

Trinity Independent Care Ltd

# Trinity Independent Care Ltd

## Inspection report

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Date of inspection visit:  
16 November 2022

Date of publication:  
21 December 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Trinity Independent Care Ltd. is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there were 10 people receiving personal care using the service.

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

Infection prevention and control procedures required improvement. People told us staff did not wear masks, which is not consistent with COVID-19 government guidance.

People and family members views about the quality of their care were mixed. Some told us their experience of the care they received could improve, if all staff were able to communicate well, and if they were supported by a consistent team of staff and were informed in advance of the staff who would be providing their care.

Some staff, along with some people and family members said communication could be improved. Staff told us the registered manager was not always available, and some people and their family members experienced delays in their call being answered when they telephoned the office.

People and their family members were aware they had a care plan, and some had been involved in its development and review.

People were supported by staff who had undergone a robust recruitment process. There were sufficient staff to meet people's needs. People and family members spoke of the reliability of the service. People received the support they required with their medicines.

People's needs were assessed and kept under review and reflected all aspects of people's care. People, and family members contributed to the assessment process. People's health care needs were documented, and staff liaised with health care professionals when required. Staff had the required experience, knowledge and training to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and family members spoke of the kind and caring approach of staff. People and family members said they were involved in decisions about their care, and that their views were respected by staff. The registered manager and staff had received compliments as to the quality of the care provided, which included comments about the caring approach of staff.

People's care packages were tailored to reflect people's needs and preferences. People were aware of how to raise a concern. Concerns and complaints were managed in line with the provider's policy and included the outcome and any lessons learnt.

The providers systems and processes monitored the quality of the service being provided. People's views and that of family members and staff were sought. Staff were supported through ongoing monitoring, which included supervision and assessment of their competence to provide good quality care. Meetings were held to discuss the ongoing development and improvements required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 June 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Trinity Independent Care Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

Inspection activity started on 16 November 2022 and ended on 21 November 2022. We visited the location's

office on Wednesday 16 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people and 3 family members or their representative about their experience of the care provided. We spoke with the registered manager and the quality and compliance manager. We sought the views of 5 support workers and 1 senior support worker by telephone or by e-mail.

We reviewed a range of records. This included 2 people's care records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, and the staff training and supervision matrix.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Government guidance for the wearing of personal protective equipment (PPE), gloves, masks and aprons by staff when providing personal care and support was not consistently being followed.
- People and family members told us staff wore protective equipment, which included gloves and aprons. However, people and family members said staff no longer wore masks. A person said, "Masks are not necessarily worn now, but aprons are worn, as are gloves when necessary." We have signposted the provider to resources and government guidance.
- Staff had received training about COVID-19 and infection prevention measures.

### Staffing and recruitment

- People were not always supported by staff who knew them well, which impacted on some people's experience of feeling safe. When we asked if people felt safe with staff, a person told us, "Some of them more than others. We have two carers a lot of the time and we have built a rapport with them. They know what I need, and I know how they work." A second person said, "The regular ones are brilliant, but a couple are a bit 'iffy'."
- Communication difficulties were identified by some people and family members as a barrier to their receiving good care, where staff's first language was not English. A person told us, "Staff don't always complete the tasks as I want because of language problems. Their [staff] understanding is not very good. You can ask for something, but there can be misunderstanding, and it can make it very unsettling."
- People and family members did not always know in advance which staff would be providing their care. Some told us they had a weekly rota so knew which staff would be coming. Where people did not receive a rota views were mixed as to whether this was important to them. A person told us, "They change the carers and send different ones. I don't have a rota."
- There were enough staff to meet people's needs. People and family members told us staff in the main arrived on time and stayed for the agreed length of time and they were informed if staff were running late. A person said, "If they are going to be late, they always give me a call to let me know."
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.

- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies. Staff spoke of their responsibilities and referred to the provider's whistleblowing policy.

#### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were protected from risks associated with their care. Potential risks were assessed and kept under review to promote people's independence and safety.
- Potential risks were considered as part of the assessment process. For example, by identifying any equipment, which included profiling beds, pressure relieving mattresses and hoists and how they were to be used safely to support people.
- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by staff in an emergency.
- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, in the use of equipment to move people safely, first aid, health and safety, falls prevention and food safety awareness.
- Processes were in place for the reporting and following up of accidents or incidents, which included informing external organisations, such as the CQC and the local authority. Staff confirmed they completed accident and incident forms and informed the registered manager by telephone.

#### Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.
- Staff who administered medication undertook medicines training and their competency was regularly assessed.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 they commenced using the service to ensure their needs could be met. For example, assessing people's need with regards to the promotion of their health, which included understanding people's needs in relation to mental health and dementia.
- Assessments of people's needs considered protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs. For example, people's sexuality and information as to relationships and people important to them.

Staff support: induction, training, skills and experience

- Staff undertook a period of induction, where they worked alongside experienced staff.
- Staff spoke positively of their induction, which included undertaking training, understanding the provider's policies and procedures, and working alongside experience staff. A majority of people told us they were confident in the skills and knowledge of staff. A person told us, "As far as I can tell, staff are well trained. They are very good at their jobs."
- Staff were supported to attain The Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us training was sufficient to enable them to meet people's needs, which included training in mental health, dementia, diabetes and epilepsy awareness.
- The service had effective systems in place to support and supervise staff. This included one to one sessions and observations of staff competence in providing people's care. For example, in the use of equipment to move people safely and the delivery of personal care.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care records. A person told us, "Staff will get me a drink, and if I need one, a snack."
- Potential risks associated with people's dietary needs were considered. For example, a person at risk of choking had thickeners added to their drinks. Staff we spoke with provided information about the person's needs which were consistent with the person's support plan.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

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

- People were supported to receive timely support with their healthcare needs. For example, a member of staff told us how they sometimes coordinated their care visits with district nurses, so the district nurse could undertake an assessment where staff had concerns about a person's skin integrity.
- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so as staff could provide the appropriate support and care.
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor or district nurse. Staff alerted health care professionals where they had concerns about people's health and well-being.

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 MCA 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.

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.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions were considered.
- Staff had undertaken training on the MCA. Staff told us they gained people's consent before providing care and support. Staff said should a person decline they would encourage the person to accept care, explaining the importance and potential risks to their health and wellbeing in declining. Staff said they would document their discussions and the person's wishes and inform the registered manager.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 treated with kindness and compassion.
- People and family members spoke of the kindness and caring approach of staff. A person told us, "They [staff] are definitely kind and caring and I have complete confidence in them." A second person told us, "They [staff] are ever so nice."
- People's care records provided information as to what was important to them, such as family or any beliefs they held, which were to be considered when supporting and caring for them.
- Staff had undertaken training in equality and diversity, and privacy and dignity.

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

- People were involved in decisions about their care. A majority of people were aware of their care plan, which included the care plan developed by social services. People spoke of their involvement in its development. A person said, "My carer and I sat down together to discuss what would go into it."
- A family member told us staff undertook grocery shopping for their relative. They told us, "When it comes to food shopping, they know what [relative] wants, but will always ask them."
- The registered manager provided information to people to support them should they need advice or support. For example, contact details for their local social services department and agencies who provide an advocacy service.
- People spoke positively about the relationships developed with staff. A person told us, "I have good communications with the carer and can ring them directly."
- A member of staff told us, communication with people was of great importance when providing personal care and support, to ensure people understood what you were going to do and why.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. A person told us, "They [staff] have a key to the property, but will always ring the doorbell, and ask, 'Is it ok to come in?'."
- People spoke of how their privacy and dignity was respected by staff during the delivery of personal care and support, which included having care provided by staff where they had expressed a preference in the gender of staff. A person told us, "I specifically asked for a lady carer for my personal care and that is what I get." A second person said, "I have a male carer who gives me a shower every day and he always respects my privacy."
- Staff told us how they considered and promoted people's privacy and supported people to maintain their independence. For example, with personal care.

