Triangle Community Services Limited

Harp House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 October 2016 and was announced. At the previous inspection of this service in October the service was rated as requires improvement. During that inspection we found three breaches of regulations. This was because the service had not notified the Care Quality Commission of safeguarding allegations, the service did not have adequate risk assessments in place to protect people from the risk of harm and the service did not have appropriate quality assurance and monitoring systems in place. During this inspection we found all these issues had been addressed.

Harp House is part of a community service provided by Triangle Community Services Limited. They provide an extra care service to older people who are tenants at Harp House, which is a sheltered housing unit. The service offers individuals personal care, support and 'extra care' they require to continue to live independently. Thirty people were using the service at the time of our inspection.

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.

We found one breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not receive appropriate supervision in line with the provider's procedure. You can see what action we told the provider to take at the back of the full version of this report. We also made two good practice recommendation in the report about staffing levels and quality assurance and monitoring processes.

Risk assessments were in place which included information about how to support people in a safe manner. Safeguarding procedures were in place and safeguarding allegations had been dealt with appropriately. Robust staff recruitment procedures were in place. Medicines were managed in a safe manner.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. People were supported with medical appointments if required.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs. The service had a complaints procedure in place and people knew how to make a complaint.

Staff told us they found the senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people that used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibility with regard to safeguarding adults and systems were in place to help protect people from the risk of abuse.

Risk assessments were in place which set out how to support people safely.

Robust staff recruitment procedures were in place. There were enough staff working to support people safely although staff and people using the service told us at weekends more staff would be helpful.

Medicines were mostly managed in a safe way.

Is the service effective?

Requires Improvement

The service was not always safe. Staff did not always receive regular one to one supervision in line with the provider's procedure.

Staff undertook regular training to support them in their role and received induction training on commencing work at the service.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported with medical appointments where required and the service accessed health care professionals for people.

Is the service caring?

Good

The service was caring. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

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

Is the service well-led?

Good

The service was well-led. The service had various quality assurance and monitoring systems in place. Some of these included seeking the views of people who used the service and other stakeholders. However, these did not always effectively identify shortfalls with the service.

There was a registered manager in place. Staff told us they found the senior staff to be approachable and helpful.

Harp House

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.

This inspection took place on 20 October 2016 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 someone would be in.

The inspection team consisted of 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.

Before the inspection we reviewed the information we already held about the service. This included details of its registration, previous inspection reports and any notifications the service had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with 15 people that used the service and three relatives. We spoke with nine staff. This included five care and support workers, the lead care and support worker, team leader, registered manager and the director of care. We reviewed five sets of records relating to people that used the service including care plans and risk assessments. We looked at training records for all staff using the service and recruitment records for six staff. We examined quality assurance procedures and medicine records. We viewed the minutes of staff meetings and looked at various policies and procedures including the complaints and safeguarding adults policies.

Good

Is the service safe?

Our findings

At the last inspection we found the service was not safe because they did not have adequate risk assessments in place for people. During this inspection we found this issue had been addressed. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Risk assessments covered the use of bedrails, medicines, moving and handling, the risk of falls and the environment. Risk assessments included personalised information about supporting individuals with their risk. For example, the falls risk assessment for one person included information about their footwear, the height of their bed and that they had their alarm pendant close by at all times.

At the last inspection of this service we found they had not fulfilled their legal obligation to notify the Care Quality Commission of allegations of abuse. During this inspection we found this issue had been addressed. The team leader told us there had been one safeguarding allegation since our last inspection and the service had notified the Care Quality Commission of this which was confirmed by records. They had also appropriately referred the allegation to the host local authority adults safeguarding team.

The service had a safeguarding adults procedure in place which made clear their responsibility for reporting any allegations of abuse. Staff had a good understanding of their responsibility in this area. One staff member told us, "I have to report it [suspicion of abuse] to the management. If it is urgent I have to report it to the police or to you CQC people." Another member of staff said if they suspected abuse they would, "Talk to my line manager, let them know my concerns." A third staff member said, "You have to write it down and report it. If the manager did not report it I would report it to CQC."

