

Triangle Community Services Limited

Fred Tibble Court

Inspection report

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Essex
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 9 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available. When we last inspected this service in April 2014 we found it was meeting all the standards that we looked at.

The service provides support with personal care to older people who live in an independent living service. The care provider does not provide people's accommodation. At the time of our inspection 27 adults were using the service, some of whom had dementia.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

The service had not notified the Care Quality Commission of allegations of abuse. At times the service operated with less than the agreed staffing levels.

People told us they felt safe using the service. Staff had a good understanding of issues relating to safeguarding

Summary of findings

adults. Risk assessments were in place and staff understood how to support people who exhibited behaviours that challenged the service. The service undertook recruitment checks on new staff before they were able to work at the service. Medicines were administered safely.

Staff received training and one to one supervision to support them in their work. People told us they were able to make decisions about their daily life and the service operated in line with the Mental Capacity Act 2005. People were supported to eat and drink as required. The service provides support to people with their health care needs.

People told us they were treated in a caring manner by staff. We observed staff interacted with people in a kind and friendly way. Staff understood how to promote people's privacy, choice and independence.

People told us the service was able to meet their needs. Care plans were in place which were subject to regular review. The service had a complaints procedure and people knew how to make complaints.

People that used the service, their relatives and staff told us they found the registered manager to be accessible and approachable. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

Summary of findings

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. The service did not notify the Care Quality Commission of allegations of abuse. At times the service operated with potentially unsafe staffing levels.

Risk assessments were in place and staff understood how to provide support in a safe manner.

Recruitment checks were carried out on new staff before they were able to work at the service.

Medicines were safely stored, administered and recorded.

Requires Improvement



Is the service effective?

The service was effective. Staff had access to training and supervision. New staff undertook an induction programme.

People were able to make choices about their daily lives. The service operated in line with the Mental Capacity Act 2005.

People were provided with support to eat and drink in line with their assessed needs.

The service supported people to access health care professionals.

Good



Is the service caring?

The service was caring. People told us that staff treated them with dignity and respect. Staff had a good understanding of how to promote people's choice, privacy and independence.

The service met people's personalised needs, for example through food, activities and spiritual needs.

Good



Is the service responsive?

The service was responsive. Care plans were in place which set out what support people needed as individuals. Staff had a good understanding of the needs of people and how to support them.

The service had a complaints procedure in place and people knew how to make a complaint if needed.

Good



Is the service well-led?

The service was well-led. There was a registered manager in place and people, their relatives and staff told us they found them to be accessible and approachable.

The service had various quality assurance and monitoring systems in place, some of which involved seeking the views of people who used the service.

Good



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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.

The inspection team consisted of an 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.

Before the inspection we reviewed the information we already held about the service. This included previous inspection reports, details of its registration and notifications we had received from the service. During the inspection we spoke with nine people that used the service and two relatives. We spoke with six staff including the registered manager, the care coordinator and four care assistants. We also spoke with a health professional who was visiting the service at the time of our inspections. We observed how staff interacted with people and how care was provided. We looked at five sets of care records, medicines records, staff training, supervision and recruitment files, minutes of various meetings and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe using the service. People said staff knew how to support them in a safe manner and responded quickly if they rang their call alarms. One person told us, “I feel safe here but independent.” A relative told us, “I feel my dad is well looked after and safe living here. I don’t have to worry if I can’t visit him for a couple of days.”

The service had a safeguarding adult’s policy and procedure in place. This made clear their responsibility for reporting any allegations of abuse to the relevant local authority and to notify the Care Quality Commission of any allegations of abuse. However, the registered manager told us there had been an allegation of abuse since our last inspection and that the Care Quality Commission had not been notified. They told us they were not aware that this was required. It was noted that the service did report the safeguarding allegation to the local authority and took other appropriate action in relation to ensuring people were safe. This was a breach of Regulation 18 of The Care Quality Commission (Registration Regulations 2009).

The Court of Protection ruled that the local authority was responsible for managing the finances of one person that used the service. The service held money on behalf of that person. The money was stored securely in a safe that only the two senior staff had access to. Receipts were kept of any transactions made. However, records showed there was a discrepancy of £2.70 between the amount actually held and the amount recorded as being held. The registered manager was unable to explain this discrepancy. They told us they would replace the missing money so the person was not out of pocket and introduce a system to count and check the money to reduce the risk of further errors occurring.

