Triangle Community Services Limited

Darcy House

Inspection report

Darcy House
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Essex
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Date of inspection visit: 2 November 2015
Date of publication: 06/01/2016

Ratings

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

Overall summary

The inspection took place on 2 November 2015 and was announced. This was the first inspection of this service since it was registered in February 2015.

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. Twenty seven people were using the service at the time of our inspection.

The service had a manager in place. However, they were not registered with the Care Quality Commission. 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.

Summary of findings

The provider had not notified the Care Quality Commission of allegations of abuse within the service. There were not enough staff working at the service to ensure people's needs were met in a caring and sensitive manner.

We found two breaches of regulations. You can see what action we have asked the provider to take at the end of this report.

People told us they felt safe using the service. Staff were aware of their responsibility to report any safeguarding allegations to senior staff. Risk assessments were in place which included information about how to reduce risks people faced. Robust staff recruitment procedures were in place. Medicines were managed in a safe manner.

Staff were appropriately supported by the provider through training and supervision. The service was working in line with the provisions of the Mental Capacity Act 2005 and people were able to make choices about their care. This included choosing what they ate and drank where the service supported them with meal preparation. The service worked with other care services to promote people's health, safety and wellbeing.

People told us that staff were mostly polite and respectful to them. Staff demonstrated an awareness of how to promote people's independence and privacy.

The service carried out an assessment of people's needs before providing care. Care plans were in place setting out how to support people in a personalised manner. These were subject to review. The service had a complaints procedure in place and people knew how to make a complaint.

People that used the service and staff told us they found senior staff to be helpful and supportive. The service had a clear management structure in place. Various systems were in place for monitoring the quality of service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. The provider had not always notified the Care Quality Commission of allegations of abuse in line with legal requirements.

Risk assessments were in place which included information about how to manage and reduce the risks people faced. The service did not use any form of physical restraint.

Robust staff recruitment procedures were in place which included carrying out various checks on prospective staff.

Support with medicines was provided in a safe manner.

Is the service effective?

Good

The service was effective. Staff received regular training and supervision to support them in their role.

The service worked in line with the provisions of the Mental Capacity Act 2005 and people were able to consent to their care and make choices for themselves. Where support was provided with meal preparation people were able to choose what they ate and drank.

The service worked with other care services to support people's wellbeing. For example, making referrals to health care agencies where there had been a change in a person's care needs.

Is the service caring?

Requires improvement

The service was not always caring. There were not enough staff working at the service to meet people's needs in a caring and sensitive manner.

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

Is the service responsive?

Good

The service was responsive. Care plans were in place for people which were drawn up with people's involvement. These set out how to meet a person's needs and were subject to regular review.

The provider had a complaints procedure in place and people were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led. There was a manager in place but they were not registered with the Care Quality Commission. They told us they planned to apply for registration within a week of our inspection.

Summary of findings

People that used the service and staff told us they found senior staff to be helpful and supportive. Various systems were in place for monitoring the quality of service provided.

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 2 November 2015 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 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.

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

During the inspection we spoke with nine people that used the service and two relatives. We spoke with six staff. This included the manager, the administration and support worker, a lead care and support worker and three care and support workers. We observed how staff interacted with people that used the service. We examined various records including six sets of care plans and risk assessments, medicines charts, staff meetings and staff recruitment, training and supervision records. We looked at various policies and procedures including the safeguarding adults, whistleblowing and complaints procedures.

Requires improvement

Is the service safe?

Our findings

The service had procedures in place about safeguarding adults and whistleblowing. These made clear the responsibility of staff and management for responding to issues of concern and notifying appropriate agencies. Care staff we spoke with had a good understanding of their responsibility with regard to safeguarding adults. They were able to name the different types of abuse and were aware of their responsibility to report safeguarding allegations to a senior member of staff. They also understood issues related to whistleblowing and told us they would whistle blow to outside agencies if appropriate. Records showed staff had undertaken training about safeguarding adults.

The manager told us that there had been one safeguarding allegation since the service was registered with the Care Quality Commission in February 2015. Records showed that this had been referred as appropriate to the relevant local authority in April 2015. However, the provider had not notified the Care Quality Commission of this safeguarding allegation.