People told us they felt safe using the service. One person said, "Yes, they make me feel safe. They usually come at breakfast time, they are good during the day and they put me to bed at night." Another person said, "I feel safe because the staff are very good, very helpful, if you want any help they will give you it." A third person told us, "I feel safe because there are always carers available."

The level of staff support people received was determined by the local authority in consultation with the person. The service supported people in line with these assessed needs. However, the service also provided 24-hour support to people. For example, if people required support to use the toilet during the night staff were available to provide that. People had alarm calls in their rooms and also on pendants to be worn around their neck so they could call staff when needed. The registered manager said if the staff did not respond to an alarm call then it was transferred to the landlord of the premises who contacted the services on-call number.

Staff told us that most of the time there were enough staff on duty to meet people's needs. They told us where people required the support of two staff this was always provided. All staff we spoke with said that when the service was operating at its agreed staffing levels this was sufficient. However, some staff said on occasions, especially at weekends, the service was short staffed as no covering staff was available to cover if a staff member cancelled their shift at short notice. Staff said they were still able to provide people with the essential care. One staff member said, "People get washed, dressed, fed and medication, but paperwork can

be rushed and we don't get a break."

Some people said there were not always enough staff at weekends. One person said, "Normally they are very helpful but I don't feel there is enough staff at the weekend and this can delay my pad changes." Another person said, "'They come in and they chat. I think they are excellent at their jobs. I know they are busy but they are all good. They help me get dressed and washed. They are always short staffed which means they are always polite to you but they have to be a bit quick because I think the time they can spend with each client is limited." Another person said, "Best thing is I know most of them and get on well. I think the care I get is excellent. The worst thing is that they are very busy sometimes it can be more than 10 minutes before someone comes when you press your buzzer for assistance." However, a relative told us, "I have never had to wait long for them to answer the buzzer." We recommend that the service takes steps to ensure there are enough staff working to meet people's needs in a prompt manner.

The service had a robust staff recruitment procedure in place. Staff told us and records confirmed that various checks were carried out before prospective staff were able to begin working at the service. One staff member said, "I came in for an interview with [team leader and registered manager]." The same member of staff added, "You can't work here without a DBS [Disclosure and Baring Service]." Another staff member said, "I had to wait for my DBS and references." A DBS is a check to see if staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed that the service carried out various checks on prospective staff, including DB checks, employment references and proof of identification. This meant the service had taken steps to help ensure only suitable staff were recruited.

Where the service supported people with medicines, medicine administration record (MAR) charts were maintained. These included details of the name, strength and dose of each medicine and staff singed the MAR charts after they administered a medicine to a person. Once completed, MAR charts were returned to the office was they were checked by a senior member of staff. We checked MAR charts for a four week period leading up to the date of our inspection and found them to be accurate and up to date.

Staff responsible for administering medicines had their competency assessed annually. This involved completing a written test and being observed administering medicines to make sure it was done appropriately. Staff were aware of what action to take if they made an error with administering medicines or if they found a MAR chart that had not been signed. One staff member said, "I would report that straight away."

Requires Improvement

Is the service effective?

Our findings

The service had a 'Performance and management policy and procedure' in place. This stated, "[Staff] performance is monitored by the employees supervisor/line manager and discussed during regular supervision meetings, which take place at least every two months." We found the service was not operating in line with this policy and procedure.

Staff told us they had one to one supervision with a senior member of staff infrequently. One staff member said, "We have supervision but to tell you the truth I don't know when I last had mine. We used to have it more regularly but it must be a year since I last had supervision." The team leader with responsibility for staff supervision told us they were behind with staff supervisions and said, "I'm doing my supervision catch up next week." We looked at the supervision records of five staff and only one of those had a supervision meeting in the past two months. Records showed one staff member had not had supervision since 2 February 2016 and two staff members last had their supervision in 2015.

