

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

## Trustcare

21 Sycamore Court, Otley Road, Bradford, BD3  
0EW

Tel: 01274254545

Date of Inspection: 22 July 2013

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2013

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>Safeguarding people who use services from abuse</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	Incommunities Ltd
Registered Manager	Ms. Beverley Mullaney
Overview of the service	Trustcare is a domiciliary care agency which provides a personal alarm and response service throughout all areas of the Bradford District, Airedale and Wharfedale for people in their own homes.
Type of service	Domiciliary care 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 unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 22 July 2013, talked with people who use the service, 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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We visited the administrative office of the organisation where we reviewed documentation and spoke with staff. Later we spoke with people who used the service and their relatives over the telephone.

People we spoke with told us they were satisfied with the service and they felt that their dignity was respected. There were no concerns regarding dignity or respect raised. One person we spoke with said "they always draw the curtains before they help me". Staff we spoke with said people were treated with respect and their privacy and dignity was respected at all times.

Effective and safe care was received by people who used the service to meet their needs. There were suitable arrangements in place to ensure people were safeguarded against the risk of abuse.

Response Workers told us the staffing levels were appropriate and staff were supported through their training. The two staff we spoke with were complimentary regarding the training they had been provided with. One member of staff told us that "It is a great organisation to work for, I feel proud to work here".

Systems and processes were in place to monitor the quality of service and to ensure people benefited from the service provided.

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

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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People who used the service told us that they could make decisions about their care and were supported to make decisions. One person told us "I like the service on offer" another said "They make sure I get looked after very well".

The people who used the service had an 'Individual Needs Record' in place which was held on their premises and electronically on an iPad (tablet personal computer) that each Response Worker carried with them on each visit.

Each person who used the service or their relative agreed this together with a Response Worker before service provision commenced. Within each 'Individual Needs Record' there was service information and contact numbers for people to use if necessary.

Each 'Individual Needs Record' included information about the person who used the service, their preferences, medical notes and emergency details.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People said staff treated them with respect.

We spoke with two Response Workers who told us about the things they did to ensure people's privacy and dignity when they provided care. The people we spoke with confirmed staff did maintain their privacy and dignity when they provided care. One relative described how carers were "always polite and kind".

Staff we spoke with told us they were given time to read each person's care plan so they knew what their needs were. Each 'Individual Needs Record' and all daily logs were reviewed and monitored every month. People we spoke with said the carers always wrote notes at the end of each visit.

**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.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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The people we spoke with told us that they were happy with the care they received. One person told us "they always help me if I get into difficulty".

They also told us if they had any concerns they felt able to talk to the staff, one person told us "I can talk to the staff about anything I want".

People spoke positively about the staff, they told us "when I have to use the buzzer the staff come at once" and "I feel they come as soon as they can to help me".

People who used the service told us they were very happy with the service and it made a difference to their lives. They told us that Response Workers completed the care and support in agreement with themselves.

Each person's needs were assessed prior to them using Trustcare by the service and an 'Individual Needs Record' was documented and delivered in line with this. People who used the service or their relatives were involved in this process. Response Workers documented any changes in people's care and support needs in the daily log. This meant that amendments to their 'Individual Needs Record' could be made. A relative told us "they know what they are doing".

'Individual Needs Record' information was easy to follow. Staff we spoke with said the care plans in the homes made it easy to see what a person's needs were. Staff told us these had been written in a way which both people who used the service and staff who supported them could understand.

Risk assessments were in place; these identified the risks to people who used the service and the staff who supported them. They included information about what should be done to reduce the risks. These included the risks involved in supporting people both within their own home environment and their personal risks. These assessments were reviewed every six months unless otherwise directed by other organisations which included adult services.

Response Workers understood people's needs and what they needed to do to meet them. They told us they always read people's care plans and documented the care they had provided. People and their relatives said they felt the care needs were met. One person said, "they are great and never rush to do their job".

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People who used the service told us that they felt safe; one person said "I always feel safe when they come to help me".

The two Response Workers we spoke with told us they had completed their safeguarding training and felt confident to identify and deal with any concerns they had. They felt confident their manager would deal with any concerns appropriately. They had also received training around the Mental Health Act and Deprivation of Liberties.

The manager told us they and the senior management team reviewed any incidents on a monthly basis. The Registered Manager met regularly with the Team Leader for quality assurance purposes.

We looked at staff training records and we saw all staff received training on how to prevent, identify and report concerns. We spoke with staff about actions they would take if they suspected harm. They told us they would report using the provider's policy and procedure for safeguarding and Whistle-blowing. We saw a copy of the Whistle-blowing policy and procedure.

The safeguarding policy contained a guide for staff on how to make a safeguarding referral. This included the contact details for the Bradford safeguarding team.

Notifications sent to the Care Quality Commission provided evidence the provider had responded appropriately to any allegation of abuse or concerns about people who used the service.

**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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We reviewed training information and found staff received appropriate professional development and were able to obtain further relevant qualifications as required.

The manager told us those copies of training certificates were also available, which confirmed staff had attended training in care and safety related subjects such as health and safety, medication and manual handling. We also saw a copy of a recognition award from the Yorkshire Ambulance Service to two Response Workers' who helped a person with cardiac arrest.

Staff told us that they felt supported and had regular meetings and discussions with managers.

The Team Leader told us they did 'spot competency tests' with all staff. We saw a copy of the medication test which was completed by staff.

We looked at the staff training matrix and it was clear what training staff had completed and the training records were all up to date. The Team Leader told us that all mandatory training was complete. All staff training was recorded so the training records accurately reflected the training provided.

The provider had a comprehensive learning and development strategy in place. The review of the training information provided evidence that all staff had received relevant training and arrangements were in place to provide up-dates as required.

## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

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### Reasons for our judgement

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The care provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service.

We looked at the accident recording file. We saw evidence of accidents being recorded and appropriate action being taken, such as referrals to health professionals. The last accident recorded was dated 4 December 2012.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw some examples of eight comments and surveys completed by people which were positive about the care they received. The Registered Manager told us Trustcare also held a customer conference in March 2012 in which 80 people attended. As well as consultation events throughout the year.

The staff we spoke with said they were confident their views and concerns raised were listened to and acted on.

There was evidence they learned from incidents/investigations which had taken place and the appropriate changes which were implemented. During our visit we saw the service had an incident reporting procedure in place. The staff used the procedure correctly and the actions taken were to prevent a further recurrence of the incidents reported. We also noted the Registered Manager carried out quality audits which covered such things as medication and safeguarding and took action to prevent the recurrence of any errors or discrepancies identified.

An independent audit was also carried out on the service. We saw a copy of their report action points.

Trustcare produced a calls summary which included types of calls and total call type in the period from February 2011 to Feb 2012. There was also an annual review of the performance during 2012/2013. The results showed the service achieved 100% of the call

targets during this time.

All the policies at Trustcare were reviewed and approved on a regular basis. We saw a copy of the timetable for review which included 33 policies. An example was a policy on how they monitored non-use of the service in which they visited the service user's home and conducted a test call.

We saw a copy of the complaints log which included 10 complaints ranging from 3rd April 2012 to 27th June 201 which were all resolved adequately.

## 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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