

Triangle Community Services Limited

Colin Pond Court

Inspection report

Colin Pond Court
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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

At the previous inspection of this service in June 2015 we found they were in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not always make appropriate referrals to health care professionals where there was a need to do so. At this inspection we found this issue had been addressed.

The service provides support with personal care to older people who live in an independent living service. The care provider does not provide people's accommodation. At the time of our inspection 10 adults were using the service, some of whom had dementia.

The service did not have a registered manager in place. An acting manager had recently been appointed who told us they were in the process of applying to register 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner. Medicines were managed safely.

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 spirit of the Mental Capacity Act 2005. People told us they enjoyed the food. 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. People were supported to engage in various activities. 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.

We have made one recommendation. This was because the service did not always follow its own guidance when checking that medicine records were completed correctly.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Good ●

The service was caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was well-led.

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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 15 June 2017 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 was carried out by one inspector.

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. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority with responsibility for commissioning care from the service to seek their views.

During the inspection we spoke with four people who used the service and two relatives. We spoke with four staff. This included the acting manager, the lead care and support worker and two care and support workers. We examined four care plans of people. We looked at the recruitment, training and supervision records for five staff. We looked at medicines records and quality assurance and monitoring processes. We checked various policies and procedures including safeguarding adults, complaints and whistle blowing.

Is the service safe?

Our findings

People and relatives told us they felt safe with the service. One person said, "Yeah I feel safe, I would be lost without them." Another person told us, "Sure it is safe." A relative said, "Oh yes, I'm happy she is safe when I'm not around."

The service had appropriate safeguarding adult procedures in place. The policy on safeguarding adults made clear the provider's responsibility to refer any allegations of abuse to the local authority and to notify the Care Quality Commission. Records showed that allegations of abuse since our previous inspection had been reported as appropriate to relevant agencies. The service also had a whistle blowing policy in place which made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission as appropriate.

Staff had undertaken training about safeguarding adults and understood their responsibility for reporting any allegations of abuse. One staff member said, "If I thought somebody here was being abused I have to make a report to go to the manager. If they don't do anything I would whistle blow." Another staff member said, "It will be brought to the manager's attention. If it is the manager you suspect you go above her, you can go to the council."

The acting manager told us the service did not hold any money on behalf of people. This meant the risk of financial abuse occurring was reduced.

Risk assessments were in place. These covered risks associated with medicines, falls, the use of bedrails and the physical environment such as electrical equipment and trip hazards. Risk assessments included information about the risks people faced and how to mitigate those risks. For example, one person experienced hallucinations at times due to a medical condition and the risk assessment included information about this. It stated, "Person can at times have hallucinations. Turn the light on/off to see if this helps. Encourage the person to look in different directions. Reassure them if they are anxious." Another risk assessment about skin care stated, "Prescribed barrier cream to be applied to pad area and moisturiser to be applied to rest of body by care staff. If you notice any redness or start of pressure sore inform district nurse immediately." The risk assessment for a person on moving and handling stated, "[Person] can transfer out of bed, but may need assistance from one carer. Place your hand on the middle of [persons] back and guide her off the bed." This meant risk assessments provided information to staff out how to support people in a safe way.

Where people exhibited anxiety staff had a good understanding of how to support them. One staff member told us how they supported a person who at times became anxious and distressed. They said, "I go in singing. She likes singing and it calms her down."

People and relatives told us staff had time to meet their assessed needs. People said staff were reliable and never missed an appointment. One person said, "They are here every morning and every evening, they have never missed yet." A relative said, "They [staff] turn up on time." Staff said there were enough staff working at

the service. One staff member said, "We have got enough staff and enough time."

The service had robust staff recruitment procedures in place. Staff told us that checks were carried out on them before they commenced working at the service. One staff member said, "They did DBS and all that, my references." DBS stands for Disclosure and Barring Service and is a check to see if a potential staff member has any criminal convictions or are on any list that bars them from working with vulnerable adults. Records showed that the service carried out appropriate checks on staff including DBS checks, references, proof of identification and a record of their previous employment history. This meant the service had taken steps to ensure suitable staff were employed at the service.

Where the service supported people with their medicines people had consented to this. Staff undertook training before they were able to administer medicines and knew what action to take if they made an error with a person's medicines. One staff member said, "I have to call the GP if I give the wrong medicine and seek advice what to do." Where the service supported people with their medicines staff signed a medicine administration record chart so there was a record that the medicine had been taken. We checked these and found they were accurately completed and up to date.

The acting manager told us that completed medicines records were supposed to be checked by a senior member of staff and the staff member was supposed to sign to indicate they had been checked. The relevant senior staff member with responsibility for this told us they did check the medicines records but did not sign to show they had done so. The acting manager told us they would take steps to ensure checked medicines records were signed in future. We recommend that the service follows it's own good practice guidance with regard to checking medicine records.

Is the service effective?