Lack of regular staff one to one supervision was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had an induction programme on commencing work at the service which included a mixture of classroom based training and shadowing experienced staff. One newly recruited staff member said, "I had to do some shadowing, six shifts in all. You learn more shadowing because you get used to the service user and how you work with them." They told us the classroom based induction training included moving and handling, medicines and safeguarding adults. The staff member told us they got adequate support when they started. They said, "There was one time after I started where I felt I wasn't confident so I said I needed someone to show me how to do it and they did and then I felt confident." Another staff member told us, "I did my induction, it lasted a week. They showed us how to hoist, medication, how to report safeguarding." Records showed that staff also completed the Care Certificate as part of their induction. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector.

Staff told us they had access to regular training. One member of staff said, "I had end of life training, I had safeguarding training. The last one I had was about how to be professional when doing your job." Another staff member said, "I've had training this week, moving and handling. I've had quite a bit over the last few months, medication and safeguarding. The training is helpful." Records showed training included training about fire safety, health and safety, infection control, moving and handling and the Mental Capacity Act 2005.

People told us staff were competent to support them. One person told us, "Yes they are very professional. I get to see the district nurse three times a week because they are treating a bed sore which I got in hospital. When they put me to bed at night time they will raise my left buttock with a cushion to stop the bedsore getting any worse."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found people were able to consent to their care and to be able to make choices about how they were supported. Staff told us how they supported people to make choices. One staff member said of providing support with personal care, "When I go in I have to greet the service user to see if they are ready to get up. I have to ask if they want a shower or a wash" The same staff member added, "Those with dementia you can bring them different ones [clothes to wear] and they can point or they can tell you [which ones they wanted to wear]."

The team leader told us the service did not currently support anyone with eating or drinking. Support was provided with meal preparation and where this was the case this was detailed in care plans. For example, the care plan for one person stated, "Take me into the living room and give me a cup of tea or coffee with no sugar and Weetabix with warm milk and no sugar." Another care plan stated, "Please make my meals small, I eat OK but am put off by big meals" and "I like onions in my sandwiches." Staff told us when the supported people with meal preparation they gave people choices. One staff member said, "We give them choices, 'Do you want porridge, do you want eggs on toast'. Some of them you have to show them so they can see what you have. Some of them their family tell you what they like for breakfast."

Staff were aware of their responsibility for contacting the emergency services if required. A relative told us, "When [relative] fell recently staff called, they explained what happened, what hospital [relative] was going to and about her discharge arrangements.'' The same relative said, "If she requires medical assistance they phone the doctor. They always work together with the doctor and discuss with us and her if there is a raise in her medication."

The registered manager told us that if required the service provided support to people with attending medical appointments, but that this was usually managed by the people themselves and their relatives. Where people had health care concerns the service made appropriate referrals to heath care professional. We saw that a physiotherapist visited a person on the day of inspection. This was in response to concerns raised by the service. Records showed that the service had made appropriate referrals when they had found issues with people's skin integrity. This meant people were able to get appropriate care and treatment.

Staff told us that a health professional met with the staff team on a monthly basis. One staff member said, "A mental health doctor comes once a month. If we have any clients we are concerned about we can discuss it with him."

Good

Is the service caring?

Our findings

People told us staff were caring and that they were treated respectfully. One person said, "Yes, they interact good with me, I can't walk and they are very caring." Another person said, "Yes, I am treated in a kind and caring manner. For example they always say if you have forgotten something buzz and they will come back like my toothbrush on my trolley." A third person said, "They are caring and helpful, they will give you help with want you want help with. They are friendly and sociable, we have a chat and a laugh.'' We overheard one person saying to a member of the care staff, "I think you're lovey." A relative said, "They are very polite, she [person that used the service] is always immaculately dressed."

Care plans included information about supporting people to maintain their independence. For example, the care plan for one person stated, "I need to be washed in bed but I can wash my face if the flannel is given to me. I then need hosting to my wheelchair and taken to the bathroom where I can brush my teeth and do my hair."

