Triangle Community Services Limited

Harp House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 October 2015 and was announced. The previous inspection of this service was carried out in June 2014 and we found they were compliant with all outcomes we looked at during that inspection.

Harp 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 Harp 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 one people were using the service at the time of our inspection.

The service had a manager in place. They were not registered with the Care Quality Commission but informed us they intended to apply for registration by 17 October 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Comprehensive risk assessments were not always in place to provide information about how to support people in a safe manner. The service had not notified the Care Quality Commission of allegations of abuse within the service. The provider did not have effective systems in place for seeking the views of people that used the service.

We found three 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 and care staff understood their responsibility to report allegations of abuse to their manager. There were enough staff employed at the service to meet people's needs and the service had sufficiently robust staff recruitment procedures in place. Medicines were administered and recorded in a safe manner.

Most people told us the service was effective and that staff knew how to meet their needs. Staff received induction training and had access to on-going support through training and supervision. People were able to make choices and to consent to their care. This included making choices about what they ate and drank. The service supported people to access health care professionals.

Most people told us they found staff to be caring and that they were treated with respect. Staff had a good understanding of how to promote people's dignity and we observed staff interacting with people in a sensitive manner.

Care plans were in place for people which set out how to meet their individual needs in a personalised manner. Staff had a good understanding of people's care and support needs. People knew how to make a complaint and the service had an appropriate complaints procedure in place.

Various quality assurance and monitoring systems were in place. Staff told us they found the senior staff at the service to be helpful and supportive.

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?

The service was not always safe. Comprehensive risk assessments were not in place around the use of bed rails and the risk of pressure ulcers. The service had failed to notify the Care Quality Commission of allegations of abuse within the service.

There were enough staff to meet people's needs. Robust staff recruitment procedures were in place which included carrying out various checks on prospective staff.

Medicines were administered and recorded in a safe manner.

Requires improvement

Is the service effective?

The service was effective. Staff had regular training and support from senior staff which included one to one supervision.

People consented to their care and were able to make choices which included choices about what they ate and drank.

The service supported people to access health care professionals and to attend medical appointments.

Good

Is the service caring?

The service was caring. Most people said staff acted in a kind and caring manner towards them and care plans included information about how to support people in a way that promoted their independence.

Staff had a good understanding of how to promote people's dignity and we observed staff interacting with people in a caring manner.

Good

Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review so they were able to reflect people's needs as they changed over time. Staff had a good understanding of the care and support needs of the people they worked with.

The service had a complaints procedure in place. People told us they knew how to make a complaint if required.

Good

Is the service well-led?

The service was not always well-led. Although various quality assurance and monitoring systems were in place these did not provide an effective mechanism to gain feedback from people that used the service.

Requires improvement

Summary of findings

The service had a manager in place. They were not registered with the Care Quality Commission but told us they planned to apply for registration in the near future. Staff told us they found senior staff to be helpful and supportive.

Harp 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 14 October 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 an 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 notifications the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to gain their views.

During the inspection we spoke with 15 people that used the service and one relative. We spoke with seven staff including the manager, the team leader, the lead care and support worker and four care and support workers. We looked at five sets of care records relating to people which included care plans, risk assessments and medicine administration charts. We looked at the recruitment, training and supervision records for six staff and minutes of staff meetings. We examined various policies and procedures including those related to safeguarding adults and complaints.

Requires improvement

Is the service safe?

Our findings

Although risk assessments were in place these were not always sufficiently detailed. For example, we saw that the service had carried out Waterlow assessments on people. A Waterlow assessment gives an estimated risk for the development of a pressure ulcer in a given person. We saw that one person had been assessed to be 'at high risk' and another person had been assessed as being 'at risk' of developing pressure ulcers. However, there was no information or guidance for staff about how to reduce the risk of pressure ulcers developing. The team leader told us that two people that used the service had bedrails fitted to the side of their bed to prevent them falling out of bed. Records showed that one person had got their arms caught in their bedrails and their arm was bruised in the week before our inspection. Although it was positively noted the service had taken steps to address this issue there was no risk assessment in place for either of the two people that used them about the safe use of bedrails.

The lack of comprehensive risk assessments potentially put people at risk. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some risk assessments were of a good standard and included information about how to manage risks. For example, risk assessments relating to moving and handling and the risk of falls included information about the staff and equipment required for individuals in a personalised manner. For example, one risk assessment stated, "Allow me time to walk with my crutches when I am in the mood. When I walk remind me to lead with my right foot, but I do need the carers to be present when I am walking."

