

Ms Gail Hartley

# True Care

## 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

This announced inspection took place on 13 March 2018. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we wanted to make sure that the registered provider was available.

We last inspected this service on 31 October 2015 at a different location. We asked the provider to take action to make improvements in staff training and the recruitment of staff. The provider sent us an action plan and we saw these actions had been completed. We did not find any statutory breaches of the regulations at this most recent inspection of 13 March 2018. This was the first inspection at the office base in Milnthorpe.

True Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of our visit they were supporting around 20 people living in and around the rural areas near to the town Kendal.

Not everyone using True Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was managed by the registered provider (provider) who was the registered person for True Care. 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.

People told us staff were friendly, kind and caring and people valued the service they received. Privacy and dignity were respected and promoted by the care staff.

People felt safe when receiving care and support from staff. Staff knew how to recognise and report potential safeguarding issues and they received appropriate training in this area. Staff were safely recruited having all the appropriate checks to ensure they were suitable to work with vulnerable people.

Risk assessments were in place to protect people from risks that enabled them to safely carry on their day to day lives.

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 support this practice.

We made recommendation that about making sure the service records people's capacity to make decisions and who, if anybody, had authority to do this on their behalf.

People were included in planning and agreeing to the care they received. They could ask for changes to their

planned care and the service agreed to these where possible.

We made a recommendation about going into more detail when assessing the needs of new people to make sure the service can fully meet their needs.

Staffing levels were sufficient to ensure people received standards of care that enhanced their welfare, safety and day to day living.

The care staff were well trained and supported to be able to provide the care people needed, and specialist training was given to staff to meet people's individual support needs. Staff received comprehensive induction when they first started work at the service and received on-going supervision and an annual appraisal of their performance.

The service had developed good links with healthcare and social care professionals to support people with their health and well-being. Medicines were handled safely and people received support with their medicines as they needed. People received the support they needed to prepare meals and drinks.

People felt able and knew how to make complaints. Where issues had been highlighted by people we saw the provider had taken action to address these.

The provider had made significant investments in improving the service, both in the delivery of care and in obtaining a more professional office base. The way in which the service was checked by the provider to ensure the quality of the service had also improved. There were extra measures in place for auditing and for consulting with people about their care and how the service could be improved.

Further information is in the detailed findings below.

## 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 is safe.

There were enough staff to provide the support people required.

People received their medicines safely and as their doctors had prescribed.

The service took appropriate action to protect people from the risk of abuse.

Risks had been identified and managed to protect people from harm.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had suitable training and skills to provide the care they needed.

Support was provided with food and drink appropriate to people's needs and choices.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote people's health and well-being.

Staff ensured they obtained people's consent to care.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, kind and friendly. They were asked for their views and the choices they made were respected.

The staff knew people well. They gave people time to carry out tasks themselves and understood the importance of supporting people to maintain their independence.

People's privacy and dignity were maintained by the actions of the staff whilst offering personal care.

### **Is the service responsive?**

The service was effective.

Care plans were sufficiently detailed and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

The service worked with healthcare professionals to provide support for end of life care.

**Good** ●

### **Is the service well-led?**

The service was well-led.

People using the service, their relatives and staff were positive about the provider and the running of the agency.

There were clear values underpinning the service which were focussed on providing good quality person centred care.

People were asked for their views about the service and knew how to raise a concern if they needed.

The provider monitored the quality of the service to ensure appropriate standards were maintained.

**Good** ●

# True Care

## 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.

Inspection site visit activity started on 9 March 2018 and ended on 16 March 2018. We visited the office location on 15 March 2018 to see the registered provider and office staff; and to review care records and policies and procedures.

The inspection was carried out by two adult social care inspectors and an expert by experience who was experienced in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the care records for six people who used the service and recruitment records for seven staff. We also checked records of staff training, records around how complaints were managed and how the registered provider checked the quality of the service. At our visits to the office we spoke with the registered provider, office administrator and a care worker. The expert by experience spoke with five people who used the service and five people's relatives on the telephone. We visited two people in their own home's, with their permission, to see what records were held there and to ask their opinion of the service.

Before the inspection, we asked the provider to complete 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. Along with the PIR we sent out a postal questionnaire and five were returned from people receiving a service and three from their relatives.