The provider has a legal responsibility to notify the Care Quality Commission of any allegations of abuse. Not doing so is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People told us they felt safe using the service. One person said, “We are safe here.” Another person told us, “The carers are very careful when giving me a shower. I have never had an accident here.” Another person said, “This is a safe environment.”

Risk assessments were in place setting out how to support people in a safe way. For example, one risk assessment stated, “[Person that used the service] would like someone present when she is taking a shower to ensure her safety in the event of an epileptic seizure.” We saw risk assessments about health and safety, the physical environment, the use of bed rails and the risk of falls. We saw that one risk assessment had not been updated after a person spilt a hot drink on themselves. We raised this issue with the manager who was aware of the issue and was able to demonstrate that steps had been taken to promote the person’s safety. They told us they would ensure the risk assessment was updated as a priority. Care staff told us it was not their responsibility to write risk assessments but said they were expected to read them. Staff had a good understanding of the risks that the people they worked with faced.

We saw care plans included personalised information about supporting people who exhibited behaviours that challenged. For example, one care plan stated, "If staff see that I am angry, joking with me calms me down.” The manager and care staff told us they did not use any form of physical restraint at the service. One staff member said, “No, never, no restraint used.”

Staff told us that although there were not enough staff to support people in a caring and sensitive manner they had enough time to meet people’s basic care needs in a safe manner. Staff said that two staff were always present when providing support to people that had been assessed as requiring the support of two staff.

The service had robust staff recruitment processes in place. Staff told us and records confirmed that various checks had been made before they were able to start working with people. These included employment references, proof of identification and criminal records checks. This helped ensure suitable people were employed.

People told us they received appropriate support with taking their medicines. One person said, “I asked them to leave my tablets with me so that I can take them after I have eaten. They are happy to do this and I never forget to take them as I know how important it is.”

Where people were supported with medicines, risk assessments were in place which set out what support staff needed to give to ensure medicines were administered in a safe manner. The provider also had a medicines policy in place which set out their responsibility with regard to the administering and recording of medicines. Where the service supported people with taking their medicines this was recorded on medicine administration record charts. We examined these for a four week period leading up to the date of our inspection and found them to be accurately completed and up to date.

People signed consent forms to agree to support with medicines. This included agreeing to have medicines stored in their homes in a locked cupboard that they did not have access to if appropriate.

Requires improvement

Is the service safe?

Records for one person showed they returned to their home from a stay in hospital with the wrong medicines. We saw staff took action on the day of their return to address this and made sure the person had all their correct medicines.

Staff told us and records confirmed that they had undertaken training about the safe administration of medicines. This included an assessment of their competence in this area. Staff were aware of what action they needed to take in the event of making a mistake with a person's medicines.

Good

Is the service effective?

Our findings

Staff told us they had undertaken training in various areas. One staff member said, "We have regular training." Records showed staff undertook various training courses including training about care planning, safeguarding adults, moving and handling, mental capacity, first aid, infection control and equality and diversity. The service had a computer programme which enabled the manager to keep track of which staff had undertaken training and when they were next due to undertake that training. This made it easier for the provider to ensure staff training was kept up to date. Staff told us and people that used the service confirmed that they had the opportunity to shadow experienced staff when they commenced working at the service. This was so they were able to learn how to meet people's individual support needs.

Staff told us they had one to one supervision meetings with senior staff and that they found these helpful. One staff member said they had supervision, "To make sure things are OK, to talk about what is working well, any complaints."

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

We checked whether the service was working within the principles of the MCA and found that it was. People told us that they were able to make choices about their care, for example about whether to have a wash or a shower. People said that staff sometimes prepared meals for them but they told the staff what they wanted. Care plans indicated people were supported to make choices and to be able to consent to their care. For example, one care plan stated, "There are some mornings when [person that used the service] will decline to have a shower. Please encourage her to have one or offer her a body wash instead." A member of staff told us about supporting one person with personal care, they said, "If he doesn't want one [a shower] I can't force him. I would explain to him the importance of having a shower but he can refuse."

