix to ensure staff were up to date with their training. Staff told us they received the training they required and were supported to undertake additional training when this was needed. One member of staff told us, "You can just ask if you can you get slotted in on a training session and they say yeah sure fine." Additionally, the provider supported staff to enrol and complete college courses leading to qualification.

New staff were supported to complete a thorough induction which included training in key subject areas and the completion of the Care Certificate. The care certificate is a nationally recognised qualification which provides new staff with skills and knowledge around areas including equality and diversity, safeguarding adults, privacy and dignity, infection control, fluids and nutrition. New staff shadowed experienced colleagues before delivering care independently to people. One member of staff told us, "I shadowed staff when I started. This was good because I saw how to support people but a bit nerve wrecking too because I didn't know if I was going to be as good as them." Another member of staff told us, "I got supervised by an existing carer before going solo. It really boosted my confidence. When I started work on my own my line manager was always there to call and give advice."

People received their care and support from staff who were supervised and evaluated. Staff told us they benefited from one to one supervision meetings. One member of staff told us, "You never have a supervision meeting when you don't get at least one good piece of advice." Another member of staff told us, "Supervisions are about getting support and encouragement and a nudge in the right direction." Supervision meetings included feedback from people which the manager had gathered beforehand. Records were retained of supervision meetings for later review.

Staff were supported to receive annual appraisal. Since our last inspection the provider had introduced a competency based framework to replace the previous appraisal arrangement. Appraisal meetings were

used to evaluate staff performance in a number of areas including reliability, timekeeping, knowledge, team working and report writing. Staff had the opportunity to self-evaluate during their appraisal. This included giving themselves a rating score for issues such as completing tasks on time, being easy to work with and reporting changes to people's needs. This meant staff were encouraged to reflect on their practice.

People received the support they required to eat and drink sufficiently and staff recorded people's intake. One person told us, "The carer always writes down what I've had and makes sure I'm settled with a cup of tea before she goes." People's nutritional needs were assessed and care records guided staff as to people's preferences. For example, one person's care record stated they liked, "Porridge or scrambled eggs for breakfast." Another person's care records noted that for breakfast they liked, "One slice of toast with lemon curd." The care records for a third person (who received live-in care) said, "I enjoy a light meal for lunch except on a Sunday when I like the carer to prepare a Sunday roast with all the trimmings." Where people required specialist devices to receive nutrition this was reflected in care records and staff received the appropriate training.

Staff supported people to access healthcare services whenever they required. Staff and their line managers made referrals to healthcare professionals including GPs, district nurses, occupational therapists and physiotherapists. One member of staff told us, "It's important to keep a lookout for changes and to report them straight away. For example, if someone is a bit unsteady on their feet we obviously make sure their home is clutter free but also the seniors make referrals because it could easily be a urinary tract infection." Staff ensured that people's care records reflected the involvement of healthcare professionals and the outcome of appointments.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a separate process for services such as Trinity Homecare which support people in their own homes.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that people gave informed consent to the care they received. One person told us, "Nothing is done without checking with me first." Another person said, "They always ask me what I want done and how I want it done." Care records noted people giving consent to receive medicine. For example, one person's care records stated, "Consent given to assist with personal care and apply creams." In another example we read, "Consent given to remove old pain patch and apply new pain patch." Where people lacked capacity and were supported by relatives and advocates the details of their arrangements including individuals with Lasting Power of Attorney were documented.

Good

Is the service caring?

Our findings

People told us that the staff supporting them were caring and friendly. One person told us, "They have all been such nice, kind people. Very calm, chatty, friendly and I wouldn't hesitate in recommending them." Another person said staff were, "Always very kind and gentle." A third person told us, "They come in with a smile even on the most miserable day and somehow it feels as if the sun is shining when they leave." People's relatives made similar comments regarding staff. One relative told us, "The staff are all very helpful, cheerful and polite". A second relative said, "They are very nice people, courteous and polite, very caring."

