

# Triangle Community Services Limited

## Homecare Sutton

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Homecare Sutton was inspected on 07 June 2016 and the visit was announced. This was the services' first inspection under the new provider of Triangle Community Services Limited which was registered in June 2015.

Homecare Sutton provides personal care to people living in their own homes. They currently provide personal care to approximately ten people. In addition they also offer a companionship service to approximately 35 people, this part of the service is not regulated by the Care Quality Commission (CQC).

The service did not have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run. At the time of the inspection there was a manager in post who had been interviewed by CQC to become the registered manager and was awaiting confirmation of the outcome.

The provider did not always have effective quality assurance processes in relation to ongoing checks of the suitability of staff to work for the agency and did not maintain accurate records about the training of staff. We found the provider completed various checks at recruitment stage which included criminal records checks; however these checks were not renewed. This meant people were at risk of receiving care from workers who might no longer be suitable to be employed. The provider had identified this as a concern and we saw evidence they were amending their procedures, although this had not been initiated at the time of inspection.

Furthermore, the management team had difficulty locating some of the records we requested during our inspection and some were also not available. This related particularly to staff training records which could not be accessed easily on the day of the inspection.

We identified a breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of this report.

Notwithstanding these issues, we received many positive comments from people about the service they received from Homecare Sutton. They told us they knew their care workers well which meant their care was tailored to their needs. People were matched carefully with care workers and the provision of the service was reviewed regularly by the provider to ensure the quality of the care was maintained. People told us if they had any issues or concerns they felt able to raise them with office staff and they were confident they would be addressed.

Care workers were able to tell us how they kept people safe and what action they would take to protect

people. They also made sure people had the medicines they were prescribed. The provider routinely monitored people's health, which included ensuring people were getting enough to eat and drink.

Staff received training and support in order to undertake their roles effectively. Care workers told us they felt the manager and team leader were open and approachable.

Care workers respected people's rights to privacy and dignity and they ensured they sought consent from people before providing care. Care workers knew how to maintain people's confidentiality.

People were encouraged wherever possible to do as much as they could for themselves. In this way people's independent living skills were maintained. The agency supported people to maintain their interests and links with their family and friends so they continue to lead fulfilling lives.

The service had identified risks to people and how these risks could be minimised. Accidents and incidents were recorded and analysed in order to reduce re-occurrences. The manager was aware of their responsibilities and knew when they had to inform CQC of significant issues that had arisen within the service.

The provider had a number of measures in place to monitor the quality of the service so there was a drive towards continuous improvement.

## 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. Care workers knew how to identify the signs of abuse and what action to take if they suspected anyone was at risk of harm. People received their medicines as prescribed to them.

The provider undertook checks prior to employment to ensure only suitable staff were recruited. The provider was in the process of introducing criminal records checks at specified intervals in line with good practice.

The provider had completed risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences, this included disseminating any learning from incidents at other services.

### Is the service effective?

Good ●

The service was effective. Care workers received training and support in order to undertake their roles.

Care workers ensured they obtained consent from people prior to providing any care. This meant people received care which was in line with their wishes.

The provider had arrangements in place to make sure people's general health, including nutritional needs were met.

### Is the service caring?

Good ●

The service was caring. People were positive about the care provided. There was an emphasis to try to match people with care workers who met their needs.

The service aimed to ensure care was provided from the same workers so people experienced continuity and consistency.

Care workers were aware of issues relating to privacy, dignity and confidentiality.

People were encouraged to maintain their independence whenever possible.

### Is the service responsive?

Good ●

The service was responsive. The service continually monitored the care provided so that it reflected people's individual needs and wishes.

People felt able to raise issues and make complaints if they thought it was necessary. They felt their views would be listened to and acted upon.

The service ensured people were supported to meet their recreational needs to help reduce people's social isolation.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led. The provider did not always maintain accurate records and did not have effective quality assurance processes to make sure only suitable staff were employed at the service. This meant people were at risk of receiving care that was unsafe or not in line with current practice.

Notwithstanding the above, the provider assessed and monitored the service provided to people. This included using an external company to complete annual surveys.