Staff told us they asked people what they wanted and offered them choices. They said where people had limited capacity to communicate their wishes they helped them to make choices with the use of objects of reference. For example, one staff member said, "I show people different types of dresses to choose between." Another staff member said, "We communicate with them, I will ask them if they prefer a shower or a wash."

The manager told us that support with food was limited to preparing meals and drinks for people. One person was fed by means of Percutaneous endoscopic gastrostomy (PEG). This is where food is passed directly into a person's stomach through a tube. However, this was managed entirely by the person themselves and the district nursing service.

Care plans indicated that people were provided with a choice about what they ate. The care plan for one person stated, "I have breakfast in my room which staff prepare and choose what I want." Staff told us they offered people choices about food. One staff member said, "I ask her what she wants to eat." Another member of staff said, "I will show her cereal or porridge or toast to help her choose her breakfast."

Records showed that the service worked with other care agencies to promote people's health and wellbeing. For example, we saw the service made a referral to the physiotherapy team because of concerns about a person's mobility. We saw that another person's needs had changed so that they needed to be transferred with the use of a hoist. The person's bed was of a design that did not allow for the use of a hoist and the service had made a referral to the occupational therapist to provide support to address this issue. We saw the service was working with the district nursing service to support a person with the management of their pressure ulcer.

The service supported people to attend medical appointments and records showed people had been supported to visit the optician and to hospital

Good

Is the service effective?

appointments. Care plans included information about people's medical conditions and any allergies they had. This meant the service was able to provide this information to health care professionals as required.

Requires improvement

Is the service caring?

Our findings

All of the care staff we spoke with told us they had enough time to carry out their basic tasks in a way that meant people were safe. However, three of the four care staff we spoke with said they were often rushed in their duties and because of the amount they had to do were sometimes late to get to people. Staff told us this was especially the case during the morning. One care staff told us, "Sometimes I am late for people. If there is an emergency we have to go to that and that makes us late for the next person." Another member of staff said there were "hectic days" because they were so busy.

The manager told us the number of care staff working in the mornings had recently been cut from six care staff to four. Care staff told us they had raised the issue of lack of staff with the manager. The manager confirmed that this was the case and that they were working with the relevant local authority to seek to increase staffing levels. The manager said, "My biggest priority is to try to get some extra hours in for staff."

We found there were not enough staff working at the service to meet people's needs in a caring and respectful manner. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us staff treated them in a caring and respectful manner. One person said, "They are all so kind to me. I feel perfectly safe." People told us they had a choice about the gender of their care staff. One person did have concerns about the way a particular member of staff behaved, telling us, "I objected to the way a carer spoke to me and I told her so. However we have now put our differences aside."

Care plans provided information about how to support people to be independent. For example, one care plan stated, "I need staff to support me with dressing. Staff show me my clothes and I choose what I like." Another care plan stated, "[Person that used the service] stays a long time on the toilet so you might have to give him a while. He will call back care staff when he is ready."

Care plans contained information about people's likes and interests and their life history. This included details of their family, where they had lived and their employment. This enabled staff to get an understanding of the person and what mattered to them which helped to build relationships between staff and people that used the service.

Staff told us how they promoted people's dignity. For example, they told us they made sure the person was covered up and that doors and curtains were closed when providing support with personal care. One staff member told us, "We make sure the door is closed when providing support (with personal care)." Another staff member told us how they promoted people's independence. They said, "We encourage her to do as much as possible, she brushes her own hair."

Good

Is the service responsive?

Our findings

People told us that the support they received was responsive to their needs and that their care package changed as their needs changed. One person said, “Since I had a stroke I have needed more care and this has been provided and my care plan updated.”

The manager told us that senior staff carried out an assessment of people’s needs after receiving an initial referral from the local authority. This included meeting with the person and their relatives where appropriate. The purpose of the assessment was to determine if the service was able to meet the person’s needs. A review meeting was held after the first six weeks of service provision which included the person’s social worker to see if the person was happy with their care and if any changes needed to be made. The manager said after this people’s care was reviewed on a six monthly basis or more frequently if there was a change to a person’s needs. This meant that care plans were able to reflect people’s needs as they changed over time. We saw records of a meeting between senior staff and a person whose needs had changed and it was agreed the service would take up the issue with the commissioning local authority to see if their care package could be changed to meet the change in need.

