

Triangular Care Services Ltd

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Inspection report

Unit 2, The Old Granary, Grange Farm
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Tel: 01933227842

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19 October 2016

21 October 2016

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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?

Good ●

Summary of findings

Overall summary

Triangular Care Services Limited is registered to provide personal care for adults in their own homes and when out in the local community. They currently provide support for older people with a range of needs, including people who may be living with dementia. On the day of our visit the service provided support for 45 people in their own homes.

The inspection was announced and took place on 18, 19 and 21 October 2016.

The service had a registered manager in post. 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 and associated Regulations about how the service is run.

People felt safe and were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures. Systems were in place to identify and manage risks within people's homes and to empower them to be as independent as possible. Staffing levels were sufficient to meet people's needs and keep them safe. Safe recruitment processes were in place. Safe arrangements were in place for the administration, recording and management of medicines.

Staff had received training and demonstrated an understanding of people's individual needs and how to meet them appropriately. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had capacity to make day-to-day decisions. However staff and the registered manager understood their responsibilities in line with the MCA requirements. Staff understood the importance of treating people with dignity and respect and people confirmed this.

People were provided with nutritional support if this was an assessed part of their package of care. Systems were in place to respond to people's healthcare needs.

People were happy with the care they received from staff and felt they had forged meaningful relationships with them. They told us they were treated with kindness and compassion. Staff were respectful of the decisions people made.

People had their support needs assessed and reviewed on a regular basis, so that staff knew how to support them to maintain their independence. Care plans contained person centred information. Staff understood the importance of meeting people's individual needs and provided the care and support they required. The service had systems to obtain people's feedback and provide them with opportunities to raise concerns.

There was an open and positive culture at the service, with a clear set of values which people, staff and the management all worked towards. Quality control systems were in place to ensure care was delivered to a

high standard and identify areas for development. Staff were keen to drive further improvement and to make the service the best that it could be.

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.

Procedures were in place and being followed by staff to safeguard people against the risk of abuse.

Risks had been assessed and action put in place to minimise these.

Staff recruitment procedures were in place and being followed. The service had enough staff to meet the needs of people using the service.

Staff understood medicine management procedures and provided the support people required to take their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received training so they had the skills and knowledge to care for people effectively.

Staff understood people's rights to make choices about their care and supported them to regain their independence.

People were supported to maintain appropriate nutritional intake.

People had access to health and social care professionals and these were accessed when needed to promote good health.

Is the service caring?

Good ●

The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion. Staff ensured they promoted people's privacy and dignity.

Care records reflected people's individual wishes and staff understood the care and support people needed to regain their

independence.

People had the opportunity to express their views regarding their care.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to ensure people and staff were supported by the management and the provider. Staff felt valued and well supported by the management team.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

Quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified.

Triangular Care Services Limited

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 18, 19 and 21 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 the registered manager and staff would be available for us to talk to, and that records would be accessible.

The inspection was undertaken by two inspectors 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. The expert used for this inspection supported us by making phone calls to people who used the service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and commissioning group, to gain their feedback as to the care that people received.

We spoke with ten people and two relatives. We also spoke with the registered manager, two care coordinators and five care staff.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed five staff recruitment files, two weeks of staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they always felt safe and that staff protected them from harm or abuse. One person said, "I do feel very safe with everyone." Another person said, "I feel 100% safe." People's relatives shared this view. A relative told us, "He is in safe hands." Another relative told us, "My wife is completely safe in their hands."

Staff understood their role in keeping people safe. They were clear around identifying and reporting any suspicions of abuse to the team leaders or registered manager. One staff member said, "The first thing I would do is to write everything down and make sure the person is ok. I would then report it to my team leader or the manager. If nothing happened I wouldn't leave it, I would take it further." Another staff member said, "I know what to do and what to look for. We have had all the training."

Staff told us they had undertaken safeguarding training and the training records we saw confirmed they had received this. The registered manager explained the action they would take in the event of a safeguarding matter and was aware that they should contact the local authority and Care Quality Commission (CQC) if they had any concerns. The service followed local multi-agency policy and procedures to safeguard adults from abuse, with local authority policies for safeguarding and whistleblowing also in place.