People told us they were supported by regular staff with whom they shared positive relationships. Staff took a genuine interest in the people they supported and made time to talk. One person told us, "We get on very well. She has become a friend." Another person told us, "The staff are really lovely. They are always there with a smile and they take an interest in me. We chat about what I did when I was young and you never feel they want to brush you off." A third person said, "They are very nice people, lovely. They chat to me and talk about what they are doing. It makes me feel part of life." A fourth person told us, "Staff chat to me for a while. That matters you know, because life can be lonely. They're good listeners." A relative who spoke with us said, "I hear the staff and my [family member] laughing and joking in the bathroom whilst I'm in the kitchen. I feel that the carer always listens to my [family member] and understands how hard all this is."

Staff upheld people's dignity when meeting their personal care needs. One person told us, "They are so discreet when helping me with showering. From the word go they asked me what I felt comfortable with and we agreed how it would work. They allow me to do the things I can and offer assistance with the things I can't manage. I can't speak well enough of them, they really cheer me up with their chat and we have a laugh." Another person said, "They are very thoughtful. It could have been embarrassing having somebody to wash me, but they make me feel comfortable and always cover me with a towel. Very considerate."

People made decisions about the care and support they received. Care records noted how to support people around making decisions. For example, one person's care records stated, "I like to choose my items of clothing but will require some encouragement and prompting to change my clothes regularly." In another person's care records staff were cautioned, "It is important that you do not ask what I would like as I will say 'leave it.'" This meant staff had guidance to offer the person tangible choices about the support they would like to receive.

People received the support they required to maintain their independence. One person told us, "I have as much independence as I like." Care records stated areas in which people's ability to perform tasks may fluctuate. For example, one person's care record stated, "I can feel very tired at times and will need full support with all personal care tasks." Care records guided staff to support people's independence. For example, one person's care record stated, "I usually make my own way downstairs when I'm ready but will require supervision to ensure my safety on the stairs." In another example, care records stated, "I will require prompting to clean my teeth twice a day. Please assist with setting up my toothbrush with toothpaste. It may help to see live-in carer clean their own teeth as this may help to encourage me to carry out this activity."

Outstanding ☆

Is the service responsive?

Our findings

The provider was exceptional in their responsiveness and personalised care. People praised the provider for the way they received their support. One person told us, "I think the agency is excellent. It's extremely well run. I can't think of anything that I don't approve of. They fit in around me. For example, they provide the occasional sleep in carer when required. I would highly recommend them." A second person told us that the way the service responded to their rapidly changing needs was, "First class." A third person said, "It's pretty near perfect in my view."

The provider was innovative and responsive in its development of care records. Since our last inspection the provider had progressed from paper based care records to electronic care records. In consultation with people and relatives the provider developed and introduced mobile phone and tablet accessible electronic care records. Responding to the wishes and concerns of relatives, some of whom lived abroad, the provider developed an application (app) which enabled relatives to remotely access some parts of people's care records with people's consent. Within the information that relatives could access were the times at which staff arrived and departed people's homes along with details of support provided during care visits such as personal care, meal preparation, laundry and medicines administration. This meant that relatives who could not see people regularly could be reassured that their loved ones were receiving care and support as planned. The application contained a portal which enabled relatives to directly message office based managers co-ordinating care and support and to receive updates.

The provider referred to National Institute of Clinical Excellence (NICE) guidance on electronic care records as well as general data protection regulations when creating the unique software for its electronic care records. People were given pad devices to keep in their homes which held their electronic care records and rotas with photographs of staff. This meant people knew which staff were arriving and when. Staff had access to electronic care records via mobile phones on a need to know basis. One privacy and security component used in the provider's software was a location specific activation function. This prevented care staff from fully accessing people's care records until they were physically in the home of the specific person to whom the electronic care record related. Information entered into electronic care records by staff such as daily care notes and medicines administration record chart entries were uploaded to a server. This information was accessible to managers, but the information vanished from the hand-held devices carried by staff shortly after they left people's homes.

