

Triangular Care Services Ltd

# Triangular Care Services Limited

## Inspection report

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Tel: 01933681701

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Triangular Care Services Limited is a domiciliary care service providing personal care to older people in their own homes. At the time of inspection, the service was supporting 26 people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt they received a good service and the staff treated them extremely well. Staff were caring and kind and people felt safe in their care. However, we found a number of concerns that required improvement and had the potential to put people at risk of harm.

People's medicines were not adequately recorded. We found medication administration records were inconsistently completed and did not reflect the medicines people received. People's risk assessments were not sufficiently detailed and did not effectively consider how risks could be minimised. Safeguarding systems were in place, however not all staff understood how to report any concerns of abuse.

Improvements were required to ensure staff worked effectively with other agencies involved in people's care needs, for example other healthcare services. Further improvements were required to ensure people received appropriate support with their dietary and nutritional 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. However, the policies and systems in the service did not always support this practice.

Care plans did not contain sufficient guidance about how people's care needs should be met. Care plans were not updated regularly, or when people's needs had changed, and this left people vulnerable to inappropriate care being delivered to them.

People were asked basic information about their end of life wishes, however not all staff were aware of these wishes. This had the potential that people's wishes would not be respected in urgent circumstances.

Significant improvements were required to how the service was monitored and audited. Audits were in place however, they failed to effectively identify and act on the required areas for improvements.

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

The last rating for this service was Good (published 15 November 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified breaches in relation to how medicines are managed and how the quality of the service is reviewed.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Triangular Care Services Limited

## **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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector and one 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave short notice of the inspection 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 11 June and ended on 19 June. We visited the office location on 11 June and made telephone calls to people, relatives and staff on 18 and 19 June.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with four members of care staff and the provider. We reviewed a range of records, which included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at other records relating to the management of the service, which included policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider gave us an update on some of the actions they had taken since the inspection visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about people's safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Systems in place to support people with their medicines were unclear and unsafe. People had medication administration records (MAR) in place. However, they were completed inconsistently and did not reflect the medicines people received.
- One person had a medicine that was prescribed to be taken three times a week. However, the MAR showed that staff had given this person the medicine every day. Staff confirmed they had not given the medicine but had incorrectly completed the MAR.
- One person had a medicine prescribed to them however this was not recorded on their MAR, and there were inconsistent records of when the person received this medicine.
- Whilst we found no evidence that people were placed at harm, there was a risk that some medicines may not have been given as required or as prescribed by their GP.

The provider failed to ensure that systems were in place to demonstrate people's medicines were managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They sought advice from the person's doctor and took action to ensure people were safe. The provider also initiated an investigation into the concerns we had identified.

### Assessing risk, safety monitoring and management

- Improvements were required to clearly identify people's risks and ensure staff had appropriate guidance to manage those risks. This included risks associated with people's healthcare conditions.
- People had generic risk assessment documents that listed any potential risks. However, it was not always clear what the individual risks were, or how staff could reduce the risk. For example, one person's risk assessment stated they were at risk of chest infections. The risk assessment provided no guidance about how staff could identify the risk, and the action to reduce the risk was insufficient.
- Another person had a risk assessment which stated they were at risk of malnutrition. The risk assessment gave no guidance about why they were at risk of this, and the action to reduce this risk was not effectively monitored or recorded.
- People felt that some of their risks were well supported. For example, a relative told us, "My [relative] is prone to falls which is very worrying, but her carers do everything they can to make sure she is left as safe as possible. My [relative] walks with a frame and they always make sure to remind her not to try and walk

without it."

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

- Improvements were required to ensure adequate systems were in place to protect people from the risk of harm or potential abuse.
- One member of staff told us they had completed safeguarding training, but they did not know how to report safeguarding concerns. However, other staff we spoke with were able to demonstrate how they would report safeguarding concerns appropriately.
- The provider confirmed that investigations were completed in relation to safeguarding concerns, but they were unable to show any evidence to support this.

#### Staffing and recruitment

- There were enough staff to meet people's needs and ensure people received their care at the times they preferred.
- One person said, "I am very happy with my care. The girls are very rarely late for my calls and I have the same few girls all the time, so it doesn't matter who comes as I like them all."
- Staff were appropriately recruited with references and Disclosure and Barring Service (DBS) checks completed before they commenced work.