We reviewed the information we held about the service, including notifications, and used a planning tool to collate all this information before we visited the service. We also contacted the Local Authority commissioning and social work teams and local health care professionals for their views of the service.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe when receiving the care from their care worker.. Staff treated them well and that they had never had any concerns about their safety. They told us, "I feel perfectly safe." A another person said, "Yes, I do feel safe - very much so" and added "They are very professional."

Family members we spoke with were also confident that their relative was being supported in a safe manner. One relative we spoke with told us, "I have always had full confidence in the care providers" and another relative told us, "I have never had any issues with them with regard to safety and we trust them with the care of my [relative]."

We found measures in place to keep people safe. Staff were knowledgeable in how to recognise abuse and how to report potential safeguarding issues. They told us that they would always report any concerns to the provider. Records we looked at confirmed staff had received training in the safeguarding of vulnerable adults. The service had informed the Local Authority promptly of all allegations, and reported these to us as required. This ensured appropriate action could be taken to protect the individual from harm.

The staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children. There was one matter that we asked the provider to explore further. and inform us of the outcome.

People told us there were enough staff to provide the support they required. They said they received care from a small team of care staff who they knew, liked and trusted. Everyone we spoke with said they had never had a missed visit and occasionally if staff were running late they would always ring ahead to tell them. One person told us, "They have been late due to bad weather but I was always informed ahead of time and they usually stay longer than they should". Another said, "They phone me up if they are going to be late, but they do keep their time well."

The agency had contingency plans for emergencies. These had, in recent years, been put into action during periods of snow and flooding so that support could be prioritised to people in highest need and risk. We saw lots of examples showing that the service had worked on "lessons learned" and had used past experiences to look at rostering, team building and specifics of care delivery.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks and were in place for both the person and the home environment. These were reviewed and updated every six months or in response to changes. Where people were supported with moving and handling equipment, we saw the records provided details for staff about how to use the equipment and slings.

We spoke with staff who told us they were being provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection. People we spoke with said that staff always used gloves and aprons when carrying out personal care.

People who needed assistance with medicines received the support they required. One person told us, "Staff prompt me to take my tablets and then wait until I've taken it. It's very helpful as I think I may forget otherwise." Staff had received training and were assessed on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were completed to confirm that staff had given medicines as prescribed. We checked these in people's homes and found them to be in good order. The provider had systems in place to regularly check MARs were fully and accurately completed.

## Is the service effective?

### Our findings

People told us the service was reliable and they had a set group of care staff. People told us that staff were trained and felt their specific needs were met. One person told us, "The staff know what they are doing, very happy." Relatives felt staff were well trained and were delivering the care that had been agreed.

In response to our questionnaire 100% of people receiving care reported that their care worker had the necessary skills and knowledge to do their job well. Everyone who returned a questionnaire and who we spoke with on the telephone said they would recommend the service to another person. One relative told us, "True Care provide an excellent service and I have no reservation in recommending their services to others."

All of the staff we spoke with told us they felt very well supported by the provider. New members of staff were always introduced to each person they were supporting. One staff member told us, "The training has been really helpful. I worked shadowing experienced staff before working on my own. I was given a full weeks training in the office and felt really well prepared before I started working on my own." Records confirmed staff had received formal supervision meetings on a periodic basis; with those staff whose records we examined having attended either three or four formal supervision meetings during the previous 12 months. Each member of staff was given a Code of Conduct handbook that set out what was expected from them by the provider, for example dress code and strict adherence to confidentiality.

The staff training records showed staff were kept up-to-date with safe working practices. Training included infection control management, food hygiene, first aid, and moving and handling techniques. More specialist training was also offered to support people with more complex needs. For example, the provider had arranged for community nurses providing people's care to offer training to staff and to regularly check their competency, such as with catheter care.

We spoke with the provider about future training plans and they advised us that they were currently looking for training to support people at the end of their life and more in-depth training in supporting people living with dementia. We judged that this would be beneficial particularly when supporting those people who had been quickly discharged from hospital, often referred to as 'fast tracked'.

We saw that staff always sought consent before carrying out any care. Care records also recorded people's consent to receiving care. One person told us, "They always ask before doing anything – even the young ones. [name of provider] has her staff trained well".

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.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests. We saw that some records lacked detail on the capacity people had and who could legally act on people's behalf, such as a Lasting Power of Attorney.

We recommend that the service looks at current good practice on how to assess people's capacity and the information needed to ensure people's rights are protected.