Care plans included personal information about people. This helped staff to deliver care tailored to the individual and also helped staff to get an understanding of the person. This in turn helped staff to build good relationships with people. For example, the care plan for one person included information about the television programmes they preferred, stating, "All the soaps, Tipping Point, The Chase and any animal programmes." Care plans also included information about people's life histories such as where they grew up details about their school and past employment and their families.

Staff told us how they promoted people's dignity by promoting privacy and independence. One staff member said when supporting people with personal care, "Those who are able to wash themselves can. Some can wash their face and front and I do their back." Another staff member said, "She [person that used the service] washes her face but she can't do the rest. I ask her if it is OK to wash down below. I always ask her because it is very personal." Staff told us care plans provided information about what people could do independently. One staff member said, "The care plan says who can shower themselves, and some of them the family can come and say what needs to be done." Another staff member said, "Dignity, a lot of dignity. Make sure the curtains are closed, make sure they are dressed properly and look respectable." Another staff member told us how they promoted people's privacy, saying, "If they have the bedroom door closed I tap on the door." Another member of staff said when supporting people with personal care, "The first thing I do is make sure the curtains and doors are closed." Another staff member said, "You have to make sure they are covered up. If I am doing their top half you make sure their bottom half is covered."

We observed staff interacted with people in friendly and pleasant manner. For example, the service arranged a coffee morning for people and we saw the staff that facilitated this chatting and joking with people in a natural and unpretentious way which people were seen to warm too.

Staff understood issues around confidentiality and were aware that they were not permitted to share confidential information about people without authorisation. Staff had been provided with training in these issues. One staff member said, "We had a boundary course, about confidentiality, so we know the

boundaries." Confidential records about people held by the service were stored in locked filling cabinets inside the office which only senior staff had access to. This helped to promote people's right to privacy and confidentiality.

Good

Is the service responsive?

Our findings

People told us staff knew how to support them and what their individual needs were. One person said, "They do all that I need. They know who I am, they know how I'm getting on and it is all logged and reported in my care plan.'' People said they were consulted about the care they received. One person said, "Yes they do talk, they explain, for example that they are now going to use the hoist to move me. They always ask my opinion on what I want to wear, what clothes I wear." Another person said, "Yes they do ask me in person, they ask me if I want any more help or more things done."

The registered manager told us after receiving an initial referral from the local authority they met with the person and their family where appropriate. The assessment also involved a review of any assessments carried out by the local authority and we saw records of those held by the service. The purpose of the assessment was to carry out an assessment of the person's needs and to find out what they wanted support with. The assessment also enabled the service to determine if it was able to meet the person's support needs.

Care plans were in place for people and people were involved in developing and reviewing their care plans. Care plans included information about supporting people with personal care, mental health and wellbeing, mobility, nutrition and hydration, medicines and communication. For example, the care plan for one person about communication stated, "I am hard of hearing and I need people to look at me and speak clearly so I understand." We saw that people had signed care plans which showed they were involved in them and in agreement with their contents. Care plans included a one page profile of the person which included personalised information about the individual. For example, under the heading 'What is important to me' one care plan stated, "My cat is very important to me and keeps me company. My family are very important to me, my son X visits daily and my other son Y visits at the weekend." The same care plan included personalised information about supporting the person with drinking, stating, "Could you please make sure my drinking beaker is tightened properly, making sure the drinking hole is where I can get to it as I have difficulty using my left hand."

The team leader told us that they organised for people to have the same regular care staff supporting them. This helped staff to build up good relations with people and to understand their individual support needs. A number of different care staff worked with people. This meant if the main regular care staff were not available there were other care staff who knew the person and who could provide support to them which helped to promote continuity of care.

Staff told us they were expected to read care plans and that they contained important information. One staff member said, "The daily care plans are there, they tell you what the need help with. It's got what they like and dislike, what their favourite things are." Another member of staff said, "You look through the books, you know, their care plans. They've got them in their flats." We saw evidence that care plans were followed. For example, one person had a pressure ulcer and as part of their support plan they required regular turning to reduce the health risks posed by the pressure ulcer. Records showed that staff carried out this turning in line with the care plan.