The provider was aware of their responsibilities to notify CQC of any significant events that might affect the well-being of people.

# Homecare Sutton

## **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 checked 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 07 June 2016 and was announced. We gave the provider 48 hour notice because senior staff are sometimes out of the office supporting care workers or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection was carried out by an inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's office and spoke with the acting manager, team leader and a care worker. We reviewed the care records of three people who used the service, and looked at the records of three care workers and other records relating to the management of the service.

After the inspection visit we spoke with three people's representatives who received a service from Homecare Sutton. We also had telephone contact with another care worker and a healthcare professional who had knowledge of the service.

# Is the service safe?

## Our findings

People were positive about Homecare Sutton. Some comments we received included, "Amenable and eager to fit in with what they can" and "They are very, very good". A relative told us, "The most important thing is that [family member] is happy with them."

The provider help to ensure people's safety by putting measures in place which would help to protect them from harm. Care workers were aware of the signs and symptoms of abuse and knew what action they were required to take if they considered anyone they were working with was at risk of harm. Care workers told us they received regular ongoing training about keeping people safe. They went on to tell us that safeguarding adults at risk was a regular item at their fortnightly team meetings. In this way, their understanding was refreshed and they had the opportunity to discuss any possible concerns they had.

We looked at recruitment information to make sure only suitable people were employed by the provider. We saw checks had been completed including two references and an identity check. We noted the provider had completed criminal records checks at the point of employment and had not renewed these since that time. This meant for some staff the checks had not been renewed in the previous nine years. This may have resulted in staff being employed that were no longer suitable. We raised this with the manager who told us and was able to show us evidence that the provider had recently changed their policy regarding this issue and had instructed all criminal records checks should be renewed every three years.

The provider had arrangements in place to make sure people received their medicines as they had been prescribed. Care staff told us they received medicines training. They went onto tell us they administered medicines and then signed the medicines record (MAR sheets) to confirm they had been given. We looked at a number of completed MAR sheets which were retained at the office and saw they had been completed satisfactorily. We noted the provider also supplied record sheets which contained a body map giving clear instructions to care workers about where creams and ointments needed to be applied to people.

The provider had a number of arrangements in place to deal with emergency situations to ensure continuity of service. There was an emergency senior staff rota so care workers could get advice during out of office hours. These contact details were also available to people who used the service. A care worker who only worked weekends told us they often had to use the emergency contact and someone was always available to them to give advice.

We saw the provider completed a range of risk assessments for people so that potential risks could be minimised. For example, we saw there were moving and handling and falls risk assessment tool, and a comprehensive environmental risk assessment, all of which were reviewed at least six monthly and more often if necessary.

The service kept a record of accidents and incidents which were forwarded on a monthly basis to the providers' head office. Any learning from these events were then reviewed, anonymised and forwarded onto all the providers' services so the possibility of re-occurrences was minimised. The manager told us

Homecare Sutton had not had any recent accidents or incidents; however procedures regarding medicines administration had changed recently because of an event at another of the providers' services.



## Is the service effective?

### Our findings

People were cared for by care workers who were sufficiently trained in line with their roles and responsibilities. The manager told us care workers were expected to complete 12 courses they considered mandatory. Some of which including medicines administration, manual handling and first aid were completed through practical training. A care worker we spoke with was able to tell us about their induction period into the role, which included completing certain training before going into the community to support people in their own homes and shadowing more experienced care workers.

Homecare Sutton maintained a training tracker to identify when certain training had been completed and when it needed to be refreshed. We saw this tracker was sometimes incomplete, for example with regard to safeguarding adults at risk. Initially we noted for three care workers there was no evidence safeguarding adults at risk training had been completed. We subsequently received information post inspection the training had been completed or in one case the care worker had been booked onto the relevant course. We discussed this with the manager who agreed their records needed to be updated and there needed to be a clear process of when training needed to be refreshed.

Care workers told us they were supported by their managers and in particular the team leader with whom they felt they could raise any issues or concerns. Homecare Sutton had a system of providing formal support through one to one meetings (supervision) at least every three months, this included one observational supervision every year. We noted in fact that supervision for care workers was often above this minimum requirement. The team leader told us they often completed supervision more frequently particularly if the care worker had specific issues or difficulties they needed support with.

