

# Triangle Community Services Limited

# Thurrock

## Inspection report

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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

This inspection was announced and took place over a number of days and included 26, 28, 31 October and 2, 10 November 2016.

Thurrock is a care agency that is registered to provide personal care to people within their own homes. The service is based in Grays in Essex and covers the surrounding areas.

The service has a registered manager in post. 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.

The service work very well to ensure that people were supported in the community to undertake activities of interest to them which enhanced their health and wellbeing. The service actively engaged with the local community to enrich people's lives and people spoke highly of the support they received. The service offered a 'coffee morning' service to people who used the service, this enabled people to meet others, socialise and build relationships. The service is also involved in a new local authority scheme, which enables people to connect with the community in hobbies and pastimes that they enjoy.

People were confident that when they raised any concerns these would be dealt with promptly and effectively. They felt the service was very responsive to them at all times. The service had a clear complaints procedure in place and people had been provided with this information as part of their assessment. We saw that complaints had been appropriately investigated and recorded.

People had assessments completed before they started with the service; care plans were developed around each individual needs and preferences. People had agreed to their care and their views on how this would be provided had been respected. People said they were treated with dignity and respect and that staff provided their care in a kind and caring manner. People were supported by staff to maintain good health and where needed, they would assist them to gain access or contact healthcare providers.

The registered manager promoted a person centred, open and honest culture. Staff were happy to work for the service and were supported to carry out their roles.

Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe. These had been regularly reviewed to ensure both staff and people who received a service were kept safe. Systems were in place to assist people with the management of their medication and help ensure people received their medication as prescribed and they received the support they needed. People were given nutritional support when required.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service. Staff told us that they felt well supported to carry out their work and had received regular supervision and training.

There were systems to assure quality and identify any potential improvements to the service. This meant people benefited from an improving service. The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought.

## 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.

People were protected from harm and had confidence in the service and felt safe and secure when receiving support. The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were sufficient staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

People could be sure that they would receive the assistance they needed when being supported with medication and it was a safe system.

### Is the service effective?

Good ●

This service was effective.

Staff were highly trained and had the knowledge, skills and time to care for people in a safe and consistent manner. People were cared for by staff that were well supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People experienced very positive outcomes as a result of the service they received and gave us good feedback about their care and support.

### Is the service caring?

Good ●

This service was caring.

Staff treated people in a kind and caring manner.

People who used the service had positive relationships with staff.

Staff supported people to be independent where possible, in a caring and respectful way.

### Is the service responsive?

Good ●

The service was responsive.

The service was very good at supporting people in the community to undertake activities of interest to them which enhanced their health and wellbeing.

The service actively engaged with the local community to enrich people's lives and people spoke highly of the support they received.

People's support plans contained relevant information so that people received care in a person centred way.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was valued.

### Is the service well-led?

Good ●

The service was well led.

The leadership and management of the service was very good.

The registered manager promoted person centred, open and honest culture. Staff were happy to work for the service and were supported by the service.

Staff understood their roles and were confident to question practice and report any concerns.

# Thurrock

## 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.

The inspection was announced and took place on the 26,27 October and 2,10 November 2016. The provider was given notice of our inspection because the location provides a domiciliary care service and we needed to be sure that someone would be present. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also reviewed a Provider Information Return (PIR). A PIR 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. This was very well completed and we used this information to plan what we were going to focus on during our inspection.

During our inspection we called and spoke with 18 people who use the service and also four relatives. When visiting the service we spoke with the registered manager, deputy manager and also other office staff. We interviewed seven care workers to gain their views about working for the service.

As part of the inspection we reviewed a range of records about people's care and how the domiciliary care agency was managed. This included eight people's care records, care plan folders and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed a sample of the service's policies, their audits, staff work rotas, complaint and compliment records and documentation for medication.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving their care and were happy with the staff that provided their care. Further feedback included, "They are all so kind and helpful, they always make sure I am safe before they leave." And "I always feel safe when they are here."

Staff knew how to protect people from potential harm. All staff had completed relevant training as part of their induction and on-going professional development. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. Staff spoken with stated they would feel confident in raising any concerns they may have and added they had found the management supportive when they had raised issues in the past. Feedback from staff included, "I have had to raise a safeguarding issue in the past, the manager was very supportive and also kept me informed of any updates on the safeguarding investigation." The service also had a whistleblowing policy in place which care workers were aware of and knew the procedure if required.