A large screen in the provider's office relayed real-time information from electronic care records and the mobile phone apps carried by staff to confirm people were receiving their care and support on time and as planned. Feedback from the screen showed if staff were not at people's homes on time. One person told us, "I can honestly say they are fantastic with their timekeeping. They have a log in, log out system where they have to scan the barcode on the front of the care plan book in the house to say they've arrived and again when they leave." The large screen display also indicated if key tasks within people's care plans had not been confirmed as completed. For example, if a member of staff attempted to end a care visit without administering a person's medicine this would be indicated, enabling managers to take prompt and decisive action to ensure people received time critical medicines.

People told us the service was outstanding and staff went the extra mile to ensure people's needs were met in line with their preferences. One person told us, "They've always been flexible about care visits if I've had a hospital appointment or am going out somewhere. I try and give them as much notice as possible but if it's an emergency they are still very understanding." Another person told us, "I was taken ill one day when the carer was here and in no time at all she had called an ambulance and when I came to, there were three paramedics and a doctor with me. She stayed with me throughout the whole thing and she was very reassuring. She coped very well with the situation and she told the office what was happening. She was absolutely brilliant." When another person experienced a fall resulting in them requiring increased levels of support the provider ensured that support was in place on the same day. Care records showed that the Trinity Homecare supported people to remain in their homes when the live-in staff from other organisations required breaks. The service demonstrated flexibility by providing temporary live-in staff for days or weeks. This meant people could continue to receive care at home whilst the staff of partner organisations could take leave.

People and their relatives were involved in the development of care records. One relative explained to us how their family were, "Involved in setting up the help and it's worked like a dream." Care records provided clear guidance to staff around meeting people's assessed needs. People told us that staff consistently met those needs. One person said, "They always do what is in the care plan and never leave without asking if there's anything else they can do for me." The electronic care records noted people's changing needs and when required were formatted to enable managers to review aspects of people's care and support. For example, software permitted managers to review people's medicines, mobility, nutrition, mood and behaviour over varying periods of time to identify subtle changes that had not been apparent to staff who saw people daily. This information was used to make referrals and reassess people's needs when required.

People told us they liked the "personal touches" in their care records. We reviewed people's care records and found numerous instances of personalised entries which were unique to individual people. For example, one person's care records said, "I would like carer to assist me to soak my feet daily." Another said, "Please ensure I wear my glasses, at times I put them under my pillow and may forget I've done so." Another read, "Please make sure I have everything I need for the night within arm's reach." Within the care records of a fourth person we read, "Please be on the left when speaking to me as I am completely deaf on the right-hand side." Care records sensitively noted that one person who was living with dementia may ask the same question repetitively. Whilst in the care records of a fifth person it said, "I would like my carer to eat with me for social interaction and companionship."

Care plans made clear who was responsible for which aspects of people's care and support. For example, where staff administered medicines and met people's hygiene needs this was stated in care records. Where relatives administered medicines or prepared meals for people this was stated in care records which also noted if people had regular cleaners. This meant everyone involved in people's support circle were aware of their own and everyone else's role and responsibilities

The service had a complaints policy in place which was available to people. People who had made complaints in the past told us they were satisfied by the way in which they were handled. One person said, "I did complain some time ago about and they dealt with it straight away." People and relatives who had not previously raised complaints told us they understood the provider's complaints procedure. One person said, "We've got the number to call if we need to complain, but we don't." A relative told us, "I know what their complaints procedure is, but I don't see me having to use it. The service is very good and if I had a problem I'd just ring the office and I'm pretty certain they'd move heaven and earth to sort it." We reviewed the provider's complaints procedure and found people's complaints had been investigated thoroughly and responded to in writing.