Our findings

At the last inspection of the service we found they were in breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they did not always make appropriate referrals to health care professionals where there was a need to do so. At this inspection we found this issue had been addressed. Records showed that the service now made appropriate referrals to health care agencies such as the tissue viability nurse and that GP's were contacted if people were unwell. A relative said, "They have called ambulances and doctors to see her before now." Care plans included information about medical conditions people had and how the condition affected the person. This helped staff to get an understanding of people's medical needs.

People told us staff were competent to carry out their duties. One person said, "They know what they are doing."

Staff undertook an induction training program on commencing work at the service. One newly recruited staff member said, "I went for induction [training]. I did moving and handling, safeguarding, medication." Staff also had the opportunity of shadowing experienced staff when they first started working at the service. This gave them the opportunity to learn how to meet the needs of individuals.

Staff undertook regular on-going training. The acting manager told us several training courses were mandatory for staff and they were expected to take them every year. These included first aid, safeguarding adults, moving and handling and medicines. Staff confirmed that they received regular training. One staff member said, "I had dementia training about two weeks ago and we are down for training on the Mental Capacity Act and moving and handling in the next few days." Records showed that staff training was up to date.

Staff told us they had regular one to one supervision with a senior member of staff. One staff member said of their supervision, "She [acting manager] asked me how I am getting on with the job, do I have any concerns with the service users. If I am happy working with colleagues." Another staff member said, "Supervision, we do that often. They want to know if you are happy with what you are doing and if you need help. If they have issues with you they bring it up and how you can improve." Records confirmed that staff received regular supervision.

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 had signed consent forms to agree to have support with medicines. This included the service storing people's medicines securely in a locked cupboard in the person's flat. Most people had the capacity to make decisions themselves about their daily lives. Staff supported people to make decisions, for example by

showing them different sets of clothes for them to choose between. A member of staff said, "You show her two or three clothes and talk about the colour and she can choose." The service had consulted family members to help understand what was important to people where they were no longer able to make choices themselves. Care plans showed that family were involved in people's support. For example, one care plan stated, "My son makes decisions when it comes to my finances but I am able to choose what I wear on a daily basis and I can decide if I want my personal care." We saw care plans had been signed by people or their relatives which indicated their involvement with them and their agreement to consent to the support outlined in the care plan.

People told us they were able to make choices about what they ate and drank where the service provided support with meal preparation. One person said, "They always ask me what I want to eat. If they use anything and it runs out they tell me." A relative said, "They [staff] know what he likes to eat." Another relative said, "As far as I'm aware they prepare the food he can eat."

Care plans included information about what support people needed with meal preparation and their preferences. For example, the care plan for one person stated, "Food needs to be cut up into small pieces but I can feed myself." Another care plan stated, "I must have coffee every morning, I prefer this to tea." Staff told us that they offered people a choice of meals. One staff member said, "With food you show them and say 'this one has meat, this one has vegetables'. You show them the picture on the label."

Is the service caring?

Our findings

People and relatives told us they were treated with respect and that staff interacted with them in a caring manner. One person gave us a 'thumbs up' sign when asked if he was treated well by staff. Another person said, "They are really good, they protect my privacy. They don't make me feel embarrassed when washing me." A third person said, "I have no complaints at all about the carers and the service they give, they are A1. I would not change a thing." A fourth person said, "They are lovely. A relative said, "Oh yes, very kind staff."

Care plans included a section on people's past life history. These included details of their previous employment, where they lived, their interests and their family. This information helped staff to get a good understanding of the person which helped them to build positive and caring relationships with them. A member of staff explained how they interacted with people to help develop good relations. Care plans also included information about people's communication support needs which helped staff to build relationships with people and meet their assessed needs. For example, the care plan for one person regarding their communication stated, "Come close and look at me and speak clearly so I can answer yes or no or give a thumbs u or thumbs down."

The service promoted people's independence and care plans included information about this. For example, the care plan for one person sated, "If staff offer me a comb I can comb my own hair. If staff hand me my toothbrush with toothpaste on and a glass of water I can do this myself." For another person the care plan stated, "Allow me to wash the areas that I can manage." The care plan for another person stated, "I can wash my face and private area. I would like the care staff to wash my back, legs, feet and arms. I like a shower three times a week, I will let you know which days." A person told us, "They allow me to do what I want and they pick up the bits I can't do like my back and things [when receiving support with personal care]."

Staff told us how they supported people to be as independent as possible. One staff member said, "We promote their independence by encouraging them to do what they can and not doing it for them. If they are able to wash their face we give them the flannel and get them to do it." Another staff member said, "There are people who need help but we promote their preferences. When dressing they want to do their own buttons, you let them have the time to do it." The same member of staff said, "Quite a lot of people can wash a lot themselves. If they can't do the legs because they can't bend then you help."

Staff were aware of the importance of promoting people's privacy and dignity when supporting them with personal care. One staff member said, "When we are doing their personal care we have to close the door and give them their privacy." Another member of staff said, "Definitely you have to make sure the doors are shut. If you wash them you put a towel on their lap so they feel protected." A third staff member said, "Keep them covered up, there is no need for them to be exposed until you are ready to wash them."

