

Triangle Community Services Limited

Darcy House

Inspection report

Darcy House
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Essex
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Tel: 02085938774

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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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 8 December 2016 and was announced. At the previous inspection of this service in November 2015 we found two breaches of regulations. This was because the provider had not notified us of safeguarding allegations and there were not enough staff working at the service. During this inspection we found they now informed the Care Quality Commission of safeguarding allegations in line with their legal duty to do so. However, we found there were still not enough staff working at the service.

Darcy House is part of a community service provided by Triangle Community Services Limited. They provide an extra care service to people who are tenants at Darcy 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 two 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 four breaches of regulations during this inspection. There were not enough staff working at the service and staff did not receive one to one supervision in line with the provider's policy. Medicine records were not always completed accurately. Quality assurance and monitoring systems did not always identify issues of concern at the service. You can see what action we have asked the provider to take at the end of this report.

The service had safeguarding procedures in place to help protect people from the risk of abuse. Risk assessments were in place which set out how to support people in a safe manner. Robust staff recruitment procedures were in place to help ensure suitable staff were employed.

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 to access relevant health care professionals.

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 and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of 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?

The service was not always safe. People told us there were not enough staff working at the service and staff were often late in providing care to people.

Although medicines were administered correctly there was poor practice with medicines record keeping.

The service had appropriate safeguarding procedures in place and staff were aware of their responsibility for reporting any allegations of abuse.

Risk assessments were in place which included information about how to mitigate risks people faced.

The service had robust staff recruitment procedures in place which included carrying out various checks on prospective staff.

Requires Improvement ●

Is the service effective?

The service was not always effective. 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 to access relevant health care professionals if required.

Requires Improvement ●

Is the service caring?

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.

Good ●

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?

Requires Improvement ●

The service was not always well-led. Although quality assurance and monitoring systems were in place, these were not always effective.

The service had a registered manager in place. People and staff spoke positively about the registered manager.

Darcy 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 8 December 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 this service. This included details of its registration, previous inspection reports and any notifications they had sent us. We contacted the local authority in which the service is located to seek their views about the service.

During the inspection we spoke with eight people that used the service and one relative. We spoke with four staff. This included three support workers and the registered manager. We looked at four sets of records relating to people including care plans and risk assessments. We looked at five sets of staff recruitment, training and supervision records and medicines charts. We examined minutes of meetings and records of the quality assurance systems used at the service. We checked various policies and procedures including the complaints and safeguarding adult's procedures.

Is the service safe?

Our findings

At the previous inspection of this service in November 2015 we found there was not enough staff to meet people's needs. This was because staff felt rushed when they carried out their duties and they were often late going to support people. During this inspection the registered manager told us they had addressed this issue by increasing the number of care staff working in the mornings from four to five care staff. However, we still found areas of concern with staffing levels during this inspection.

People we spoke with told us there were not enough staff working at the service and care staff were often late for appointments and sometimes they did not arrive at all. Six of the eight people we spoke with and the relative raised concerns about staff being late for appointments. Comments from people about staff included, "Sometimes the amount of time I have to wait, I could have been on the floor." "They've never got enough staff, they forget that we don't have weekends off. The carers are marvellous. For some unknown reason they are making everyone come in on the weekend, they don't want to work the weekend and they phone in sick. They are being asked to do a lot, they are always rushed." "There's not enough staff at weekends." "Not enough staff, sometimes they're late. Sometimes they're punctual and sometimes they're about an hour late." "Carers they wind me up sometimes, they don't always come. They're late or don't turn up." "I've had it that they don't arrive. I just have a cup of tea and get on with it." "Sometimes I have to wait for the carers at tea time to change my pad." A relative said, "So short of staff."

We checked the staff rotas for day shifts between 1 November 2016 and 4 December 2016. These showed that during that period there were eleven days when the service was one staff member short on the early shift and one day when the service was two staff short in the early shift. During the same period there were ten late shifts where the service was one staff member short. This was a total of 23 missed shifts in a 34 day period, meaning that most days the service operated below the staff levels it was supposed to operate at.

The registered manager told us there had been some difficulties providing cover for shifts when staff cancelled their shift at short notice. They explained the service had recently changed the shift patterns for staff and told us some staff were resistant to this. In particular, the registered manager said some staff did not want to work at weekends and there had been problems with staff cancelling weekend shifts at short notice.

Lack of staff potentially put people at risk of receiving unsafe care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection of this service in November 2015 we found they had not notified the Care Quality Commission [CQC] of allegations of abuse, even though care providers are legally required to do so. During this inspection we found this issue had been addressed. In planning for this inspection we saw that allegations of abuse made since our previous inspection had been notified to CQC. During the inspection we found the service had also informed the local authority of any safeguarding allegations as appropriate.