Staff told us that they would report incidents and accidents to the registered manager should they occur. The registered manager told us that any accident or incident would be looked into and action taken as a result. Where necessary, we found that incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.)

The registered manager told us the service responded to weather alerts and travel disruption and took action to provide continued care and support to people safely. Contingency plans to respond to emergency situations were in place.

People had individual risk assessments in place to promote and protect their safety. Staff told us that risk assessments were helpful tools to guide them in the delivery of care. One staff member said, "They have risk assessments in place, new ones have just gone in and are up-to-date with any changes." The registered manager spoke with us about people's risk assessments and told us that staff used to them to get information about specific risks that existed, as well as control measures to manage the risks. Risk assessments had been written with the person and signed and dated by them where possible. We found that they covered areas such as environmental aspects of people's homes and moving and handling requirements.

People and relatives told us there was enough staff on duty. One person told us, "If they are going to be late for any reason another carer will always phone and let us know." A relative said, "The other company we had before Triangular, we had lots of missed calls but not now. We also have consistency of care staff." Staff also said there were enough of them to meet people's needs safely. One staff member told us, "There are enough of us but if we ever need more then we all help out so that things get covered." The registered manager told us that rotas were designed to be flexible, so that staff had the time to spend with people. Cover was

provided for staff holidays and sickness and the team leaders had the training and experience to provide cover in the event of any situation where a carer could not attend. There were appropriate numbers of staff employed to meet people's needs.

People were protected because there were effective recruitment procedures in place that were followed. One member of staff said, "When I started here they made sure they had references, a DBS, application form and a photo. I couldn't start without everything being in place." We saw that prospective staff completed application forms and the information provided included a full employment history. Pre-employment checks had been carried out which included Disclosure and Barring Scheme (DBS) checks, health clearance, proof of identity documents including the right to work in the UK and two references. Staff files demonstrated that staff members had been safely recruited and that appropriate steps carried out, to ensure staff were of suitable character to work with vulnerable people.

People told us they were supported to take their medicines as prescribed, and medication administration records (MARs) confirmed this. Those people who were supported to take medication had no concerns with the way in which this was managed by staff. One person said, "They remind me to take my medicine." Staff told us that they could only give people their medication if they had received appropriate training and oversight. One staff member said, "I have been trained to give medicines. We use MAR charts to record when they have been given." They explained that this included competency checks, to make sure they were giving people their medication correctly. The registered manager showed us that changes had been made to the medication system since our last inspection to make things more robust and to minimise potential for errors in recording to occur.

Is the service effective?

Our findings

People and their relatives were happy with the support they received from staff and felt that staff had the right skills, and knowledge they needed to care for them in accordance with their needs. One relative said, "They are well trained in using equipment, hoists and bath chairs." Another relative told us, "They always tell us that they undertake lots of training or there is some training planned. They are very knowledgeable. We have a double up service and they are confident with the equipment that is used. They are trained well." We were also told, "My husband has complex needs and the staff have been to [Name of local hospital] to be trained." People were confident that staff had the right level of training to meet their required needs.

The registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Newly recruited staff worked with more senior staff until they were competent to work alone. One staff member told us, "The induction was great; it gave me a reminder of things and made me feel confident in what I was doing." We were also told, "We do a three month induction when we join, which includes two to three weeks shadowing. It gives you that chance to meet and greet people and it helps people to get comfortable with you." Records confirmed that the provider induction programme had been changed to accommodate the essential standards within the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Competency was assessed by the registered manager and care coordinators through a series of observations, in areas such as administration of medication and moving and handling people, during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge up-to-date. They said that the training was detailed and relevant to the needs of the people they supported and helped them to develop further skills. One staff member said, "The sessions are informative, we always have a talk afterwards, time for further questions if we are unsure." Another staff member said, "We have all the training we need. Yes I do think it helps." The registered manager told us, and records confirmed that staff had also been supported to undertake additional vocational training. Records showed that staff had attended training which included safeguarding, infection control and manual handling which was appropriate for their role.