The manager and staff told us the service never used any physical restraint on people. Staff explained how they supported people who exhibited behaviours that challenged. They told us their approach depended on the individual person and circumstances. Sometimes they sought to divert the person by speaking with them about things they were interested in and at other times they gave a person time and space to calm down.

The provider had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegations of abuse to the relevant local authority and the Care Quality Commission. The manager told us there had been four safeguarding allegations this year. We saw that appropriate referrals had been made to the local authority. However, the service had not notified the Care Quality Commission of these allegations. Staff at the service told us they were not aware of their responsibility to do this at the time the allegations had been made.

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.

Care staff we spoke with told us they had undertaken training about safeguarding adults and records confirmed this. Staff were aware of their responsibility to report any allegations of abuse to their manager. One staff member told us, "I would go to my manager and tell her what's going on (if they suspected a person was being abused)." The provider had a whistle blowing procedure in place and staff understood that they had the right to whistle blow to outside agencies if appropriate. The service did not hold money on behalf of people which reduced the risk of financial abuse occurring.

People told us they felt safe living at the service. One person said, "I do feel safe, because I can always talk to one of the girls [staff] who comes in, and they'll help me with anything." People said there was enough staff to meet their needs and they did not have to wait long when they required staff support. One person said, "I've never had to wait very long for them to come." Another person said, "I press my bell after lunch for them to bring me hot water so I can make a drink. I might have to wait ten minutes for the water, but they speak to me very quickly to check I'm ok."

Twenty-four hour support was available at the service to provide support in the event of an emergency. The level of support each person received was determined by the local authority with responsibility for commissioning care from the service together with the person that used the service. Care staff told us they had enough time to support people with their assessed needs and to provide personal care as required. The manager told us the service had identified a need for extra staff support with regard to two people living with dementia. We saw they were working with the relevant local authority to try to arrange this.

The service had robust staff recruitment procedures in place. The team leader told us only one new staff member had been recruited since our previous inspection and we

Requires improvement

Is the service safe?

found that required checks had been carried out before they were employed. We also checked the records for staff who were employed before our last inspection and again found that checks had been carried out. These checks included employment references, proof of identification and criminal record checks.

Where the service provided support to people with their medicines people had signed a consent form to show they agreed to this. This included agreeing to have their medicines stored in a locked cupboard in their home that staff were able to access. Staff signed medicine administration record (MAR) charts when they supported a person to take their medicine. These MAR charts were then checked by a senior staff member. We examined MAR charts for a one month period leading up to the date of our inspection and found them to be up to date and accurate. Staff told us and records confirmed that they had undertaken training about the safe administration of medicines. Staff were knowledgeable about what action they needed to take in the event that an error was made in the administration of a person's medicine.

Good

Is the service effective?

Our findings

Most people told us they felt staff were well-trained, and were competent to provide good care. One person said, "I wouldn't want to be anywhere else. I still have a good quality of life here." A relative told us that, "Staff are well-trained to provide good, effective care." Two of the 15 people we spoke with told us that the staff did not always know how to meet their needs. One person said that, "An inexperienced carer hooked me up wrongly, I slipped and my leg got caught under the bed" when being supported to use a hoist. Another person told us that their regular care staff understood their needs but said, "'They bring in staff from other homes [services run by the same provider] sometimes, who don't know my needs."

Staff told us at the beginning of their employment at the service they undertook an induction training programme. They said this involved a mixture of classroom based and DVD training. In addition they said they had between three and five days shadowing experienced staff at the service to learn how to provide support to individuals. The team leader told us and records confirmed that the one staff that had started at the service since the 1 April 2015 was working towards completing the Care Certificate. The Care Certificate is a training programme designed for staff that are new to working in a care setting.

Staff said they had access to regular training and felt the training provided them with enough skills and knowledge to support them to do their jobs. One staff member described their recent training about moving and handing, telling us, "We learnt about the hoist and the slings." Another staff member said, "On a regular basis there is always training." Records showed people undertook training in various areas included dementia care, moving and handling, safeguarding adults, health and safety, oral hygiene and the Mental Capacity Act 2005.

Staff told us they had supervision approximately every three to four months. One staff member said they discussed in supervision, "How things are going, am I happy, have I any issues with the service users or staff." Records showed supervision took place at three to four month intervals as staff had told us. The manager told us they felt that more regular supervision would benefit staff and told us this was a priority for them in the coming months. Staff told us that supervision was helpful and it gave them the opportunity to discuss any problems they had or issues with working with people.

People that used the service told us they were able to consent to their care and make choices. One person said, "They [care staff] are all lovely to me. They shower me, and always discuss what I'm going to wear that day. They always ask for your approval before doing anything."