Care plans included some information about meeting people's cultural needs. For example, the care plan for one person stated, "Please put my TV on as I like to watch it all the time and make sure it is on the African channel BEN."

Is the service responsive?

Our findings

People and relatives told us they were happy with the support provided. One person said, "The carers are brilliant. If they see me sitting here they come and check on me and ask how I am and if I need a cup of tea or anything." A relative said, "He [person] is happy about the service. They are very helpful indeed." A person gave us a thumbs up sign when asked if they were happy using the service.

The service carried out an assessment of people's needs after receiving an initial referral to determine if they could meet the person's needs. This included reviewing the information provided by the commissioning local authority who had done their own assessment of need. The acting manager explained the assessment process to us, saying, "We meet with the people and we will have had a care plan from the local authority. We go in and say 'What do you want, what time do you want.' It's all about what they want, not what we think they want." This meant the assessments were based around what was important to the person.

Care plans were in place which set out how to meet the assessed needs of people in a personalised way, based around the individual person. Care plans included sections about mental health and wellbeing, medicines, medical history, nutrition and hydration, mobility and personal care. Care plans contained a one page profile which included important and concise information about the person, under the headings 'How best to support me' and 'What is important to me'. This included person centred information about supporting the person. For example, one of the one page profiles stated, "At night I like to feel secure in bed so I have the duvet over my head" and "I feel most comfortable wearing my beige hat when indoors so please make it available." The one page profile for another person stated, "Please don't rush me, it makes me very cross when I am rushed."

Care plans were reviewed on a regular basis. The acting manager said, "Reviews are every six months unless they go into hospital, in which case we do a review as soon as they come out. Records confirmed care plans were reviewed. This meant they were able to reflect people's needs as they changed over time.

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of whom people could complain to if they were not satisfied with the response from the service. People and relatives were provided with their own copy of the complaints procedure. Records showed there had been one complaint made since our last inspection and this had been dealt with in line with the complaints procedure.

People and relatives told us they knew how to make a complaint and that complaints had been resolved. One person said, "I would speak to the manager if I had a problem." Another person said, "If I am not happy I talk to them [office staff] and they sort it out." A relative said, "A couple of years ago I had to make a complaint and they sorted it." Another relative said, "There are ladies [senior staff] in the office I can complain to" but added they had not had reason to make a complaint.

The service kept a record of compliments received. For example, a card from a relative said, "Thank you for the care and the help you gave me." Another relative had written, "I would like to say how happy mum was

living here and so well looked after."

Is the service well-led?

Our findings

People told us they thought the service was well-led. One person told us, "They [senior staff] are very good, very professional."

The previous registered manager had recently left the service. The provider had appointed a new manager who told us they were in the process of applying for registration with the Care Quality Commission. Staff told us they found the acting manager to be supportive and approachable. One staff member said, "[Acting manager] is fine as a manger, she listens and she acts when she needs to act." Another member of staff said, "They [senior staff] are good people to work with." A third staff member said of the acting manager, "She is really good. She is so approachable you can turn to her with personal things as well as work stuff. She is very supportive." The service had an out of hours on-call system which meant senior staff were always available for advice if required. Staff we spoke with told us the on-call phone was always answered promptly. Staff told us there was a good working atmosphere at the service. One member of staff said, "At this place we work as a team which makes the work go smoothly and effectively."

Staff told us they attended regular staff meetings. One member of staff said, "We have staff meetings with [acting manager]. We talk about any problems we have and about the shifts and the service users." Minutes showed team meetings occurred regularly and included discussions about communication, health and safety and people who used the service.

Senior staff carried out spot checks and on the job supervision to monitor that staff were carrying out their duties appropriately. A member of staff said of the on the job supervision, "You can be on your work and the lead carer can come and do a check. They check you have your protective clothing on and look at the way you relate to the service user. They talk to the service user to see how they feel." Another staff member said of the team meetings, "We discuss whatever we think we need to change. If we have suggestions we bring them up. Anyone can add to the agenda." A senior member of staff who had responsibility for on the job supervision and spot checks said, "On the job supervision is when you go in and watch them work. Just making sure they are being respectful to the person, that they explain what they are doing and give them choices. Spot checks are going into the flat after they have been in. Making sure medicines are given, the flat is tidy, the person's personal care has been done properly and there is no out of date food in the flat."

The provider had a 'Quality and Improvement Team'. They carried out quarterly visits to the service to monitor and check the quality of care and support provided. The acting manager described the purpose of the visits as, "To make sure we are compliant with everything and have good safe care." We saw that issues identified in these visits were addressed. For example, the report of a recent visit found that minutes of staff meetings were not made available to staff to read and this matter had subsequently being addressed.

The provider held regular branch meetings for all the services they operated within the region. These checked various issues within the service including that that training was up to date and that care plans had being reviewed within timescales. This meant the service had systems in place for monitoring the quality of care and support provided.