- The registered manager and staff were aware of the importance of keeping information safe and confidential and had undertaken training with regards to data protection and confidentiality.

# Is the service responsive?

## 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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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

- Assessments were carried out to determine the support and care people required to ensure their needs could be met. For example, assessing people's need with regards to the promotion of their health, which included understanding people's needs in relation to mental health and dementia.
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# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People's experiences of the quality of the service they received were mixed. People who identified improvements were needed raised similar themes, which included staff's ability to communicate effectively, and provision of a rota so people knew who would be providing their care and consistency of staff.
- The registered manager spoke about improvements in communication and monitoring through the effective implementation of an electronic monitoring and care system. This would electronically store all care records, schedule care calls and provide a system to support effective communication.
- A majority of people told us they believed the service was managed well, and that they worked in partnership. A person said, "I usually speak to the manager and we're on first name terms." A second person said, "The boss does listen most of the time, we had some issues, and we did get there in the end."
- People and family members in the main did not think improvements were needed in the management of the service. A person told us, "Everything works like clockwork, and I know what's happening." A second person said, "I have full confidence in them. I only have to ask, and it's done."
- A staff member when we asked about the vision and values of the provider wrote of commitment to the provision of outstanding care and valuing of each person as an individual. Respecting people's aspirations and their commitment to seek, understand and promote their priorities, needs and abilities. They wrote of the importance of dignity and respect, and the importance of supporting and empowering people, respecting their right to make their own decisions.

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

- People's views and that of family members were mixed with regards to communication and being able to contact office-based staff, including the registered manager. A majority of people told us they had no concerns, however a few people told us the office phone was not always answered in a timely manner. A person said, "When I phone them out of hours the phone just rings and rings." The registered manager and other staff provided out of hours cover. The registered manager informed us the office phone diverted calls to their mobile phone.
- Staffs views about communication and support from the registered manager were mixed. Some staff told us improvements were needed as communication was not always effective or timely, and that the registered manager was not always available as they themselves were providing support and care.
- The registered manager spoke about improvements in communication and monitoring through the effective implementation of an electronic monitoring and care system. This would electronically store all

care records, schedule care calls and provide a system to support effective communication.

- Systems and processes were in place to seek and receive feedback about the service, which included seeking people's views through survey.
- People and family members told us their views about the service were sought. A person said, "They ask me over the phone how things are going. The Council [social services] ask me as well." A second person said, "The boss man rings me up every so often and asks me if everything is alright."

Continuous learning and improving care

- The registered manager accessed resources to support them in providing good quality care. For example, they attended webinars with the local authority, which included sharing good practice presented by other providers and health care professionals.
- The quality and compliance manager spoke of attending meetings hosted by the local authority, which looked at how providers could encourage people to take up careers in social care and focused on resources to support staff's mental health and wellbeing, through assistance programme, including drop-in sessions.
- Management and staff meetings were held and were used an opportunity to reflect upon the service being provided, including areas for improvement. For example, an emphasis on reviewing the information contained within people's care records and its presentation, and a greater focus on undertaking audits in response to an increase in the number of people using the service.

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 registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements and has sent notifications to the Care Quality Commission as required by law.

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

- Staff spoke positively of the support they received, which included supervisions. A staff member told us how the registered manager asked if they had any concerns regarding the people they cared for, so that action could be taken if required.
- Systems and processes were in place to monitor the quality of the care provided, which included assurance of quality through staff supervision, observation and assessment of competence.
- Audits were carried out to ensure people's care records documented the care provided was consistent with their assessed needs as outlined in their care and support plans.
- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements and has sent notifications to the Care Quality Commission as required by law.

Working in partnership with others

- The registered manager worked with local hospitals to facilitate people's discharge from hospital, returning to their own home with a package of care being in place.
- The registered manager took part in webinars hosted by local commissioners. They told us it was a supportive forum to talk about the commissioning of packages of care and the support they could offer to providers, which included staff training.