Staff told us that they supported people to make choices. They told us they spoke with people about what support they wanted and that people were able to consent to their care. Staff said sometimes people did not want to have care in line with their care plan, for example they sometimes did not want to have a shower and staff respected that. Staff told us they used visual aids to help people make choices. For example, one member of staff said they set out different sets of clothes for the person to choose from. Where people lacked capacity to make choices staff said they asked relatives who were able to provide information about people's preferences and that care plans were also a good source of relevant information.

The manager told us that if any person required a mental capacity assessment or a best interest decision meeting it was the responsibility of the local authority to facilitate that. The manager had a good understanding of issues relating to the Mental Capacity Act 2005 and some staff had undertaken training about this.

We found that care plans had been signed by people which indicated they agreed with their content and consented to allow staff to provide the support detailed within the care plan. Care plans included information about supporting people to make choices. For example, one stated, "[Person that used the service] needs assistance to get dressed but can choose her own clothes."

Care plans included information about what support people needed with meal preparation. One care plan stated, "Prepare meal of person's choice." Another stated, "I like cereal with warm milk and toast for breakfast and tea with two sugars." The care plan for another person stated, "I like porridge for breakfast." This meant people were supported to eat and drink what they chose. Staff told us they supported people to make choices about their food. One staff member said, "We ask what she would like for her breakfast or tea."

Good

Is the service effective?

People told us the service supported them to access health care services. One person said, “If I have a hospital appointment, they’ll lay on transport, and arrange early carers for me. They’re good at everything.”

The team leader told us the service worked with other agencies to promote people’s health and well-being. For example, records showed that one person recently had a cough and the service arranged for them to be seen by a GP. Another person was being treated by the district nurse and staff provided support in line with their guidance to the person. The service worked with the occupational therapy team to support another person to get equipment suited to meet their needs.

The service had a record of compliments from relevant persons. These included from health care professionals. One health care professional wrote, “The quality of records by care staff was very good and made my job easy.”

Good

Is the service caring?

Our findings

Most people told us they were treated in a kind and caring manner and that staff promoted their dignity. One person said, "They treat me very well, they're very friendly. I know they're very busy, but they don't rush me. They allow me the time to do what I can do for myself. For example, they give me the flannel so that I can wash my own face." Another person told us, "The carers here are lovely." Another person said, "The care is excellent in every respect. It is first class, they are all lovely girls [care staff]." The service kept a record of compliments made by relatives of people that used the service. We saw these showed relatives had appreciated the way the service had cared for people. One relative wrote of the "kindness shown to our [person that used the service]."

However, one person said that some staff did not always respect their privacy when providing support with personal care. The person said, "They [care staff] strip me, and leave me naked on the bed in front of the window while they're organising themselves." They said they left the curtains open when doing this, but stressed this was not all staff that did this. The same person also told us that staff sometimes referred to them by their room number rather than their name.

Care plans included information that was personal and important to people. For example, one care plan stated, "Please make sure my iPad and mobile are within easy reach as this is my life." Care plans also included information about people's preferences and interests. For example, one care plan stated, "I love reading and poetry" and included detailed information about what music and television programmes they most enjoyed. There was also a section in care plans about people's life history, providing information about their family, employment and where they lived. All this information helped staff to get a good understanding of the person and what mattered to them.

Care plans included information about how to promote people's independence, setting out what people were able to do themselves and what they required support with. For example, one care plan stated, "I will wash my own face and underneath my breasts and armpits. I will apply my own antiperspirant." The care plan for another person stated, "Needs shower turning on but can wash herself." The care plan for another person stated, "I can wash and dress myself. I will let you know if I need my back and legs washed and creamed. I may need the occasional reminder to shave."

Staff told us how they promoted people's dignity when providing care. For example, one staff member said they talked with the person about what they were going to do and asked them what they wanted support with. The staff member said, "I offer her a shower or ask if she would like a wash." The same staff member described how they promoted people's privacy, saying, "I put a towel over her for her dignity and shut the bathroom door." Another staff member said about providing support with personal care, "I keep them covered, always involving them in what I am doing. I ask them what they want me to do, what they want to do for themselves."

We observed staff acting in a caring and sensitive manner during the course of the inspection. For example, we saw one person becoming agitated and acting in an aggressive manner towards another person. Staff reacted quickly and helped the person to calm down by using distraction techniques and also gave re-assurance to the other person.

The team leader told us they arranged for the same carers to work regularly with the same people. This helped staff to understand the needs of individuals and to build up trusting relationships. A member of staff told us that they regularly worked with the same person that lived with dementia and that this helped the person to feel comfortable with the staff.