People identified to be approaching the end of their lives were supported compassionately. End of life care plans were developed with people and their relatives to ensure that wishes and care preferences were recorded. Staff liaised with healthcare professional's so that people were not in pain and followed end of life care plans to maintain people's dignity.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives were exceptionally complimentary about the senior management team and the provider. One person told us, "This firm has been absolutely wonderful. I am 100 per cent satisfied" Another person said, I can't praise them highly enough." A third person told us, "I've recommended Trinity Homecare to other people." Other comments from people included, "I think it's a brilliant company", "Excellent, nothing more to say" and "I can think of nothing lacking in the company that they need to improve on."

The provider embraced innovation and used it to drive improvements in the care people received and to greatly improve the involvement of relatives. Since our last inspection the provider had migrated care records from a paper format to electronic care records. The provider then went the extra mile by developing mobile phone and laptop accessible programmes for people and relatives which enabled them to access assessments and care plans, with people's consent, as well as real time information such as the times at which staff arrived to deliver care and when medicines were administered. This provided reassurance to relatives and clarity for people. The provider's innovative IT systems also contained a portal for staff which enabled them to review their own records such a training, payslips and annual leave, to review the provider's records such as policies and to exchange messages directly with managers.

Trinity Homecare consistently demonstrated excellence in its collaborative working. The provider engaged in partnership activities with other providers and agencies on a local and national basis. Locally the provider worked with a local college and the Alzheimer's Society to develop unique social care courses to be delivered in line with the care certificate. At the time of our inspection 35 staff had successfully completed this course. In another example of its local collaborative approach, the provider worked in partnership with a local hospice to pilot a programme for delivering high quality care to people in their own homes after they had been identified to be on the end of life pathway. This improved people's ability to die with dignity in the place of their choosing. At a national level the provider had been a founding member of the Surrey Care Association and had an elected representative sitting on the board of the United Kingdom Homecare Association (UKHCA) which promotes good practice in adult social care. Trinity Homecare's representative on the board was UKHCA's technology lead. Also at a national level, the provider was a member of the Live-in Care Hub with twenty other provider organisations whose activities included contributing to research on falls prevention.

The provider was exceptionally responsive to the views and recommendations of people and staff for improving the care people received. The provider gathered the views of staff at regular staff forum meetings. Records of staff forum meetings showed the provider acted decisively in response to the improvements suggested by staff. For example, when staff voiced the opinion that they needed more improved training around dementia, the provider responded by developing a two-day dementia awareness training course with the Alzheimer's Society. One member of staff told us, "We often get emails from the office asking for our views and suggestions for improvements. They are willing to listen and act on what staff say and that's important." The provider was diligent in its gathering and analysis of staff views. The provider contracted an external organisation to survey staff and gather their views. The survey format enabled the provider to compare staff satisfaction against previous years and to measure improvements that staff responses clearly

showed. Additionally, the external organisation enabled the provider to bench mark the satisfaction of its Trinity Homecare staff against other larger providers by comparing the responses of other providers staff to the same key questions.

The provider was outstanding in its commitment to the personal development of staff. The provider went to great lengths to support staff to develop in their social care careers. Care staff received support, guidance and training to progress to higher posts within the organisation. During our inspection we found managers, coordinators, sales and recruitment staff who had all been promoted internally. The provider encouraged continual development for promoted staff. For example, four managers had qualified as trainers. This enabled the provider to deliver training in line with Skills for Care such as induction and on-going mandatory training to staff. Additionally, because managers knew people's needs as a result of formerly delivering their care, it enabled them to deliver bespoke training to staff around the skills required to support people's specific needs. Among the managers trained to train staff were managers who had been supported to become assessors, accredited by national awarding bodies. This meant the provider had developed managers to the level where they were capable of internally verifying that staff had studied to the required standards for accredited courses such as the care certificate and diploma in health and social care. To support staff development the provider funded their attendance on courses leading to qualification that were up to two years in length.