Records showed people were encouraged and supported to maintain or achieve good health. Where appropriate the service had contacted healthcare professionals for appointments and advice for people. The majority of relatives we spoke with felt that their relative's health needs were well monitored and they were kept informed about any changes. One relative told us, "They would always talk to us. They noticed that my relative had a rash on their arm and contacted us straight away." Another relative said, "If there is a problem they would contact me straight away. They keep in regular contact with us anyway."

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. One person told us, "They do make my meals – I tell them what I want and they cook it for me and it is always well cooked." A relative told us, "Staff are good at offering plenty of choice with meals and sometimes they can be quite inventive." We found where people had risks identified with nutritional requirements these had been identified and where necessary referred to the GP or dietician. This meant that where people had medical conditions that put them at risk we could see that their nutritional needs and another needs had been monitored and addressed.

## Is the service caring?

### Our findings

People told us that the care staff who visited were all very caring and would always ask what they would like help with. One person said, "Very caring staff, they cannot do enough for me." Everyone we spoke with told us that the care staff who visited their homes took appropriate action to maintain their privacy and dignity. One person said, "The staff respect me and my home."

One relative told us that when their relative was unwell the care staff did lots of additional 'pop-in visits' to check up on them. Another person receiving care said that often one of their care workers called in to see them on their way home.

People told us many positive things about the staff these included: "I can be very fretful, but they make me happy"; "They are very patient and always ready to listen"; "They are very patient, they chat and listen to what I have to say - they are genuine people"; "They are very considerate and helpful and they are very gentle." A relative also told us, "The staff have been very good – they bring their own character which my [relative] likes."

We saw that care plans referred frequently to maintaining people's dignity and promoting their independence. People told us, and we saw, that the staff gave people time to carry out tasks themselves. One person told us, "They helped me to get back on my feet. I'm walking much better now but they walk along side me to give me confidence." Another person said, "The staff encourage me to make my own decisions and are very patient."

The care staff told us they understood that it was important to support people to maintain their independence. Care records we looked at contained good evidence of promoting people's independence and information about the tasks that people were able to carry out themselves. There was detail of how staff should use equipment in order to keep people independent and there was advice written into support plans from occupational therapists.

The provider told us, "We here are a big believer's in supporting people to live their lives as they want. We don't rush care here. It's all about listening and finding out about people's past, the work they did, their families and what they want to do now."

People told us they had developed positive relationships with the care staff who supported them. One person told us, "They all seem very happy which comes across as a happy service." A staff member told us, "I feel like I can make a difference and really look forward to seeing people I care for. They become like family, but I know my professional boundaries as well." A relative told us, "Some care workers are very generous and spend extra time with my [relative]. My relative loves dogs and some will bring their pets with them - which she loves - but they always clear it with her first."

## Is the service responsive?

### Our findings

People who used the service told us that it was responsive to their needs and wishes. One person told us, "I was involved in the care plan. I went through it with my relative. It contains everything the care workers need to do and how I like it done. It was updated recently." People said their support was planned to meet their preferences and told us that if they requested changes to their plan these were agreed where possible.

Relatives also felt the service was responsive, one telling us, "My [relative's] care plan is very good; I was involved in all the planning." Another relative said, "I find this care company is very responsive and effective. They let me know about any changes straight away."

Prior to receiving care from the agency an assessment was undertaken to ensure that the agency could meet the person's needs. We saw that a review of care planning and assessments had been undertaken by the service. The provider told us, "The agency has undergone a complete overhaul, and this has included care planning. We've been working really hard to get them all up to date and make sure people are happy with them." When we looked at the files we found they were in good order and well organised so that staff could find them easy to follow.

People told us that they were included in agreeing to the care they received. We also saw how the agency was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff had also, at times attended multi-disciplinary reviews with other professionals to help co-ordinate the care of people with complex needs. One person said, "I was involved all along and they pop out every now and again to check everything's still working okay for me."

We saw that care plans included an assessment of the person's practical abilities and dependencies. For example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. Some people had been referred to the agency at short notice for care straight from hospital, sometimes referred to as Fast Track.

When we looked at these files we found that the assessments prior to the service was due to begin gave quite brief details. We also saw that the professional making the referral had not always sent the agency a referral form. We discussed this with the provider who agreed that this had made it more difficult to assess if the person needs could be met.

We recommend that the provider looks at recognised good practice in carrying out assessments so to ensure that the service can fully meet people's needs.