The service had a safeguarding adults policy in place. This made clear the service had a responsibility to

report any allegations of abuse to the relevant local authority and CQC. Records showed staff had undertaken training about safeguarding and staff had a good understanding of their responsibility for reporting any allegations of abuse. One member of staff said, "I would go to the manager." Another member of staff said, "If there was no management around I would go to the police or social services." A third staff member said, "If something has happened with safeguarding we need to notify the office about it. If they are not doing anything about it, call the head office. When things happen we need to report. We can go to the local council or CQC."

The registered manager told us the service did not hold or spend any money on behalf of people. This reduced the risk of financial abuse occurring.

Staff had undertaken training about supporting people with medicines which included an assessment of their competence in that area. Staff were aware of what to do if they made an error with a person's medicines. One staff member said, "I would tell the manager and phone the doctor and let them know."

Since the last inspection of the service there were a number of errors made with medicines that the service notified the Care Quality Commission about. We found that the service had taken proactive steps to address these issues and help reduce the risk of further errors occurring. Staff were re-trained in administering medicines and the issues were discussed with those responsible for the errors. The service had also improved its recording procedures with regard to medicines so that it maintained records of all medicines that were received for people they supported with medicines. This meant there was a clear audit trail of the amounts of medicines used by people which made it easier to monitor if people were receiving the correct dosage.

However, we still found some concerns with medicines. Medicine administration record (MAR) charts were maintained. We examined these and found they contained several unexplained gaps in them where staff were supposed to sign to show they had administered the medicine. The registered manager told us that MAR charts were looked at as part of spot checks but they were not all routinely checked by senior staff. This meant where gaps occurred on MAR charts there was a possibility this would not get picked up by the service. This procedure was contradictory to the provider's policy on medicines which stated staff had to sign MAR charts when they administered a medicine and that MAR charts were to be returned to the office each month and audited. The registered manager confirmed this was not the practice. The registered manager told us that gaps on MAR charts did not in itself mean that medicines had not been administered and told us daily records showed that they had been given. We checked the daily records for the relevant dates and these confirmed that medicines had been administered.

Poor practice with medicines recording increases the risk of errors occurring with the administration of medicines. This potentially puts people's health, safety and wellbeing at risk. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service told us they felt safe. Comments included, "Safe, yes safe. He's employed a few new ones, they are good." "The risk is that I fall on the floor. I have a tag around my neck and I leave the door open" and "I feel safe when they are washing me. [Staff member] is a diamond."

Risk assessments were in place. These set out the risks individuals faced and included information about how to mitigate those risks. For example, the risk assessment for one person about moving and handling stated, "My commode needs to be near my bed so I can get to it at night if needed." A risk assessment for another person stated, "[Person] walks slowly and completes tasks slowly as well. She is not to be rushed as this upsets her." Risk assessments on the physical environment included details of risks associated with trip

hazards, fire hazards and electrical equipment. Other areas covered by risk assessments included falls, medicines and behaviours that challenged the service. Staff told us when working with people that exhibited behaviours that challenged the service they never used any form of physical restraint.

The service had robust staff recruitment procedures in place. Staff told us and records confirmed that pre-employment checks were carried out. One staff member said, "All that was checked, DBS [Disclosure and Barring Service] and references." A DBS check is to see if a person has any criminal convictions or is on any list that bars them from working with vulnerable adults. Another member of staff said, "They took my references from my previous job." Records showed prospective staff had supplied employment references, DBS checks and proof of identity before they commenced working at the service. This meant the service had taken steps to help ensure suitable staff were employed.

Is the service effective?

Our findings

Staff did not always receive regular supervision in line with the services' policy. The service had a 'Performance management Policy and Procedure' in place. This stated, "Performance is monitored by the employees supervisor/line manager and discussed in regular supervision meetings, which will take place at least every two months." Staff we spoke with and records confirmed this was not happening.

One staff member told us they had only had one supervision during 2016. Other staff said they had not had any supervision but they had only worked at the service for approximately five weeks. We looked at the supervision records of five staff. We saw that over the period since our last inspection in November 2015 two staff had received two supervisions and three staff had received only one supervision. The registered manager told us, "It's been slack, supervision."

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 undertook an induction programme on commencing work at the service. This included classroom based training, shadowing experienced staff as they provided care to people and completing the Care Certificate. The Care Certificate is a training programme designed for staff who are new to working in the care sector.