Staff had undertaken training about safeguarding adults. Staff were knowledgeable about different types of abuse and were aware of their responsibility for reporting any allegations of abuse. One staff member told us, “I would immediately report it to my manager.” The service had a whistleblowing procedure in place which made clear staff could report concerns to outside agencies if appropriate. Staff were aware of issues relating to whistleblowing.

Risk assessments were in place to help reduce risks people faced. These included details of risks and information about how to manage those risks. Risk assessments we

saw covered the physical environment, falling and mobility. Risk assessments were in place about how to support people who exhibited behaviour that challenged the service. The registered manager told us the service did not use restraint but instead sought to divert people to de-escalate situations. They said, “We take people for a walk in the garden or get them to do the washing up. Try to divert them.” The registered manager told us that conflicts between people had arisen due to people taking the wrong walking frames but this problem had largely been solved by putting people’s names onto walking frames. Staff we spoke with knew how to support people whose behaviour challenged the service and told us they were trained about this as part of the dementia training.

Staff told us that the service did not always operate at the agreed staffing levels. They told us if a staff member was off from work due to illness their shift was usually not covered. They also told us that staff that were scheduled to work at the service were often asked to work at another service run by the same provider which left them short staffed. We checked the staff rotas over a 14 day period leading up to our inspection and found that on eight days the service was operating with less than the agreed staffing levels. The registered manager told us that although staffing levels were sometimes below those agreed by the provider they were never below the minimum staffing levels they had agreed with the local authority that commissioned the care. Staff told us that the workload was manageable when they were one staff member short but expressed concerns that they would find it difficult to manage an emergency situation if one arose. This was particularly the case during evenings and weekends when there was less likelihood of one of the managers being on site to offer support. This potentially put people at risk. This is a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had to undergo various checks before they were able to commence working with people at the service. These included criminal records checks, references and information about their previous employment history. Staff files confirmed these checks had been carried out.

Risk assessments were in place where people required support with taking medicines. These set out what actions staff needed to take to help ensure medicines were administered in a safe way. Medicines were stored in people’s flats within locked cabinets where people agreed

Is the service safe?

to this. Medicine administration record charts were completed by staff to show they had administered medicines. Records showed that these were accurate and up to date. A relative told us, “They help her with her medicines. There is a chart they have to fill in”

Staff had undertaken training about the safe administration of medicines and were knowledgeable about their responsibility with regard to medicines. Staff knew what action to take if a person refused to take their medicine or if an error was made whilst administering medicine.

Is the service effective?

Our findings

People told us the service was able to meet their needs and that staff were effective. One person said, “You can’t fault the staff here, very good, very helpful.” Another person told us “They check I’m up in the morning and if I need any help. Later they make sure I get to lunch and sometimes they help with showering me. I’m quite happy here.” Another person told us, “I love it here, I’ve been a new man since I came, can’t fault it.”

Staff told us they had undertaken induction training when they commenced working at the service. This included a week’s classroom based training covering topics such as health and safety, medicines and moving and handling. In addition to this they also spent time at the service shadowing experienced members of staff to learn how to provide support to individuals. The registered manager told us staff also completed the Skills for Care Common Induction Standards and we saw completed workbooks which evidenced this had been done. The registered manager was aware that from 1 April 2015 the Care Certificate had replaced the Common Induction Standards.

Staff told us they had access to on-going training. One member of staff said, “We do training on a regular basis.” The staff member said in the past year they had undertaken training about end of life care, dementia, fire safety and safeguarding adults. They felt there were no gaps in their training. Records confirmed that staff had up to date training in topics that were relevant to supporting people that used the service.

Staff told us they had regular one to one supervision meetings and records confirmed this. Staff said they were able to discuss the needs of individuals that used the service, their performance and how they could develop and improve and organisational issues during their supervision. Staff told us they were able to discuss training they had attended during supervision and how they could implement what they had learned into their work so that people who used the service got the most benefit from the training.

Mental capacity assessments were carried out on people before they moved into the independent living premises to determine if they had the capacity to manage living in a flat

on their own. We observed that people were free to come and go from their flats and the communal building as they choose and no restrictions were placed upon their freedoms.

