

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Trinity Homecare

77 Walnut Tree Close, Guildford, GU1 4UH

Tel: 01483331332

Date of Inspection: 12 February 2014

Date of Publication: March 2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Trinity Care at Home Ltd
Overview of the service	This domiciliary care agency provides personal care and support to people in their own homes. The agency currently provides this care in the Guildford, Woking and Epsom areas of Surrey.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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Andrea Hardy had been appointed as the new registered manager and had started in post just prior to our inspection.

Every person who used the service had a full assessment of their needs to identify what assistance they required. People who use the service told us that they felt very cared for and that "nothing is too much trouble". They told us that care staff would not leave the person until was safe and had everything they needed until the next visit, including having a phone nearby to summon assistance.

Staff told us that they were confident in identifying additional and changing needs. They told us that they always informed the office to ensure that people are cared for properly. Relatives we spoke with confirmed this and added that the staff were very knowledgeable and took time to get to know the person really well.

Relatives told us that the felt confident that the staff would be calm in an emergency and people who use the service told us that they felt very safe. The also told us that they were happy with the way their medication was managed. They told us that staff explained what the tablets were and "they don't rush you when you're taking them. I can't swallow very well and they are very patient". Relatives told us that staff were very accurate and careful not to make mistakes. The majority of the staff had obtained the National Vocational Training levels two or three qualification. This was evidenced by certificates in staff files.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone

number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

People who use the service told us that they found the staff very polite and helpful. They told us that the staff did everything they could to help people to understand their choices and to involve them in everyday tasks. We saw that care plans were worded to show people's preferences and all the files we looked at have been signed by the person themselves. We noted that care plans were reviewed monthly and people had been included in all discussions. Once written people were given time to read and consider any changes they wanted to make to the care plans. The manager informed us that a few care plan reviews were overdue but that this was due to arranging a time when the person's relatives could attend as well. Care plans included arrangements for activities in the community including transportation and visit times being changed to ensure that the person's care was not rushed. Staff told us that getting to know the person and their likes and dislikes was vital to providing good quality care. This evidenced that the provider was acting to maintain people's dignity and independence. Also that people were enabled to make decisions and express their views about their care.

Care plan reviews involved a reassessment of potential risks to the person's health. These reviews occurred formally every four weeks however staff told us that they review on a daily basis. Relatives informed us that they were very impressed with the level of communication from both care staff and the office personnel. This evidenced that the provider was acting to ensure people's safety and welfare.

We were shown the service user's guide which clearly focused on the person's wishes being central to all care provision.

The guide clearly showed the options for people to make their complaints and comments known. This included the office contact numbers, the local social services, local ombudsman and the Care Quality Commission. We looked at the complaints file and saw that the most recent dated from December 2013. This had been investigated fully within recommended timescales. The owner told us that they have a weekly meeting to review any comments or complaints that had been received in the office to ensure that everything

was responded to in a timely fashion. This demonstrated that the manager had arrangements in place for people to express their views on treatment and that they were provided with appropriate information.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We looked at five care files and found that each one had an environmental risk assessment for the person's home environment. This included emergency contact numbers for relatives and utility suppliers, procedures for gaining entry and leaving the property and information relating to specific risks for that place such as water cut off point, location of gas and electric meters. Staff were able to tell us what was expected of them in emergencies in people's own homes and how they would document the incident including reporting to the managers. They told us that the office staff were very responsive to concerns. Relatives told us that they felt confident that the staff would be able to cope in an emergency and people who use the service told us that they felt very safe with the staff. This demonstrated that the provider had procedures in place to deal with emergencies that may have arisen.

We looked at the incident file and found that reports had been written in detail. We saw that the investigation was documented in people's notes and the manager informed us that they were redesigning the form to include an investigation page to ensure all actions were documented fully and the whole incident analysis was filed effectively in one place. We noted that medical assistance had been sought if required and that notifications had been made as required by law. This file was reviewed monthly and we saw evidence of this. This evidenced that the provider was responding appropriately to incidents and accidents as they occurred to maintain people's safety and welfare.

Every person who used the service had a full assessment of their needs to identify what assistance they required. The manager informed us that this was vital as people's needs often changed particularly if returning home from hospital. The initial care plans were written from the assessment and reviewed over the first two weeks. The care plans and risk assessments were reviewed every month. We saw records of this in the files and it was confirmed by the people we spoke with. Staff told us that they effectively reviewed care at every visit and were confident in identifying additional and changing needs. They told us that they always informed the office about this to ensure that people are cared for properly. Relatives we spoke with confirmed this and added that the staff were very knowledgeable and took time to get to know the person really well. This demonstrated that the provider had carried out an assessment of care and planned its delivery in such a way as to safeguard the person's welfare and safety.



People who use the service told us that they felt very cared for and that "nothing is too much trouble". They told us that care staff would not leave the person until was safe and had everything they needed until the next visit, including having a phone nearby to summon assistance.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the provider's medication policy which was last reviewed in October 2013. It contained clear guidelines for administering, storing and disposing of people's medication. We noted that there were specific protocols for "when required" medication and for handling controlled drugs. When we spoke with staff, it was clear that they understood the medication procedures. The manager informed us that staff had recently undergone medication training. They were unable to show us certificates for this as they had not arrived but we saw emailed confirmation from the training provider that the training had been given. We looked at staff files and saw that there had been competency checks undertaken on staff around medication. The manager told us that these were done every six months and staff confirmed this.