People told us they thought staff were competent and knowledgeable about their job. One person said, "Yes, they know what they are doing." Staff told us and records confirmed they had regular training. One staff member said, "We had the medication and moving and handling. We've got dementia and mental capacity training next week." Another member of staff said, "We had loads of training, manual handling, medication, safeguarding, what to do if you witnessed somebody being abused." The same member of staff said they were able to request training they thought would be helpful, telling us, "There is an end of life training coming up, I told them I want to do that and [team leader] said 'yes, of course'. [Registered manager] said any training you want to do just ask." Records showed staff undertook regular training including training about first aid, food hygiene, dementia care, fire safety and the Mental Capacity Act 2005. The training matrix showed that not all staff were up to date with their training but the registered manager was able to confirm that training dates had been set for the near future so that staff were up to date.

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 the service was working within the MCA. People were able to consent to their care and make decisions about how their care was provided. Where people lacked capacity to make decisions family members were involved. Care plans included information about people's capacity to make decisions. For

example, the care plan for one person stated, "I can be forgetful sometimes and need support with planning and decision making. My [relative] will help with this. I can make my own choices regarding care and support needs, what I like to wear and eat." Where people received support with their medicines they had signed agreement forms to consent to the support.

Where staff supported people with meal preparation they told us they enabled people to choose for themselves what they ate and drank. One staff member said, "I give her the option of what she has in her kitchen [to eat]." Another staff member said they gave people choices, asking people, "What would you rather have, toast or cereal. What would you like to wear?"

The registered manager told us the family of one person had raised concerns that their relative was not eating enough food. In response, the service monitored and recorded what the person ate at each meal and we saw records of this. The registered manager told us these showed the person was eating well, but if that changed they would make a referral to the GP.

The registered manager told us no one using the service required any support with eating and drinking at the time of our inspection, they only needed support with food and drink preparation.

The service supported people to meet their health care needs. Staff were aware of what to do if a person had a medical emergency or were unwell and care plans included contact details of people's GP. The service had worked with other agencies to promote people's health. For example, the speech and language therapy team had been brought in to provide guidance and training to staff about working with a person who had dysphagia.

Is the service caring?

Our findings

People told us they were treated in a caring and respectful manner by staff. One person told us, "The staff treat me alright." Another person said, "I always have respect but then I respect them." A third person said, "Carers are very kind. I've never had any complaints" and another person told us, "The carers are really nice. I fell over on Monday, they can't pick me up but they made me comfortable until the ambulance arrived."

Care plans contained information about people's life histories. For example, about where they grew up, past employment and family. This provided information to staff about people to help them to get to know people and to build up good relationships with them. Care plans also included information about what the person liked to be called. This meant staff were able to address them in the manner they preferred.

The service supported people to maintain their independence where possible. The registered manager said, "We try to make the service user to be as independent as they can be." Care plans set out what people were able to do for themselves and what they required support with. For example, the care plan for one person stated, "I am able to clean my own teeth, I am able to comb my own hair. Staff to support me with dressing, I will choose my own clothes." The care plan for another person stated, "Staff to assist with dressing and undressing. [Person] can choose what she likes to wear if shown different items of clothing."

Staff were aware of the importance of promoting people's independence. One staff member said, "I ask them what they want to do themselves [regarding support with personal care]." The same staff member told us how they supported a particular person on the day of inspection, saying, "I do her back and her feet because she can't bend down, but she does the rest." Another staff member said, "[Person] does her front, arms and down below. We always promote if they are able to do it they should do it." Staff told us how they promoted people's privacy. One member of staff said, "I always make sure they are covered and they feel comfortable with me going to providing support [with personal care]." A second staff member said, "During personal care I close the door before the start for privacy."

Staff had recently undertaken training about confidentiality and boundaries and staff understood the importance of keeping private information confidential. People's records were stored in locked filing cabinets in the office which was kept locked when not in use. Electronic records were password protected and only authorised staff had access to these. This promoted people's privacy.

Is the service responsive?

Our findings

People told us they were aware of their care plans. Comments included, "They talk to me about the care plan, I know what I need." "In there they have a care plan (pointing to a cupboard). Half an hour in the morning, shower weekends and Wednesdays. They make my bed and a cup of tea."

The registered manager explained the assessment and care planning process to us. They told us after receiving an initial referral either he or the team leader would carry out an assessment of the person's needs. The registered manager said of the assessment process, "We will sit and talk to them and ask family to come in. We talk to social workers, there is a number of people involved in the process." The purpose of the assessment was to assess what the person's care needs and wants were and to determine if the service was able to meet those needs. The registered manager told us they would turn down a referral if they felt they could not meet a person's needs, saying, "If we feel their needs are too much we would have to say this is more suitable for a care home."

Care plans were in place which were based on the initial assessment, ongoing observation and review of the person's needs. These included a one page profile which was located at the front of each person's file so it was easily accessible to staff. This included details of what was important to the person and how staff were to support them. This meant there was a brief and readily accessible precis of the person's needs which was useful for staff who had not worked with them before and did not have time to read the full care plan immediately. Care plans included information about how to support people with personalised care to meet the needs of individuals. For example, the care plan for one person about personal care stated, "I will have a wash on the bed. I cannot shower as I am unable to breathe when water goes over my head."