People told us they were able to make choices about their daily lives. One person said, “I make my own choice day to day. The staff are always there to help me, always cheerful.” Staff told us they supported people to make choices as much as possible where they had limited capacity. For example, one staff member told us how they supported a person to choose their clothes, telling us, “I show her a couple of different blouses and a couple of pairs of trousers and she picks out the ones she wants.” We saw that people had signed care plans and also signed forms to indicate they gave consent to staff to provide the support outlined within the care plans.

People had access to a communal lounge and dining area. Meals were cooked and served to people that chose to buy their meals from the provider of their accommodation. People were also able to choose to eat in their own flats if they wished and staff provided support with this.

The care plans for some people showed they needed support to eat and drink. We observed staff supporting people to eat meals in the communal dining area. We saw this was done in a caring and sensitive manner. Staff supported people to eat and drink at a pace that suited them and remained with them until they had finished their meal. We observed one person ask if there was any more tea and the care staff replied in a friendly tone, “You can have as much tea as you like.” We saw that staff observed another person’s tea had gone cold and they asked if they wanted a hot cup instead which was arranged.

During the course of our inspection we spoke with a health professional who was visiting the service. They said they thought it was a good service, that staff were knowledgeable about people that used the service and that they contacted the health professional service promptly when required. They told us, “The carers are very good. They ring if there are any problems.”

The registered manager told us that where people needed support with medical appointments this was mostly done by family members. They said the service did provide support with appointments if requested for an additional fee. Staff and the registered manager were aware of their responsibility for contacting the GP if someone was found

Is the service effective?

to be unwell and relatives told us the service alerted them to any health related issues. The service arranged for opticians and chiropodists to visit people in their flats and records confirmed this.

Is the service caring?

Our findings

People told us they were treated with respect and dignity by staff. One person told us, "The staff are all very kind." Another person said, "I like the atmosphere here." Relatives told us that care staff treated their relatives with respect. One relative said of a care staff, "She is a lovely lady, she has the patience of a saint." The same relative said, "She dresses herself although staff will say to change her top if she has a stain." Another relative said, "My impression is that staff really care."

Care plans included information about people's likes and dislikes. For example, one said the person liked to see the hairdresser each week. Other care plans included information about people's favourite television programmes and radio stations.

Care plans made clear what people were able to do for themselves without any staff support. This helped to support people in a way that promoted their independence. Care plans also promoted choice. For example, one care plan said the person needed support to make a snack but that they would tell the care staff what they wanted and the staff then made it.

Staff were aware of the need to treat people with dignity and respect. Staff told us they supported people to make choices for themselves. One staff member said, "You have to go along with what they want. It's their choice." Another staff member described how they supported a person with personal care, telling us, "I hand her a flannel for her to wash her face and I point to her face so she knows what to do." Staff said they promoted people's privacy, for example by making sure people were covered up when providing

personal care and ensuring no one else was in the room. Staff said they rang the bell on people's flats and waited for a response before entering and we observed staff doing this during the inspection.

Staff told us that all people that used the service spoke English but that some had limited verbal communication due to dementia. Staff described how they were able to communicate with people. For example, one person was able to understand if they were spoken to slowly and clearly while facing them. Objects of reference were used as were picture cards, for example staff showed people pictures of various foods that they were able to choose from.

The registered manager said they met needs around equality and diversity by respecting each person as an individual and seeking to meet their personalised needs. For example, one person required support with preparing food and the service helped them to buy and cook food from their ethnic cultural background. The service arranged for representatives of organised religions to visit to provide spiritual support to people. People were supported to engage in various social and leisure activities. These included trips to the theatre, pubs, social clubs and the library. In addition various activities were arranged on site and we saw staff supporting people with puzzles and gentle exercises during the course of our inspection.

During the course of our inspection we observed staff interacting with people in a kind and friendly manner. People were at ease and relaxed in the company of staff. Staff and people were seen to be chatting and joking and enjoying each other's company.

Is the service responsive?

Our findings

People told us they were happy with the care and support provided. Relatives told us staff met their relative's needs. One relative said, "Staff are good, they look after her." Relatives told us they were involved in planning people's care. One relative said, "I'm continually getting letters and forms to fill in about her general day to day care."

The registered manager told us they met with people and carried out an assessment of their care needs to determine if the service was able to meet those needs. They met with the person's family where appropriate to help get a full picture of the person and their needs. The registered manager said the assessment focussed on what was important to the person, asking them what they wanted support with and what mattered to them. The assessment included finding about the person's past life history so that staff were able to provide support in a way that was personalised to the individual. For example, one person was interested in horse racing so staff were able to let the person know when this was on television. We saw records of assessments and life histories on people's files.