The service, working with other professionals, helped to ensure people had end of life care in their own homes and that people could experience a comfortable and dignified death. While we had positive feedback about care at the end of people's lives staff did not have specific training in this area. The provider told us that this was being planned.

We saw a number of thank- you cards from relatives of people who had received support. One relative wrote, "Thank you for all the support given to [name] during their battle with cancer. We will remember you all for your kindness and care." Another one wrote on our questionnaire form, "I think good care workers are unsung heroes in our society and this has become so much clearer as we have needed to use True Care services. We have been lucky to have the support from True Care at this difficult time for our family. Thanks to [provider name] and all her team."

The staff we spoke with understood that people could be isolated in their homes and that their visits could be important in reducing isolation. One care worker told us, "I try to talk about things that interest the person and we chat about different things. If I leave someone smiling at the end of a visit I feel I've done a good job. Sometimes I know I'm the only person they might see that day."

The provider had a procedure for receiving and responding to complaints. A copy of this was given to people who used the service, and this was available in easy read formats. The provider ensured that all of the information available to people could be provided in different formats and in easy to read versions.

Everyone we spoke with told us they knew how they could raise a concern about the service they received. People told us they would contact the office with any concerns and had the details about how to make a complaint. One person told us, "Any concerns I would talk to [name provider], she is very hands on and always sorts things out." Another person said, "If I had a problem I would go straight to [name provider]. For anything else I would speak to the care workers - we know them well enough". We saw how one complaint had been resolved and the provider had given a refund on a bill as a gesture of goodwill.

## Is the service well-led?

### Our findings

People told us that they valued the service provided and said the provider and staff team were committed to providing a good service. One person told us, "It's an invaluable service. I'm very happy with it." Another person told us, "I would definitely stay with True Care. They try to go that extra mile."

People were asked by the service for their views about the support they received and how the service was run. They told us they had received quality questionnaires to share their experiences with the registered provider. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested.

People told us, "We do give feedback every six months and it is anonymous. So you can feel free to say what you like. But we would anyway as we get on with them all." And another person told us, "[Provider's name] does come round and do spot inspections, not just for a visit." People told us of some of the changes that had been accommodated, such as a change in care worker, in times of visits and the tasks that were carried out.

We found evidence to show that the service was efficiently run with systems in place to show the provider and office administrator had good oversight into the day to day running of the service. One staff member told us about team meetings, "It's been great for developing team work. We share what's worked and what's not. We are developing all the time, it's that sort of agency, you can speak up." When people did have contact with the office or with the provider they felt that any issues were managed effectively and they felt listen to.

People using the service felt it was well managed and always got a response from the office and with 'out of hours' issues. They told us, "Yes it is well run. The odd time they may have been running a few minutes late – nothing serious but they are always here for the length of time they should be." Another said, "The office always let you know if there's a problem with traffic. I've never had a missed call."

Care staff told us that the provider set high standards and they felt well supported by them. One care worker told us, "I love my job, I feel well supported and there's always someone I can contact if I'm worried about a client." Another said, "[Provider's name] gives us fantastic support. Her enthusiasm rubs off on all of us. We work great together as a team and all help each other out."

People who used the service also felt that the provider set high standards. They told us, "[Provider's name] is a perfectionist and expects that from her staff", "The manager [provider] expects the staff to do their job well, and I think they do." A relative said, "I do think there's high standards." One person gave us an example of what was expected from the staff and they told us this was written in a handbook for both staff and people using the service, "[Provider's name] has a policy, which all carers have to agree to, that no carer can make financial gain from the people they care for – they cannot be left anything in a will or receive gifts."

There had been a number of significant improvements and investments in the agency since the service

moved location in 2015. This had included locating in the main street in Milnthorpe in a dedicated office space with a training room and staff kitchen. A new IT system for care planning and HR, a full-time office administrator and a trainer contracted to deliver staff induction and updates in moving and handling techniques.

We heard from adult social care and health commissioners, who had visited the service recently, that they thought that the service was being effectively managed and that office procedures were being followed and had been strengthened. The provider told us of initiatives to increase networks and partnership working, such as enrolling on the Safeguarding Champions programme led by the health authority.

Records we looked at were well organised and up to date. Computers were password protected and staff were aware of the need for confidentiality. The language used by staff in written records was informative and respectful.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken. The provider had signed up to the CQC provider Newsletters and kept up to date with changes in inspection and regulation.