#### Preventing and controlling infection

- Appropriate action was taken to minimise the risk of infection.
- People confirmed that they had no concerns about the hygiene procedures of staff.
- People confirmed the staff wore uniforms. One person said, "They wear gloves and aprons all the time."

#### Learning lessons when things go wrong

- The provider was keen to make changes and learn from events that had occurred.
- Staff were required to complete accident and incident forms if significant events occurred and these were reviewed for any learning opportunities.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care

- Improvements were required to ensure there was effective collaboration with other agencies involved in people's care. People's care plans did not record if other agencies were involved or if any other agencies were monitoring people's specific care needs, for example pressure sores or dietary concerns.
- One person had been identified as having lost weight following a long stay in hospital. Staff were not clear if they were receiving support from a dietician, doctor or if the care staff themselves should be monitoring the person's weight. The person's care plan contained limited information about the support the person required and no information about if any other agencies had been contacted.
- Another person's records identified they required the support of a nurse for their healthcare, no records were available to confirm if a nurse had visited the person or if staff were required to take any further action.
- This meant there was a risk people did not receive consistent care between agencies.

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

- Improvements were required to ensure people had sufficient support to manage their nutritional needs, and that this was recorded appropriately.
- There was limited guidance in people's care plans about the support people required with their meals. For example, one person was identified as being at risk of malnutrition, however there was no further evidence about why. Staff had been requested to leave the person with drinks and snacks, however the daily records did not always evidence this happened.
- People told us they were happy with the support they received at their mealtimes. One person's relative said, "The carers are responsible for getting the meals. We buy the food and the carers prepare it and serve it each day. We are very happy with the company."
- This meant there was a risk that people did not receive sufficient support to manage their nutritional needs.

Staff support: induction, training, skills and experience

- Improvements were required to ensure staff had regular supervision and their performance was reviewed. Staff had an annual appraisal, but no formal systems were in place to review staff performance on a regular basis.
- New staff were appropriately inducted into the service and staff were required to regularly refresh their training.
- One relative said, "The carers who we have seemed very well trained. They certainly know what to do for my [relative]."

- One member of staff said, "I'm happy with the training. We do online training and go out with senior staff sometimes."

#### 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 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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People had consented to their care. Care plans were signed by people and people told us carers gave them choices about how they received their care.
- People had mental capacity assessments completed. Further improvements were required to ensure that if the assessment had determined that people may not have mental capacity for specific decisions, that appropriate guidance and best interest decisions were recorded.
- Staff understood people's ability to make decisions and worked with them to ensure their decisions were respected.

#### Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they were accepted into the service. Staffing capabilities were considered as part of the assessment process to ensure people's care needs were effectively met.
- The management team reviewed people's location and the availability of staff before accepted people, to ensure people received the care they required at the times that were suitable for their needs.

#### Supporting people to live healthier lives, access healthcare services and support

- Staff had a good knowledge of people and their healthcare requirements. Staff supported people to access healthcare services and reported any concerns to people's families and the office staff to help monitor people's conditions.
- One person's relative said, "[The carer] told me that a few weeks ago [my relative] had a problem with her leg and they were very worried. They rang an ambulance and stayed with [my relative] until the ambulance came."

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same and is 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 gave lovely feedback about the caring nature of the staff that supported them. One person said, "I am very happy with all my carers. They visit three times a day and I trust them."
- Another person said, "The [carers] are all so kind and caring; I am sure that they would do anything for me every day."
- One relative said, "I am very happy with the care [my relative] gets. I feel the carers really do care about how [my relative] is and their concern is genuine."
- People's equality characteristics were considered. For example, people were asked if they required any support to maintain their cultural and religious needs.