Good

Is the service responsive?

Our findings

Most people felt that their care was delivered in the way they wished, and that staff listened to them. One person, who had diabetes, told us that staff understood their health needs, and were very quick to notice if they were unwell.

The manager told us that after receiving an initial referral from the local authority a senior member of staff met with the person and their relatives where appropriate to carry out an assessment of their needs. This was to determine if the service was able to meet a person's needs. It provided people with the opportunity to be involved in planning their own care and they were able to say what they wanted support with.

The team leader told us that initially care was provided in line with the initial assessment of a person's needs carried out by the service and an assessment carried out by the local authority. They told us that the service then developed its own more in-depth care plan about a week after the person had begun using the service. This was so the service was able to get an understanding in practice of the person's support needs through on-going discussions with and observations of the person.

The team leader told us and records confirmed that a review took place after the person had being using the service for six weeks to make sure their needs were being appropriately met. Care plans were then reviewed every six months which involved speaking with the person and their relatives where appropriate. This meant that care plans were able to reflect people's needs as they changed over time.

The service was in the process of drawing up a one page summary of people's care plan that contained a summary of their needs. These set out information about what was important to the person and how to support them in a personalised manner. For example, one care plan summary stated, "Make sure I am offered a squirt of perfume every day" and gave details of what their favourite perfume was.

We saw care plans set out how to meet people's needs in line with the wishes of the individual. Care plans included information about supporting people with personal care, meal preparation, medicines, social activities and communication. Staff told us they were expected to read care plans and they had a good understanding of the needs of the people they worked with.

People told us they would complain to senior staff if they had a concern. One person told us, "I can't think of anything I'd like changed about living here. But I'd tell them if there was a problem, don't you worry."

The provider had a complaints procedure in place. This included timescales for responding to any complaints received and details of whom people could complain to if they were not satisfied with the response from the provider. People were given a copy of the complaints procedure when they started using the service. The manager told us only one complaint had been made in the past year and records showed this was dealt with appropriately.

Staff were aware of their responsibility to report any complaints they received. One staff member said, "I would tell on them straight away" if a person made a complaint to them about a member of staff.

Requires improvement

Is the service well-led?

Our findings

The service did not have effective systems in place for seeking the views of people that used the service. The manager told us the only formal system used for seeking feedback from people was an annual survey of people and their relatives. The manager told us the last survey was carried out in October 2014 but that the results from the survey were not examined and no action plan was produced in response to the survey. This meant any views or suggestions for change expressed in the survey were not acted upon. The team leader told us they regularly spoke with people on an informal basis but no records were kept of this

The manager told us they planned to introduce audits of medicine records and care records. However, these were not in place at the time of our inspection. We found incidents of risk assessments that were not comprehensive that potentially could have been identified by the service if a systematic auditing process was in place.

The service did not have sufficiently robust and effective systems for monitoring the quality of care and support provided and for seeking the views of people that used the service. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did have some systems in place for monitoring the quality of support provided. The team leader told us they carried out 'on the job' supervision. This entailed observing staff as they supported people to check they interacted with the person in a respectful manner and that the staff member had a good understanding of the support needs of the person. In addition, senior staff also carried out 'spot checks'. This involved visiting a person's flat after care had been provided to check it was left tidy, that clean bedding had been provided and that medicines had been administered and signed for.

The service had a manager in place that was not registered with the Care Quality Commission. They told us they intended to apply for registration by the 17 October 2015. The manager was supported in the running of the service by a team leader and a lead care and support worker. Staff told us they found the senior staff to be helpful and supportive. One member of staff said of their manager, "She is brilliant. If you have an issue or a problem she will sort it out." Another staff member said of senior staff, "I find them really easy to talk to if I have any problems." Staff told us there was a good working atmosphere at the service. One staff member said, "We do work as team, it's a good team here." Another member of staff said, "They [senior staff] are helpful. We have a good team."

The service had a 24-hour on-call service. This meant support was always available from senior staff if required. Staff told us the on-call system worked well and that calls were always answered promptly. One staff member said, "We have an on-call number so any problems we can call it."

Staff told us and records confirmed that the service held team meetings. One member of staff said, "We have regular team meetings. We will discuss anything and everything. If we're finding something difficult for someone we discuss that and the best way to go about it."

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Service users were put at risk because the provider had not carried out adequate assessments of the risks service users faced. Regulation 12 (1) (2) (a)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality of service provided or to seek feedback from people that used the service. Regulation 17 (1) (2) (a) (b) (e)