We found that care plans had been developed for all people that used the service. Care plans were personalised, setting out how to meet people's individual needs. For example one care plan gave detailed information about how the person liked their tea, saying to keep the tea bag in the cup and have two sugars. We found that care plans were reviewed. This meant the service was able to respond to people's needs as they changed over time. Care plans had been signed by people which indicated their involvement in and agreement with the care plans and their development.

Staff told us they were expected to read care plans of the people they supported. One staff member said, "If you read the care plan you will know what they like." Staff demonstrated a good understanding of the individual care and support needs of people they had supported on the day of our visit. The registered manager told us the service operated a keyworking system so that each person had a designated member of the care staff that worked closely with them. Staff told us this enabled them to build up good relationships with people and that they mostly worked with the same people each day.

People told us they knew how to make a complaint, telling us they would talk to the staff in the office, but one person added, "I've no complaints at all, only praise." A relative told us, "I would go into the office and tell the manager if I had a complaint." The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the service. The registered manager told us all people that used the service were provided with a copy of the complaints procedure.

The registered manager said the service had not received any formal complaints since the previous inspection. They said one person had raised an informal complaint about the time they were supported to get up in a morning. The registered manager told us this had been addressed to the satisfaction of the person and the person was able to confirm this to us.

Is the service well-led?

Our findings

People and their relatives told us they found the registered manager to be supportive and helpful. A relative said of the registered manager, “She is helpful. She keeps me informed of what’s going on.”

The service had a registered manager in place and clear lines of accountability. Staff were aware of who they were responsible to. Staff told us they found the registered manager to be approachable and accessible. One staff member said, “She is very approachable and does her best to deal with anything.” Staff told us they thought the registered manager had fostered a good ethos amongst the staff team. A staff member said, “We are a good team and help each other.” Another member of staff said, “The manager really is supportive. I’ve never had a problem with her.” Another staff member said of the registered manager, “She is fair, listens to anything I have to say and problems get sorted.” We observed that staff found the manager to be approachable during the inspection, discussing relevant issues throughout the course of our visit.

The registered manager told us the service carried out an annual survey in the form of a questionnaire which sought the views of people that used the service, their relatives and staff. The most recent survey was carried out in October 2014. Completed questionnaires from people contained mostly positive comments. For example, one person said, “They all ask permission before entering my flat and always ask if I want anything.” Relatives also made positive comments including, “I have nothing but admiration for the management and staff” and “These ladies (staff) do all they can to help her. We know that they will help her with her questions and are patient with her. It gives me peace of mind.” The registered manager told us that the survey of people and their relatives had identified that people wanted more community based trips provided which had subsequently been arranged.

The registered manager told us one person who completed the survey had raised an issue that staff did not always ring the bell before entering the flat. The registered manager told us they had addressed this issue with all staff. And we observed staff rang bells before entering flats during the course of our inspection.

Staff told us the service had regular staff meetings and we saw minutes that confirmed this. One member of staff said, “All staff can put things on the agenda.” Staff meetings provided an opportunity to discuss individual people that used the service so the staff as a team were able to discuss how best to support people and share ideas for good practice. Staff told us that management acted upon issues raised relating to people that used the service. One staff member told us, “If you put a concern to the manager they put in place things to make the service user is more safe and comfortable.”

The care coordinator told us they carried out on the job supervisions and records confirmed this. A care staff member we spoke with told us, “Sometimes we have on the spot supervision to see if we give the service user choice, how we greet them as we go into their flat, if we sign the medicine sheet and stuff like that.”

In addition to on the job supervision the care coordinator also carried out spot checks. This involved visiting a person shortly after care had been provided to check if the flat was left tidy, if the person was happy with the care and if records had been completed as appropriate. Records confirmed these spot checks took place. Spot checks showed that a number of concerns with the storage and recording of medicines had been identified. The registered manager told us as a result of this staff had been provided with more in-depth medicines training which had led to fewer errors occurring.

The registered manager told us they carried out various audits. For example, they checked care plans every three months to make sure they were up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The provider had not notified the Care Quality Commission of allegations of abuse. Regulation 18 (1) (2) (e)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not always have sufficient numbers of staff to meet people's needs. Regulation 18 (1)