Risks to people's safety had been routinely assessed and these had been managed and regularly reviewed. People told us that they had been part of the risk assessment process and a variety of risk assessments had been completed for each area of care or assistance needed. These related to the environment, nutrition, medication and people's mobility needs and all had clear instructions to staff on how each risk was to be managed to minimise harm. This documentation was kept in the office and a copy also placed in people's homes.

People told us that staff were always on time, never missed their visit times and they received the care and support they needed from regular care staff. They added that the 'office' always tried to cover annual leave and sickness and they would be made aware of who would be calling if their regular care staff were not available. The service routinely sent information to the people who use the service weekly. This would include the names of care workers that would be visiting them during the following week. This helped people to know who to expect at their home. Feedback from people included, "They always send me a list every week of who is coming to see me, it is usually the same carers but if someone is on holiday I then know who is covering them and will be coming."

Staff confirmed that they had enough time to provide the care people needed and added that they had no problems if people needed extra time due to sudden emergencies; they would just let the office know. The registered manager was in the process of recruiting new care workers due to the service developing and expanding and they wanted to ensure they had the extra resources they would need to cover annual leave and sickness. The registered manager also confirmed they only take on new care packages if they are assured they have sufficient care workers to cover the care and they were able to provide the care people needed.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring (DBS) checks in place which established if they had any

cautions or convictions which would exclude them from working vulnerable people. We checked three recently recruited staff during the inspection and correct documentation had been sought and the service had followed safe recruitment practice.

The service had systems in place to assist with the safe management of people's medication, which was in line with national and good guidance policies. Any assistance people needed with medication had been identified during their initial assessment and arrangements were made as part of each person's care plan. Care plans clearly recorded what assistance people required; this was either 'prompting' or 'assisting'. The registered manager told us that the staff would only assist people with their medication if it was in a dosette box that had been filled by a pharmacist with medication instructions. If short term medication was prescribed for a person, staff would only provide medication assistance if the medication was in the original box with printed clear instructions.

Staff had received medication training as part of their induction and regular updates had been undertaken to help ensure people received their medication safely by staff that had been trained. Staff spoken with stated they felt the service had safe medication procedures in place and those who needed assistance received their medication as prescribed. Staff added, "We have MAR sheets that have to be completed when we have assisted or prompted anyone with their medication, and this shows when and if someone has taken their medication."



# Is the service effective?

## Our findings

People and their relatives were very happy with the care they received and were very complimentary about their care staff and the office staff. They all felt the care staff had the right skills and knowledge to provide the care that either they or their relative needed. Feedback included, "They [staff] are all very good, and know they job well." And "To me they [staff] are very well trained, they always give me my care in a safe way, so that tells me they know what they are doing."

Newly recruited staff would complete an induction training programme before they started working in the community. Staff also undertook the Care Certificate which is a recognised induction programme. The Care Certificate is a work based achievement aimed at staff that are new to working in the health and social care field and covers 15 essential health and social care topics. Staff we spoke to confirmed that they had been through an induction process and found that it was good as it had given them knowledge and experience they required. Feedback from staff included, "I thought it was very good and gave me a good understanding of what was required of me."

The service had systems in place to monitor what training. The registered manager advised that all staff had received training to ensure they provided care and support that people required. The training records we viewed showed that staff had been well trained, had sufficient skills and knowledge to provide the care people needed. They had been provided with essential required training which included, moving and handling, health and safety, first aid and safeguarding.

Staff we spoke with said that the training provided was good and gave them the knowledge and experience required to carry out their role as a care worker. Feedback from staff included, "We are always attending training; we get regular updates on different courses." And "I find the training is always very good, we do some training by DVD but we also have to attend training course that are face to face, I enjoy those courses."