Care plans were subject to regular review. This meant they were able to reflect people's needs as they changed over time. The registered manager told us and records confirmed that care plans were reviewed every six months. However, they were reviewed more frequently if there was a significant change to a person's needs. The registered manager told us, "If there is a need that comes up before six months then that might be reviewed. It might be that the person has been into hospital and their needs have changed." Daily records were maintained of the care that was provided on each visit, this meant it was possible to monitor the care being provided on an on-going basis. We saw that care plans had been signed by people or their relatives which showed people were involved in developing them.

Staff we spoke with had a good understanding of the support needs of individuals they worked with and were able to describe each person's support needs. Staff said they read care plans to help get an understanding of people's needs. One staff member said, "Every resident has their folder that tells you what they need."

People told us they knew how to make a complaint. One person said, "No complaints with the way they handle things, I talk to them." Another person told us, "Complaint? Go and see [registered manager]. Only time I have a problem is if I have a tiff with one of the carers, it's all sorted out".

The service had a complaints procedure in place and people and relatives were provided with a copy of this. The procedure included timescales for responding to complaints and details of who people could complain to if they were not satisfied with the response from the service. We saw that complaints received since our previous inspection had been dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

The service had various quality assurance and monitoring systems in place. However, these were not always effective. The service had not followed its own procedure with regard to auditing medicine records which had led to errors with medicine records going unchecked. The registered manager told us they were aware that staff supervision was not up to date but steps had not been taken to address this issue. The registered manager was also aware that there were problems with staff missing shifts and cover not been provided, which again, had not been addressed.

The lack of effective monitoring systems in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to monitor staff performance and to seek the views of people using the service. These included spot checks. The registered manager said of spot checks, "[Senior staff member] goes in [to the person's flat] with the staff member then will pop back and talk to the service user." The registered manager told us the purpose of the spot checks was to allow the service to monitor the performance of individual staff in the way they carried out their support visit with people and to enable the service to have a dialogue with people using the service. Records of spot checks showed they looked to check if records were completed correctly, if cleanliness was maintained in the person's flat, if clean bed linen was put in place and if staff wore the appropriate clothing.

The registered manager told us they attended, "A meeting of all the local services in the borough to discuss what issues we have." This was a meeting for providers of domiciliary care services located in the London Borough of Barking and Dagenham to meet and discuss matters of mutual interest and was facilitated by representatives of the local authority. The meetings were called the 'Care Provider Forum.' Minutes of these meetings showed they included discussions about safeguarding, reporting of serious incidents and training opportunities.

Records showed the service held staff meetings. The registered manager told us they held two meetings in a short space of time both covering the same topics. This was to maximise the number of staff who were able to attend the meetings without compromising the caring responsibilities that staff had. The minutes from the most recent meeting held on 11 November 2016 evidenced discussions about gaps in medicine records, organisational changes and changes to the staff working patterns.

The provider held meetings for all the managers of services in the local geographical area. These looked at how well each service was performing in various areas, including making sure care plan reviews and staff training was up to date. This meant the provider was able to identify if there was a shortfall in expected performance at the service.

The registered manager told us they carried out an annual survey of people and their relatives to gain their views on the running of the service. The most recent survey was sent out to people in September 2016. This was done by the provider and the registered manager told us they had not yet seen the results of the survey

at the time of our inspection.

People spoke positively about the registered manager, although they raised concerns that nothing had been done about the lack of staff at times. One person said, "[Registered manager] listens. Well managed yes, but there are staffing problems." Another person told us, "[Registered manager] is the best one we've ever had. He talks to you like you're a normal person."

The service had a registered manager in place who was supported by a team leader in the running of the service. Staff spoke positively about the registered manager and senior staff. One member of staff said, "I think [registered manager] is all right so far. He is approachable, I would be able to go to him with anything." The same staff member also spoke positively about the working atmosphere at the service, saying, "I love it here, we work well as a team." A second staff member said of the registered manager, "He is so caring, he really is a nice manager, he is always there for you to talk to." Of the staff team the staff member commented, "I get on well with everybody, we all help each other out and get along really well." A third member of staff said, "He is a good manager."

The service had an out of hours on-call system. This meant staff were able to contact senior staff when none were present on site. Staff were aware of where to find the on-call number.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care was not provided in a safe way for service users because the registered person had not implemented effective systems for the proper and safe management of medicines. Regulation 12 (1) (2) (g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not operated effectively to assess, monitor and improve the quality of services. Systems had failed to address shortfalls in relation to staff supervision, medicine records and staffing levels. Regulation 17 (1) (2) (a)</p>