The service had a clear management structure in place. At the time of our inspection the manager of the service was completing the process of registering with CQC. This process was completed as this report was being written. The registering manager was the head of care and led a team of care managers who in turn supervised care coordinators who along with senior carers planned the delivery of care and support to people. Staff and their line managers were divided into geographical areas based upon where people lived. One relative told us, "The company itself seems to have a good operational structure and there is a very good rapport between staff and office. The staff we've had have all been hardworking and a pleasure to have around." Care staff were complimentary about their office based colleagues and senior managers. One member of staff described named members of the senior leadership team as, "absolutely amazing." Another member of staff said, "I have a lovely manager she is as dedicated as me and takes their job seriously like me." A third member of staff told, "Managers have been supportive, so, so, supportive in relation to work and personal things. When I needed to change my hours for personal reasons they were really great." Staff told us that the experience of managers going the extra mile to support them mirrored and encouraged their own experience of going the extra mile to support people.

Staff were happy in their roles. One person told us, "Staff seem to be very good at what they do and happy in their work." One member of staff told us, "I get so much job satisfaction." Another member of staff said, "I'm delighted to be doing this work. I don't mean to just to have work, I mean to be working with the people I work with and for the company I work for. I love it. It's perfect for my personality." Staff told us the support they received from their managers to perform their roles was excellent. One member of staff told us, "The managers and office staff are there for you. They are good at supporting and encouraging." Senior managers and staff representatives sat on a 'Well-being board' which reflected on the physical, emotional and mental health of staff. Recommendations from the well-being board that were implemented included the recruitment team phoning new staff three weeks after they had started to deliver care to see how they were settling in to their role and if any support was required. Where staff required support, this was made available. For example, one member of staff who presented with dyslexia was mentored by a manager who was also an assessor and given an extension on their deadlines to finish coursework. This support enabled them to successfully complete the care certificate.

The provider embraced success and promoted good practice. At each level of the organisation successes

were highlighted to role model good practice to staff. Where a compliment was received about a member of staff this was forwarded to the member of staff along with a thank you card from the manager or director. The provider held an annual awards ceremony for staff who were nominated by people and relatives. Over 380 individual nominations were received by the provider from people and their relatives praising staff for the 2018 awards. The details of winners were widely circulated through a number of the provider's communication platforms including its newsletter. The provider also celebrated its successes at external award events such as the Surrey Care Awards at which the provider and a number of individual staff won awards during the week of our inspection.

Trinity Homecare was outstanding in its communication and public engagement. People benefitted from the leading role the provider played in promoting awareness within the local community about people's needs and the services available to meet them. The provider used a number of methods to engage with people, relatives and the wider public. The service had a website which in addition to providing information about the service, provided in-depth helpful material. This included, information about the types, symptoms and diagnosis of dementia, as well as tips for living with dementia and supporting people with dementia. The provider also used social media such as Facebook, YouTube and Twitter to keep people up to date, explain the services available, publish a blog, provide advice such as the importance of remaining hydrated during the summer and advertising events such as social activities. The provider ran a community café held a number of dementia coffee mornings which were open to people, relatives, staff and the wider public. Guest speakers invited to address coffee mornings included the fire brigade and police who provided people with information about staying safe. The provider had a stall presence at a number of job fairs as well as in local community shopping precincts where leaflets were available to share with and inform the public.

The quality of care people received was subjected to close monitoring by the provider. The provider undertook a range of quality audits to identify where improvements could be made. For example, monthly best practice meetings were used to review the provider's information technology and the data that it generated. We read the minutes of clinical and governance meetings where senior managers reviewed issues including medicines, care reviews, safeguarding, training and supervision. These meetings were also used to discuss guidance and reports published by the National Institute for Clinical Excellence (NICE) and the CQC. Line managers regularly contacted people to obtain feedback about staff performance and undertook observations of staff as they delivered care. This enabled the provider to confirm that staff were supporting people in line with their training and published best practice.