The commissioning local authority carried out their own assessment of the person’s needs. These were used in conjunction with the assessment carried out by the service to develop care plans. These were drawn up approximately a week after the person began using the service so that staff had the opportunity to observe and discuss with the person what was important to them.

We saw that care plans were in place for people. These contained detailed information about how to support people in a personalised manner that met their individual needs. For example, the care plan for one person stated, “One care staff to go at 8am to disconnect the urine bag and empty it. Make available for [person that used the service] a bowl of warm water and face flannel to wash face.”

Staff told us they were expected to read people’s care plans and they had a good understanding of the individual needs of people they worked with. For example, staff knew what was important to individual people and what their preferences were in the way care was delivered.

We saw that each person had a contract in place between themselves and the provider which both parties had signed. These contracts set out the rights and responsibilities of the person and the provider which meant people had a clear understanding of what they could expect from the provider.

The provider had a complaints procedure in place. This included timescales for responding to complaints. The procedure made clear that people had the right to complain to the Local Government Ombudsman if they were not satisfied with how the provider had dealt with their complaint. However, it did not include contact details of the Local Government Ombudsman. We discussed this with the manager who told us they would amend the procedure accordingly. People were provided with a copy of the complaints procedure within the service user guide. The manager told us they were not aware of any complaints being made since the service was first registered with the Care Quality Commission in February 2015. People were aware of how to make a complaint if needed.

Good

Is the service well-led?

Our findings

One person that used the service told us, “The Senior staff are very good and do ask sometimes if everything is OK.” Staff told us they found senior staff to be helpful and supportive. Staff said that if they had any issues they were able to discuss these with senior staff. For example, one staff member said, “I had problems with the rota, I discussed this with the manager and he sorted it out.” The same staff member said, “The manager is good. He gives people a chance and encourages staff.” Another member of staff said of the senior staff, “They are very helpful. If there is any problem I can speak with them.” Another member of staff said of their supervisor, “She is very helpful.” The manager told us, “I have an open office and people can come and see me whenever they like.”

The service had a manager in place, however, they were not registered with the Care Quality Commission. They told us they intended to apply for registration within the same week as our inspection. The provider also employed an administrative support worker to help with the administration of the service. The service had an out of hours on-call system which meant senior staff were always available to provide guidance if required. Staff told us the on-call system worked effectively and that calls to it were always answered.

Various quality assurance and monitoring systems were in place. Staff told us they had regular staff meetings. Staff said these were used to discuss best practice and to address how things can be improved if there had been any mistakes made or complaints received. Staff told us recent team meetings had discussed issues including the importance of respecting people’s privacy and confidentiality, punctuality and making sure people had the correct medicines when they first began using the service.

A lead care and support worker told us part of their role was to carry out spot checks. They said this was to monitor if staff were providing support to people appropriately. During the spot checks they checked that medicine administration charts had been signed, if people had been supported to dress according to the weather and if the fridge was left clean and that there was no out of date food left in it. Records confirmed these spot checks took place.

During the inspection the manager told us they were not aware if any surveys were used to gain people’s views before they started working at the service but that they intended to use surveys in the future. After the date of our inspection the provider contacted us to inform us they had subsequently issued surveys to people that used the service, their relatives and staff. We were sent copies of the survey questionnaires which included asking people about the quality of their care, how they were treated and if they had any ideas about how the service could be improved.

The manager carried out a monthly audit report which looked at care plan reviews, staff training, complaints and staff recruitment. We saw issues identified were addressed. For example, there had been a complaint about the lift getting stuck and the provider reported this to the landlord to address.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The provider had failed to notify the Care Quality Commission of all allegations of abuse involving people that used the service. Regulation 18 (2)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not have sufficient numbers of persons employed to meet the needs of people that used the service in a caring and respectful manner. Regulation 18 (1)