The registered manager told us that care plans were reviewed, "Six monthly or more often if needed. If something has happened in that period then it will be reviewed." Records confirmed that care plans were reviewed at least every six months. This meant they were able to reflect people's needs as they changed over time.

People and relatives told us they knew who to complain to if needed. One person said they would complain to, "[Team leader] but I have not had the necessity to complain about anyone.'' Another person replied, "Yes, they make it good if you have any problems with transport they sort it out for you" when asked if the service responded to concerns raised by people.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could go to if they were not satisfied with the response from the service. People were provided with their own copy of the complaints procedure meaning it was readily accessible to them. Records were maintained of complaints received and we saw these had been dealt with in line with the complaints procedure.

The service also kept records of compliments received. For example, the family of a deceased person wrote to the service saying, "At all times she was treated with respect and cared for so well." Another relative emailed the service saying, "He received an exceptional standard of care. My father was always treated with dignity and respect."

Good

Is the service well-led?

Our findings

People told us the team leader was visible and that they were approachable. One person said, "[Team leader] who is the manager of Triangle (the care provider) tells me who to address my concern to such as the district nurse and who else. She is extremely good." Another person said, "[Team leader] is very nice."

The service had a registered manager in place. They were supported in the day to day running of the service by a team leader and a lead care and support worker. Staff we spoke with spoke positively about the senior staff at the service. One staff member said, "With [team leader] it is Ok, I have been with her for a long time. With [registered manager] he told me I can always go to him and he has given me and other staff his number." The same staff member said there was a good working atmosphere at the service, saying, "We have a good team, we work as a team." Another member of staff said, "[Team leader's] door is always open, if we have any concerns we can go to her." A third member of staff described the team leader as, "Very friendly, supportive. A lovely kind lady" and they said of the registered manager, "Some people you can't approach but he is very easy to approach." Another staff member said, "I can talk to [team leader] about anything" and "We have very good teamwork. If I ask any of them for help they are all willing to help out" Another member of staff said, "I've got very good guidance from [team leader and registered manager]."

The service had an on-call system which staff were able to phone for support at any time. Staff told us this worked effectively. One staff member said, "They do answer every time."

The service had various quality assurance procedures in place. The director of care told us that monthly meetings were held to review performance indicators at the service. We sat in for a part of one of these meetings which was held on the day of our inspection. The meeting included checking staff training was up to date, if care plan reviews were up to date and if there were any staff vacancies. The director of care also told us the provider held a six weekly meeting where all the registered managers were invited which provided an opportunity to discuss good practice issues across the different locations run by the provider, such as good practice with regard to safeguarding adults.

Staff told us and records confirmed that the service held staff meetings. One staff member told us, "Yes, we have team meetings, we talk about if we have any issues with the service users, colleagues or the management." Another member of staff said, "We have team meetings every couple of months." Another staff member said of team meetings, "We talk about residents and if anybody has got any issues. She [team leader] always asks us one by one." We looked at the minutes of a recent staff meeting which included discussions about service user and staff issues.

The lead care and support worker told us they carried out 'individual spot checks' and 'on the job spot checks'. Records confirmed both of these checks took place. The 'individual spot checks' involved the lead care and support worker visiting the person immediately after they had received care. This was to speak with them to see if the care had been satisfactory, to check medicines administered had been signed for and that the staff member had left the premises clean and tidy. The 'on the job spot checks' involved the lead care and support worker being present in the person's flat wen the care staff was there. They checked that

dignity and privacy were maintained and how the care staff interacted with the person.

The registered manager told us the service carried out an annual survey of staff. people using the service and their relatives. They said the survey for 2016 had been issued and they were waiting for replies.

However, although quality assurance systems were in place they were not always effective. This was because they failed to address the issue we identified in relation to staff not receiving regular supervision in line with the providers procedures. We recommend that the service takes steps to ensure its quality assurance systems are effective and robust.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service did not receive appropriate supervision as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)