People who use the service told us that they were happy with the way their medication was managed and administered. They told us that staff explained what the tablets were and "they don't rush you when you're taking them. I can't swallow very well and they are very patient". Relatives told us that the staff were very careful to ensure that the medication was safe in the house and that new supplies had been arranged when needed. They told us that staff were very accurate and careful not to make mistakes.

We looked at the last month of medication charts and found they had been accurately completed. The manager spoke with us about the "when required" prescriptions and was devising a means by which it could be evidenced that it had been offered to people rather than just leaving a blank space on the sheet. We spoke with staff who told us that they do a daily check on the medication charts to ensure that there were no mistakes and were able to tell us what this could mean and what they were required to do about it. At the end of the month, all the medication charts were returned to the office where they were audited by the manager.

Relatives told us that the medication was stored in the home in a safe place and that the provider was able to provide a lockable storage box if there were any concerns about a person becoming confused and taking too much. We saw that every person had a medication risk assessment with this decision detailed in it along with a statement of who was responsible for obtaining, reordering and returning medications. This assessment was reviewed monthly along with the care plans and other risk assessments. This evidenced

that the provider had a system in place for the safe management and use of medicines.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## **Our judgement**

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## **Reasons for our judgement**

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Staff told us that they had undergone a full induction programme when they started work with the provider. This had included mandatory training, tests of knowledge, observation of their practice and shadowing more experienced staff. They had obtained Disclosure and Barring Scheme clearance (relating to criminal record) and they were aware that this would be required again after three years. People who use the service told us that they felt confident in the staff's ability to do their job and relatives told us that they felt safe leaving their loved ones in the care of the provider.

We looked at the training schedule and saw that staff were up to date with all mandatory training except safeguarding vulnerable adults. The manager showed us that this training had already been booked in for the week after our inspection. The majority of the staff had obtained the National Vocational Training levels two or three qualification. This was evidenced by certificates in staff files. We saw additional certificates for subjects including Mental Capacity Act, nutrition, communication skills, equality and diversity and managing continence. One staff member we spoke with was about to complete her level two training and spoke with passion about how this will increase her ability to care for people. This demonstrated that the provider was ensuring that staff received appropriate training.

Staff we spoke with felt sure that they would be able to access any additional training that would enhance the quality of care provided. Two staff members told us that they would like to do end of life training and the manager was arranging this for them. This demonstrated that the provider was facilitating staff to gain additional qualifications.

We saw supervision records in staff files which evidenced that this was occurring every two months. The manager told us that the schedule had been disrupted recently due to staff changes but they were reviewing the process and paperwork of supervision to cover more pastoral support leaving the capability checks for the appraisal process. Staff told us that they felt very supported by the managers. They spoke about the changes that occurred with the new management team but felt they had been kept well informed and that had made the process less distressing. Staff also told us that they could always make suggestions about the business. One person told us "my opinion counts". This evidenced that the provider was supervising staff appropriately.

Appraisals occurred every two months alternating with supervision. There were also competency checks every six months and observation of staff practice was carried out as "spot checks". We saw documentation of all of these in the staff files. Staff told us that they understood why these were happening and welcomed the opportunity to show the standard of their work. People who use the service and their relatives told us that they had seen these spot checks happening and that it gave them additional confidence that the provider was ensuring quality of care. This evidenced that the provider had appropriate systems in place for appraising staff performance.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

### Reasons for our judgement

Every person being cared for by the service had a full assessment of their individual needs undertaken before care began. This was reviewed on a monthly basis and included detailed risk assessments relating to medication, the person's health and their environment. People who use the service and their relatives confirmed that this had happened and that they were included at every stage. The manager told us that they did a comprehensive annual review of the service provided to each individual. This demonstrated that the provider was identifying, assessing and managing risks relating to the person's health and welfare.

The provider had a comprehensive complaint and comments policy in place. Both staff and people who use the service were able to tell us about this and how they would make complaints. There was a suggestion box in the office for use by staff and we saw evidence of the most recent annual staff and service user satisfaction surveys. The last staff survey was in September 2013. This showed that staff were happy with the work and support they received and several suggestions were made which the management had acted upon. The last service user survey was in August 2013. This showed that people were satisfied with the service provided. This evidenced that the provider regularly sought the views of those receiving care and had a system in place for managing and responding to comments and complaints.

Care plans and risk assessments were reviewed informally on a daily with a formal review including the family on a monthly basis. Medication provision and documentation was also reviewed on a monthly basis by the manager. We saw evidence of this in the care files and archives. The manager told us that the office team had a weekly review of comments and complaints received. We were unable to see documentation of this however we saw that the complaint file was reviewed every month. The staff told us that they had staff meetings every two months. There was a full staff meeting on the day of our inspection. The manager told us that they had senior staff meetings every two weeks and a daily office meeting to facilitate sharing of important information. This demonstrated that the provider regularly assessed and monitored the quality of the service provided.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.



## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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Phone: 03000 616161

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Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

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Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

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Website: [www.cqc.org.uk](http://www.cqc.org.uk)

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