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 checked the provider was working within the remit of the MCA. The manager was able to explain the principles of the MCA and how it impacted on the way the agency worked with people. Care workers were able to tell us how they always sought people's consent before providing care. This was reinforced by information written in people's care plans which prompted carer workers to seek permission prior to providing care.

The provider supported people to meet their health needs. A professional told us how a care worker often accompanied people to various health appointments. They went on to say, "They [care workers] are the eyes and ears for the relatives." As staff had often cared for people for some considerable time, they were able to tell us how they were alert to changes in people's health needs and could act swiftly if there were any concerns.

With regards to people's dietary needs, the manager told us they were able to do shopping visits and meal preparation although this often involved warming up a microwavable meal or making a sandwich. The manager emphasised the importance of ensuring people were sufficiently hydrated, and the provider had recently introduced a fluid chart for some people who needed to be monitored more closely.

## Is the service caring?

### Our findings

People thought the service was caring and we received many positive comments which included, "[Name of care worker] is a Goddess," and "The service is excellent for some people, particularly those who haven't got anyone [relative] close by." A relative also told us, "I've got nothing negative to say about them, they are so helpful at sorting things out."

The service placed an emphasis on ensuring care workers were correctly matched to the person receiving the service. This was achieved by people requesting a service and care workers completing a document entitled 'One Page Profile'. This document was a summary which included information about what was important to the person and what their personality was like. In this way the provider tried to match people with care workers who they had the most in common with and therefore more likely to get along with. A relative said about the matching process, "I'll tell you how good it was, on the first visit my [relative] allowed the care worker to bathe her, which was something she'd been so reluctant to do."

The service recognised the importance of providing the same care workers consistently over time. This meant that people receiving a service had some continuity of care. People felt care workers understood their needs and were reassured by familiarity. A relative told us about their family member who had some of the same care workers for over eight years.

Care workers were generally on time for their calls which meant people were not left waiting and anxious to receive a service. People told us, "Very rarely are they delayed" and another person said, "Time keeping good and if they are going to be late they do 'phone ahead." A care worker told us they did not feel pressurised to take on additional work and only did what they felt comfortable doing.

People were encouraged to be independent and as involved as they wanted to be in their own care. Written care plans supported this. For example with washing of clothes, a person's care plan stated 'the person could put clothes in the washing machine themselves, although they sometimes required support.' The care plan was signed by the person as a way of indicating they agreed with its contents. As the care plan was reviewed regularly, it reflected people's changing needs and abilities so it reflected what people could do for themselves at any given time.

Care workers knew about confidentiality and what it meant on a day to day basis. Care workers were able to tell us how they maintained people's confidentiality and in what circumstances they had a responsibility to share certain information. Written information about people using the service was kept in a secured metal cabinet within Homecare Sutton's offices, which were kept locked when not in use.

We talked with care workers about how they provided care to people to ensure they delivered care with privacy and dignity. They were able to give us many examples of how this was achieved which included seeking consent, making sure doors and curtains were closed and when providing personal care, talking with the person and giving them constant reassurance.

## Is the service responsive?

### Our findings

People received support which put them at the focus of the care provided. At the point of initial contact the agency collated information from a variety of sources which included information from the local authority and hospitals. They talked to the person themselves or their relatives and representatives and compiled the 'One Page Profile' so people could be matched with the most suitable care worker. Care plans were then written by the agency. Any documentation focused on people's needs and preferences and was signed by people or their representatives as a way of showing they were in agreement with it. The team leader told us the agency considered the initial phases of working with people as crucial and this was reflected in the frequency of reviews held. The reviews were held after two and six weeks and then six monthly. The team leader told us the review frequency was a minimum requirement and care plans could be reviewed at any stage if it was necessary. In this way the provision of care was up to date and reflected people's current needs.

We saw care plans were written to highlight people's preferences about the delivery of care. We saw some good examples of how individualised care was provided. For example, in one care plan it outlined the person liked to have talcum powder on their back after showering. In another plan it highlighted the toiletries the person had a preference for; or that the person liked to have their sandwiches cut into four pieces.

