

Triangular Care Services Ltd

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Inspection report

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

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04 February 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 04 November 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to systems for medication administration and recording, and management and quality assurance procedures at the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Triangular Care Services Limited on our website at www.cqc.org.uk

During our previous inspection on 4 November 2016, we found that one of the regulations relating to care, welfare and records, was not being met.

Systems for medication administration were not effective in ensuring people received their medication safely and appropriately. Records did not always show what medication or dosage people were prescribed, and the administration of medication was not always recorded correctly. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During that inspection we also found that the provider had failed to implement and operate sufficient quality assurance procedures, to maintain the quality of the care being delivered. There was a lack of effective audit and quality assurance processes, and policies and procedures were not available to all members of staff. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to submit an action plan to tell us how they would meet these regulations in the future, they stated that they would be meeting them by February 2016. During this inspection we returned to see if the service had made the improvements they stated in their action plan. We found that the provider was now meeting this regulation.

Triangular Care Services Limited is registered to provide personal care for adults in their own homes and when out in the local community. They currently provide support for older people with a range of needs, including people who may be living with dementia. On the day of our visit the service provided support for 47 people in their own homes.

Improvements had been made to the systems in place for medication management. Medication records were completed in full and cross referenced with people's care plans. Checks of staff and completion of records had been introduced, to ensure medication was being given correctly.

There had also been improvements to the systems for quality assurance and managerial oversight at the

service. New checks and audits had been implemented which were based upon the most up-to-date regulations, and forms and policies were available for staff members to use and refer to.

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 consistently safe.

Improvements had been made to the systems for the administration and recording of people's medication. Records had improved checks were in place to ensure medicines were given correctly.

We could not improve the rating for safe from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The provider had implemented new quality assurance systems, based on up-to-date regulations. Checks and audits were in place and policies and procedures had been made available to members of staff.

We could not improve the rating for well-led from requires improvement, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Triangular Care Services Limited

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Triangular Care Services Limited on 4 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 4 November 2015 inspection had been made. The team inspected the service against two of the five questions we ask about services: is the service safe and well-led. This is because the service was not meeting some legal requirements.

The inspection team comprised of one inspector.

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

Before this inspection we looked at the information that we held for the service. This included notifications received from the service and previous inspection reports. We also spoke to the local authority to identify any existing concerns regarding the service.

During the inspection we gathered information by talking to the registered manager and two members of staff. We reviewed 4 people's files, as well as further records relating to the management of the service and quality assurance procedures in place.

Is the service safe?

Our findings

During our 04 November 2015 inspection, we found that medication was not managed or administered safely. Medication Administration Record (MAR) charts did not show what medication people had been prescribed, and this information was also not recorded in their care plans. Staff members did not have information regarding the medication people should take, at what times and in what dosage. In addition, MAR charts were not completed in full, and signatures were missing, meaning it was unclear whether or not medication had been administered. Staff had medication training; however their competency was not assessed by the service, to ensure they could give medication safely.

This was a breach of regulation 12 (1) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we found that the service had made improvements in this area. Staff members told us that there were changes to the way that medication was recorded, to ensure that nothing was missed. One staff member said, "Medication has changed, we write all the medication on the MAR sheets. It's good as we now know all the medication that people are on." Staff members went on to tell us that they felt there was now less chance that there may be a medication error, and that there was improved communication when medications were changed to ensure discrepancies did not occur. MAR charts showed that each person's full list of prescribed medication was entered onto the chart, along with the dosage and times for medication administration. This meant that staff members were able to ensure they gave people their medication, in line with the prescriber's instructions. MAR charts were also signed in full to demonstrate that people were receiving their medication correctly.

The registered manager told us that they had put a number of systems in place, to ensure medication was managed effectively. They showed us that a full medication list for each person had been added to their care plan, and we saw that this corresponded with the MAR charts. This included information about the medication and dosage, so that staff could cross check where necessary. The registered manager also told us that senior staff carried out reviews of completed MAR charts, to ensure they were signed correctly. Where there were gaps or omissions, memos were sent to staff to address the concern, and re-training commenced where necessary. If staff members had repeated errors in administering, or signing for medication, the registered manager told us they would initiate disciplinary procedures, such as written warnings. We saw evidence that these memos had been sent out and, as a result, the number of missed signatures had reduced. T

The registered manager had also implemented a quality check which they, or other senior staff, would complete. They would observe newly trained staff and carry out regular spot checks on more experienced staff, to ensure they were providing people with their medication correctly. We saw that these checks were in place, and that there was a plan to assess all staff members.

Is the service well-led?

Our findings

During our inspection on 4 November 2015, we found that the provider had failed to implement and operate sufficient quality assurance procedures, to maintain the quality of the care being delivered. There were not effective systems to check medication records and care records, as well as general audits of the service. Those that were used were out-of-date and based on previous regulations. Staff were unfamiliar with the updated regulations and did not have access to the provider's policies and procedures.

This was a breach of regulation 17 (1) (2)(a) (d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements. Staff members told us that they were now aware of the new regulations, and they referred to them if they needed to. They also told us that the provider had printed a full policy library, which was available in the office to all members of staff. One staff member said, "Now we can refer to policies, they are accessible." We saw that policies and the guidance to the new regulations had been made available to staff, and the registered manager had worked to ensure they were all aware of the recent changes.

The registered manager also told us that they had implemented a series of new checks and audits, to ensure they had up-to-date systems to provide them with oversight of the service. We saw that these audits were tailored to the new regulations and provided the registered manager with a comprehensive list of prompts and areas to check. A full audit had been completed, and an action plan created, based on the areas that required some attention as a result.

The registered manager also showed us a forms library, which gave staff ready access to any paperwork that they may need for their role. This paperwork had also been updated and was specific to the service and new regulations. Improvements had also been implemented for staff monitoring, including supervisions, appraisals and spot checks, however these systems had not been fully established when we visited.

We saw that the provider had also sent out a satisfaction survey, to gain some insight from people receiving care, and their family members. They had analysed the results of the feedback that had been returned, and used it to formulate an action plan. The registered manager told us that there were plans in place to carry out an additional survey later in the year, with staff members offering to go to people and support them to complete it, if required.