

True Homecare Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

True Homecare Limited is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 50 people were receiving personal care.

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

Although we were satisfied people received their medicines as prescribed, some aspects of medicines administration and recording were not always safe. We have made a recommendation about this in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes. Staff were recruited safely and people were happy staff arrived on time and stayed for the correct length of time.

People told us staff were kind and caring. People said staff, including the registered manager, had met their expectations of a care service. People and relatives had high levels of trust in staff which had a positive impact on their wellbeing. Staff supported people to remain independent and promoted their dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's privacy was respected and their personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. People and relatives had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, were supported with their meals.

People's care plans were up to date about their individual needs and preferences. People received support that met their needs. People and their relatives knew how to complain, although none we spoke with had any complaints.

The service was managed by a registered manager and overseen by a provider representative. They had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus in the service of openness and continuous improvement.

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

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

True Homecare Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they, and the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a community based service and we needed to be sure the registered manager and provider representative would be in the office to support the inspection.

Inspection activity started on 11 February 2020. We visited the office location on 11 February 2020 and made calls to people and their relatives seeking feedback on 12 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from social care professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff, the registered manager and a representative of the provider. We reviewed a range of records which included five people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager and provider representative to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were not always managed completely safely. The recording of the administration of medicines was inconsistent. It did not always follow best practice and could lead to staff and healthcare professionals being uncertain about whether people had taken their medicines as prescribed.
- These issues were immediately brought to the attention of the registered manager who took action to improve record keeping and processes. After inspection, we were provided with details of revised policies and processes that should address the concerns.

Although we found no evidence that people had been harmed as a result of these issues, we recommend that the provider reviews practices in relation to medicines management to incorporate best practice and guidance.

- Staff had received training and had their competency checked around medicines administration.

Staffing and recruitment

- Safe recruitment procedures were followed. All required checks had been made before staff started work including those into identity and criminal records.
- Rotas supported there were enough staff employed. People and relatives told us staff arrived on time, stayed for the right amount of time and did not rush them.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that supported them. One person said, "I'm safe and feel very comfortable with the staff." A relative told us, "I'm happy that my relative is in safe hands."
- There were effective safeguarding processes in place and staff and the registered manager had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise any risks identified were set out for staff to refer to. They were regularly reviewed.
- In speaking with staff, we noted they were attentive to people's safety and wellbeing. One person said, "They [staff] always make sure everything is 'just so' before they leave. They even spot things I've missed."

Preventing and controlling infection

- The provider had safe and effective infection control procedures. Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as gloves were available to staff to reduce the risks of infections spreading. People and relatives told us, where appropriate, staff always wore PPE.

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents happening. A relative said, "There were some minor concerns but the manager got on to it straight away. We only had to mention it the once."
- The registered manager told us they felt they were continually learning lessons since starting with the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support. Where people lived, and the impact on staffing capacity, were considered before a decision was reached about whether the provider could meet a person's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and, where appropriate, their family members. These were planned and reviewed regularly to ensure people received support that met their changing needs. One person said, "They [senior staff] came round a few weeks ago and did a full review and wrote everything down."

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Staff are good at knowing how to care for me."
- Staff training in key areas was up-to-date. Staff members felt they had received enough training for their role. Records supported that staff members' training was comprehensive and up to date.
- New staff had completed an appropriate induction to the service. They also participated in the 'Care Certificate'. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care. At inspection we observed four new staff members undergoing part of their induction. They said the course was intensive but enjoyable and felt they were well supported.
- Staff received regular supervisions and would receive an annual appraisal. All staff had completed or were working towards additional qualifications in health and social care.

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

- People received support with eating and drinking, where they had needs in this area. Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it. One person, "They [staff] cook my lunch and always make sure it is how I like it. They also clean up after themselves."