Care workers told us they received sufficient information about people they were required to work with prior to providing the care. Additionally, they told us they would be accompanied by the team leader to meet with people prior to starting work with them. In this way people were clear about what care they could expect and care workers had an understanding of the tasks they needed to provide.

People were supported with their social and recreational needs where possible. A care worker summed it by saying "I spend time talking to my clients as I know I can be the only person they see on a day to day basis." The agency was flexible where possible and would accommodate to meet people's requests. For example, to assist someone to get ready so they could be taken out by a relative or in one case, taking someone swimming. There was also a section on people's care plans which highlighted people's social life and interests. We saw for those people not able to engage in outside activities there was information and prompts for care workers telling them about the television programmes the person liked to watch or things they enjoyed doing such as looking at their photographs. In this way, the care worker was being prompted to find common ground or interests they might be able to share with people.

People knew how to raise an issue or make a complaint if necessary. People told us they felt comfortable raising issues with the office staff and they would be listened to and action taken. One person told us, "[name of staff member] does listen and if something goes wrong they apologise." Another relative told us they had raised an issue and "the complaint was dealt with efficiently." The provider had a complaints policy which included information about how to make a complaint, timescales and who to contact if the complainant was not satisfied with the outcome of the internal investigation. People received a copy of the complaints policy when they started receiving a service. In addition, at every review we saw the agency

checked with people they were aware of the complaints policy. The provider kept a log of all the complaints made and we saw none have been received in the last 12 months.

## Is the service well-led?

### Our findings

The provider had some quality assurance systems to help protect people from the risks of unsafe and inappropriate care. However, their quality assurance systems around recruitment had not identified that criminal record checks needed to be renewed at specified intervals. The provider had undertaken criminal records checks at the recruitment stage, but this was not renewed. Therefore some staff had not had a criminal records check for over nine years of employment with the service and had not been checked to ensure they continued to be suitable to be employed. The provider had identified this as an issue and we saw evidence that they had instructed all of their services to renew criminal records checks every three years in line with good practice. Nonetheless, the provider had not yet embarked on completing this process.

Furthermore, the management team had difficulty locating some of the records we requested during our inspection. This was particularly in relation to staff training records which were either missing or had been misfiled and could not be accessed immediately.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they were comfortable sharing their views about the service they received from the agency and these views would be taken seriously and addressed. Homecare Sutton had a variety of systems in place to monitor care. These included a providers' pre-arranged visit to people in their own homes every six months. In addition there were unannounced spot checks on care workers every six months which included monitoring the time of the care workers arrival, how medicines were administered and how care was provided. The manager also told us that once every two months they checked MAR sheets to make sure they had been completed correctly. Additionally they examined care plans against daily records to ensure the care provided matched the assessed care needs of people.

The provider conducted an external annual survey of people receiving a service. This survey was sent from head-office and freepost envelopes were provided to encourage a response. People could anonymise their responses if they wanted to. The provider was in the process of sending out questionnaires for 2016, and previous year's results were available for us to view.

Care workers said they worked in partnership with others to achieve the best outcomes for people. They told us if they had any issues they could talk to office staff and they would be listened to. A care worker told us "It's a lovely company and it is really caring. I feel happy because I feel my clients are happy." The service held fortnightly team meetings which gave care workers an opportunity to discuss issues affecting people and possible alternative strategies if situations were difficult. It also gave care workers an opportunity to discuss the provision of care if they were unavailable for example, putting arrangements in place if they were on annual leave. A professional told us they were positive about working with Homecare Sutton in the interests of people who needed support and they felt the agency worked well with them.

The manager had a good understanding and awareness of their role and responsibilities particularly with

regard to CQC registration requirements. This was particularly the case as they had recently been interviewed by CQC. The manager was able to tell us about their legal obligations to notify CQC about important events that affect the people using the service, including serious incidents and accidents, allegations of abuse and events that affect the running of the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance processes were not always effective and they had failed to maintain up to date and accurate records in relation to the management of the service.</p> <p>Regulation 17(2)(a)(d)</p>