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

- People were involved in their care. People received care at the times they preferred, and they were asked for their choices about how they received their care.
- One relative said, "They ask [relative] what she wants to wear each day, we like that. The carers seem to be adequately trained to look after [relative] and we always know who will be coming as we get sent a rota every week."
- People's opinions, preferences and requests were very clearly documented in their care plans. This gave guidance to staff about how people wanted their care to be provided, and what support they required.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and staff were keen to promote people's independence.
- One person said, "I am treated with respect and always get a phone call if I they are running late at all. They stay as long as they should, and I am never rushed, I'm very pleased."
- Another person said, "I couldn't be happier with my care. The [carers] do all I want them to, I am never rushed, and I am always treated with respect. I count myself lucky to be looked after the way I want to be."
- A third person said, "All the carers treat me with respect, and when they help me with getting a shower I am always kept covered when they help me get dried."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which clearly recorded people's preferences for their care. However, there was insufficient guidance for staff about how to meet those preferences, particularly when people's care needs had changed since their assessment. For example, one person's care plan recorded, 'I use my [walking] stick most of the time, or sometimes my frame.' There was no further guidance or details for staff about when the person may require the need of either walking support aid, and the care plan had not been updated when their needs had changed.
- People's daily care records did not clearly record the care people had received. For example, it was unclear what support staff had offered, or if people had been independent with their care needs. One person's care plan stated that staff should clean the person's dentures, however there was no further guidance about how to do so or the frequency of this. The daily records written up by staff, also did not evidence when this was done.
- People's care plans contained contradicting information. For example, there was inconsistent recording about the times people wished to receive their care. Therefore, it was unclear what time staff were expected to visit people.
- Feedback from people, relatives and staff confirmed that people received the care they required, however the care records did not reflect this. This meant there was a risk that people did not receive consistent care that met their current requirements.

End of life care and support

- Improvements were required to the systems to support people at the end of their life.
- People were asked about their wishes at the end of their life. For example, they were asked if they wished to be resuscitated if they became seriously unwell. However, not all staff were aware of the decisions people had made about this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and discussed. People's care reflected their individual communication needs and staff were flexible to people's needs.

Improving care quality in response to complaints or concerns

- The complaints procedure was accessible to people, and people felt able to complain if they needed to.
- One person said, "I do know how to complain. All the information I need is in the folder. It says if I have a problem to contact the office, but I haven't needed to."
- People had information within their homes about how to make a complaint.
- At the time of the inspection, no complaints had been received within the last year.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

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

- Ineffective systems were in place to monitor and improve the service which placed people at risk of harm.
- Audits were in place to review the quality of the care people received, however they had not identified failings within the service. For example, the medicines administration records (MAR) chart audits had failed to identify they had been completed incorrectly. There was the potential that people had not received the medicines they required. Action was only taken after the inspection highlighted the concerns.
- Audits were insufficiently detailed and gave incorrect information. For example, one audit concluded that people at high risk of pressure sores had their risk assessments reviewed on a monthly basis, which was incorrect. The audit did not record which care plans had been reviewed to make this finding and we found that people at high risk of pressure sores did not have the risk assessments reviewed on a regular basis. There was insufficient guidance about how to manage and support people at risk in this area.
- The audits had failed to identify people's care plans did not have accurate or sufficient information.

The provider failed to ensure they had systems and processes working effectively that assessed, monitored and improved the quality and safety of the service they provided. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Improvements were required to ensure the service was effectively reviewed and lessons were learnt.
- Questionnaires had been utilised to receive feedback about the quality of the service. Whilst there were many positive results, no plans were in place to review the suggestions put forward by people and relatives to continually improve the service.

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

- People felt comfortable with staff and felt able to contact the registered manager if needed.
- One person's relative said, "I am happy with everything about the company and I can assure you if I did have a problem I wouldn't hesitate to phone them and tell them."

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 provider had a good understanding of the duty of candour, which requires providers to provide an explanation and apology when matters go wrong.
- We saw that the provider had written to everybody who used the service and issued an apology when they had experienced staffing difficulties which had impacted on people's care. The provider worked with staff and involved people to improve the service.

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

- People felt involved with the service and felt there was an open and inclusive culture. One person said, "The manager rings regularly to check that everything is going well with my care."

Working in partnership with others

- Improvements were required to ensure staff worked in partnership with others, particularly other healthcare settings.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Inadequate systems were in place to monitor and manage people's medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Ineffective auditing systems were in place to identify and improve the service.