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

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed.
- Records showed the service worked with a range of external professionals to maintain and promote people's health.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager and senior staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised. They understood the importance of gaining a person's consent before providing any care and support. One person told us, "Staff are great and always ask permission. Even though they have a key, they always knock."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and cared for. People and their relatives told us staff and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing. One relative said, "They [staff] are good and very kind, easy to get on with and my relative looks forward to their visits."
- Staff spoke with affection and understanding of working with people and their relatives and understood the importance of treating people as individuals with rights. They were also aware of the importance of treating people equally, taking account of the diversity of the people they cared for. These values were promoted by the service and were covered during staff members' induction.

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

- People were supported to make decisions about their care and support. Staff helped people to express their views so staff and the registered manager understood them around their preferences and choices.
- When people could not make day-to-day decisions, if required, the service could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. A person said, "I am encouraged to do things for myself but [staff member] is always on hand in case I need help."
- The registered manager and staff could describe to us in detail people's likes and dislikes. They knew people well.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred, up-to-date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs. Staff knew people's needs and preferences and were responsive to their changing needs.
- People were supported by staff to participate in activities which were meaningful to them. In one case, we were told about how staff supported someone with shopping, gardening and trips to activities in the community including social clubs.

Meeting people's communication needs

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

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff. A senior member of staff said, "We sometimes have communication challenges and always ensure people we care for are informed. This can be by talking, providing documents in accessible formats or, where appropriate, dealing with relatives."

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People were given a guide about the provider's complaints policy when they started using the service. People told us if they had any concerns they would speak to staff directly. One said, "I've no need to complain as I just chat about any concerns and they are sorted out."
- The service had received one complaint in the past 12 months. We noted it had been recorded, responded to and investigated consistent with the provider's policy.

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support but one recently bereaved relative had written to the manager thanking her and staff for the care and support they had provided to their loved one. They said that their input had been 'invaluable'.
- The registered manager said that when people had required end of life support, the service worked with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said

that basic end of life training was provided to all staff and specialised training was available for those who provided this type of care and support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider representative were clear about their roles and responsibilities and led the service well. They said that they had learned from the inspection experience and would be in a better place to deal with essential safety issues to ensure that best practice was always followed. This particularly centred around the medicines' issue seen in the 'safe' section of this report.
- The registered manager and provider representative understood their regulatory responsibilities to inform CQC about significant events at the service. Where appropriate, regulatory notifications were made.
- Although there were systems to monitor the quality and safety of the service, some provider led checks were not always recorded. When providing feedback at the conclusion of the inspection, the provider representative said that a formal schedule of recorded checks around essential areas of the registered manager's work would be developed including recruitment, staff disciplinary processes and staff and people's experiences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, inclusive and person centred approach to how the service was run. The registered manager and staff members were committed to providing high-quality care which reflected the preferences of people living in their own homes.
- We observed interaction between the registered manager and staff members and noted that it was positive, respectful of each other's position and centred around doing the best for the people they supported.
- The registered manager and staff said they understood the primary aim of the service was to deliver the best possible care. The provider representative said, "We all strive for excellent care and in doing this, I and the registered manager know we need to be inclusive and open about areas for improvement."

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

- The service acted appropriately around the duty of candour. The registered manager told us they were always honest with people if things went wrong and, where appropriate, would provide an apology.
- There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person. We noted that this used confidential social media type messages to inform staff on 'smart phones' the service had provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged with people who used the service and staff who provided care and support. Staff had opportunities to provide feedback via supervisions and at meetings. Staff members told us they were able to raise issues at any time and the registered manager and provider representative were receptive to suggestions about how to improve the service.
- People told us how they could approach staff and management at all levels to provide feedback, voice concerns and said there were never any obstacles with this. They were also invited to participate in bi-annual surveys where they could provide their view on the quality of the service anonymously. The results of the most recent survey were positive and were in the process of analysis at the time of the inspection.

Working in partnership with others

- The service worked well with others. It had developed good links with health and social care professionals. Care and support documents recorded engagement with professionals and how the service followed guidance and advice. We noted one health care professional praised the service and members of staff around a particular challenging situation where a person's condition had deteriorated, requiring the use of specialist equipment and moving and handling techniques.