Staff also said that they received regular supervision sessions with senior staff. They informed us that these were useful sessions which allowed them to discuss issues or concerns within the service, as well as ideas for the development of the service and themselves. We looked at staff supervision records and saw that staff had regular supervision and on-going support from senior management.

Consent to care was sought by staff. People acknowledged that staff asked for their permission before they carried out a task or offered them support. One relative told us, "They always tell my son what they are going to do before they do anything and they are very professional." Staff told us that it was important to seek people's consent, and to provide care and support in line with their wishes. One staff member told us, "When people can't make their own decisions we follow the Mental Capacity Act to help make decisions for them, in their best interests." Records confirmed that people's consent had been sought and documented,

for example, in respect of medication and provision of care.

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. The registered manager told us, and records confirmed that staff had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People were happy with the food they received when this was an assessed part of their care package. One person told us, "They cook for me and prepare the food nicely." Most of the time, we found that relatives supported their loved ones to take sufficient dietary intake, but staff told us they would help to support people to heat up meals when required. If people had specific nutritional requirements then records confirmed that these were taken into account within the care plans.

People's health and wellbeing was monitored by staff in case of any changes. One person said, "I have a lot of medical care that is required and they do liaise with my district nurses. I am very happy with the staff. They know me well and are aware of the medical side of things and will take initiative if I am unwell. I have been sent to hospital by my carers as they have recognised signs to have me admitted so they respond quickly to my needs." Staff told us if they had any concerns about people's health they would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals.

Is the service caring?

Our findings

People were positive about the staff that cared for them. They were very complimentary about the care and support they received and told us that staff were always caring and compassionate. One person said, "The carers were fantastic." Another person told us, ""Absolutely 100%, it has taken a long time for a company to come along and sort my complex needs out. I cannot put into words how amazing they are. I have a much better quality of life with the care they provide, they help me bathe and get dressed they sit and chat and I feel like a person not a number. They have helped me so much." Another person told us, "I cannot do without them."

People had developed good relationships with staff, which helped them to feel at ease when they received care. One person said, "They are always helpful and obliging." A relative told us, "His needs change and they respond and can communicate well. They will converse well and speak to him in a kind way and he will smile. He responds to being spoken to nicely." Staff described how they managed to build relationships as part of the provision of care as they felt this went some way towards helping people maintain their independence. One staff member said, "That's what I like about having the same group of people to visit, you get to know them and what they like. We build on that each time we see them and get to have a good relationship."

Staff told us that they felt it was important to get to know people and spend time talking with them during visits. They said that this helped people to feel comfortable, as well as making sure that people received the care they wanted.

Staff kindness towards people and their ability to empower them were evident in the conversations we had with people about their care. One person said, "They are always polite towards me." People told us that staff had spent time with them, getting to know them and what they liked and disliked. One person said, "They take me out for coffee, for a haircut and to get my eyebrows done, they do things for me as a person which makes me feel better. There are not many things I can control but they help me." People also told us they had been provided with information on the first visit so that they knew what would be provided and their expectations of the service along the way.

Care plans had been produced to provide staff with guidance about how people wanted to receive their care. People told us that they had been involved in this process, to make sure the care plans were reflective of their wishes and contained information which was relevant to them. One person told us, "I am involved with the care planning and tell them what is needed and they understand. They always raise any concerns with me if my husband is not quite right" A relative said, "They change the care plans when needed and I am involved with all of it."

Staff told us that it was important that people were involved in planning their care, and they worked to ensure their views and wishes were accurately represented. People were aware of their care plans and the content of them.

We reviewed people's care plans and saw evidence that they had been involved throughout the care planning process. In addition, useful information about the provider and the services that people and their families could expect to receive had been made available. This included information about contacting the service and how to provide feedback or make complaints.

People we spoke with said they were able to advocate on their own behalf, or would request their relatives to be included in the conversations. There was evidence that this was the case and people were able to verbalise their needs.

People's dignity and privacy was respected. One person told us that staff always knocked on their door before entering their home. Another person told us that staff made sure their curtains were closed when they were being supported with personal care needs. A relative told us, "The girls are polite and treat the home with respect. The care is provided in a dignified way at all times and we know that my mother in law is safe in the care staff's hands." We were also told, "They treat my husband with respect and everything is very dignified."

Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. For example, staff confirmed they would always cover people when providing them with personal care.

Is the service responsive?

Our findings

People's care needs were fully assessed before the service began providing support. Initial assessments could be completed within a very short period of time to enable urgent care to be commenced. Assessments were often completed in conjunction with information from the local authority and commissioning group. People told us they had been involved in the initial assessments and the development of their care plans. We saw that staff visited people at home, and undertook a robust assessment, detailing likes, dislikes, past medical history and what this meant to the person's resulting care needs. We found that when there had been an improvement or change to a person's needs, that their goals and aims were reviewed and changed.

People had updated support that was planned with them to ensure the service met their needs on an on-going basis. People were involved in planning their care through discussions with the registered manager or branch manager, and there was evidence in the care records to confirm this.

Care was person-centred to ensure it was representative of people's choices and decisions. One person told us that staff kept them updated at all times to make sure they had the right information so that they could make decisions about their care. The registered manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced.

People knew that they had care plans and daily documentation that was completed by care staff. They understood they had a right to review this and felt that they were asked their views as to whether their care met their needs. One person said, "The care records are accurate and they record any skin marks it's all well documented." Another relative told us, "[Name of Person] has challenging behaviour but responds well to the staff and everything is well documented." People and their relatives were happy that the care plans reflected their current needs.

Staff told us that care plans were important and needed to be kept up to date so they remained reflective of people's current needs. One staff member told us, "We look at the care plan, it's the first thing we do when we go into somebody's house." They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. We found that care plans were based upon the individual needs and wishes of people who used the service. They contained detailed information on people's health needs and about their preferences and personal history.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. Both people and their relatives confirmed that they had been involved in these reviews. One relative said, "The manager comes and visits a lot and reviews the paperwork and will stay and chat." We were also told, "The company will do follow up visits and always take into account our opinions." People told us that staff gave them an opportunity to give feedback and that they were supported to make any suggestions they may have regarding the care and support provided to them or their family member.

People knew how to raise complaints with the service. One person said, "I have no complaints. It's a first

class service. We have no problems." Staff told us that they encouraged people and their families to raise any concerns that they may have. We saw that the service had a complaints policy in place, as well as information in people's files, providing them with guidance about how to make a complaint. There was also information available about contacting the service, as well as external organisations, such as the local authority and the Care Quality Commission (CQC); in case they wanted to make an external complaint about the service they received.

We saw that the service had received some complaints in the past 12 months. Those that had been received were investigated by the service, and actions implemented as a result. There was an effective complaints system in place that enabled improvements to be made.

Is the service well-led?

Our findings

The service had a positive and open culture which enabled people to feel that they were treated as individuals and that staff were fully committed to their roles in supporting them. People were positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews. We found that the registered manager and care coordinators monitored the outcome of people's reviews to identify any possible improvements that could be made to the service.

Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member told us, "I feel that we are listened to, valued. What we say is taken on board." Another staff member said, "Support-wise, the company is great. We can come and talk to them and they really are helpful." All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or discuss rotas with the care coordinators. We saw that they were relaxed and exchanged positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager.

We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

The service had a registered manager in post. The people we spoke to and their relatives, all knew who the registered manager was. Staff told us that the registered manager offered support and advice and was accessible to both staff and people. We observed that the registered manager was flexible and hands on' in their approach, willing to support staff at any time. One staff member told us, "We have a great boss, really supports us with everything. I know they would always be there for us."

We found that the registered manager was supported by two care coordinators, team leaders and a small team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them. We were told that if the registered manager was not available, then staff could contact the care coordinators or team leaders who would also offer support and advice.

The registered manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. The action they had taken since our last inspection showed their desire to make improvements and provide better quality care to people. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care, visiting people when this was required. The registered manager told us that by having an insight into what staff faced, this enabled them to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements. The registered manager also told us that a variety of audits were carried out on areas which included health and safety, care records and medication. We found that when required, there were actions plans in place to address any areas for improvement. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.