Staff had received regular supervision and yearly appraisal. Supervision included observations, one to ones and yearly appraisals. Documentation seen showed that staff had also attended regular meetings which offered them support and also covered relevant subjects within their role as a care worker. The registered manager also told us that a 'memo' is sent to staff on a monthly basis or sooner if required, this kept the staff informed of any changes to the services, upcoming training courses and other relevant information. Staff that we spoke with said the felt supported and valued working for Thurrock. A member of staff told us, "I feel much supported, the manager and deputy manager are excellent, I don't have to wait for my supervision I know that I can call them at any time and they will make time for me." Another said, "I can honestly say the management and office staff are all so good, they are always at the end of the phone if you need anything, it doesn't matter when you call, someone is always ready to help and listen."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The registered manager had a clear understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and also regular refresher training. The registered manager confirmed that staff were due to attend the next refresher course in December 2016. Those spoken with were aware how to keep people safe, protect their rights and how to support them in making decisions. They were also aware that some people's ability to make informed decisions can change and fluctuate from time to time and added that if they identified that a person's capacity had deteriorated they would discuss this with their manager to make arrangements for the correct support and assessments. The registered manager provided examples of when issues had been raised by the staff and they had gained advice and support to take appropriate action.

People told us that they had consented to the service providing their care and support. Files contained signed agreements, which people had signed to say they agreed with their care plan; there was also evidence that where people were unable to sign due to them having physical difficulties for example, a record of the discussion regarding their care plan was available. This showed that people had been involved with the planning of their care.

People had been supported to ensure they had sufficient to eat, drink and maintain a balanced diet. Care workers did assist with meal preparation and if required they would cook a full main meal, microwave a meal or leave a sandwich. People we spoke with were happy with the support they received during meal times. One person told us, "I have frozen meals but she [care worker] always presents it on the plate so lovely that it doesn't look like a frozen meal, it always looks like she has cooked it from scratch." Another person said, "They [care worker] always make me something nice, I just tell them what I fancy and they do it for me. It's always made nicely and very appetizing." The registered manager advised that as part of each person's initial assessment they would look at people's nutrition and hydration needs and identify any assistance they may need or if there were any risks. If they had any concerns they would refer to the relevant health care professionals or family members for assistance.

People had been supported to maintain good health and had access to healthcare services and received on-going support where needed. The registered manager stated that they would liaise with health and social care professionals and documentation seen showed that they had made referrals when needed.

## Is the service caring?

### Our findings

People told us that their care support was provided by staff that were caring and respectful. Feedback received from people who use the service and relatives included, "They [care workers] are so kind and caring, they really make me feel special." "My carers are so good, they really are very caring and will go out of their way to make sure I have everything I need and want." One relative said, "My [relative] has fantastic carers, they are very caring towards my [relative]."

People were actively involved in the assessment and care plan process. Staff had positive relationships with people; they were very knowledgeable about the individual needs of people they visited and how to communicate with them effectively. Care plans we reviewed contained detailed information on the care that each person needed and important information about their health needs and how they would like their care to be provided. Care plans had been regularly reviewed which ensured staff had up to date information on the person they provided assistance to.

Care workers had a very good rapport with people they visited and many had been receiving a service for a long while and had built up relationships. People told us that the service listened to their views and acted on what they said. Regular reviews had taken place to ensure people were receiving the care they needed. The service tried to ensure that each person had a small amount of care workers providing their care, which aided continuity of care and also helped to build up good relationships. People's feedback included, "I have regular carers that come into help me, this helps me feel relaxed as I know them and they know me."

The registered manager told us that most people who received a service had relatives who could advocate for them, but they could arrange for people to be supported to access advocacy services if required. An advocate is a person who supports people to have an independent voice and express their views when they are unable to do so themselves.

The registered manager advised that staff promote respectful and compassionate behaviour throughout the service. Staff we spoke with told us that they treat people with dignity and respect at all times and recognised the importance of this when providing care to people. A member of staff said, "We are going into people's own homes and this needs to be respected at all times." People and relatives' feedback confirmed this, comments included, "They [staff] are very respectful towards me; they have never shown anything but respect." Another comment was, "I am shown dignity and respect at all times, my carers know I am quite a private person and respect that at all times."

## Is the service responsive?

### Our findings

People told us that the service was very responsive to their needs and they had been involved in the assessment and planning of their care. People and their relatives we spoke with had the opinion that staff had the skills and had a good understanding of individual needs of people. People told us that they felt that they were listened to and their opinions were valued by the service. Feedback included, "All my carers are excellent, I don't know what I would do without them; they are like part of the family now." Staff confirmed this and one comment received was, "We always listen to what the person wants, after all it is all about them and how they want to be cared for."

The service was flexible and responsive to people's individual needs and preferences, always finding ways to enable people to live as full a life as possible. Care workers we spoke with were very knowledgeable about the people they supported and some had cared for the same people for a number of years. This assisted with continuity and ensured staff were very aware of people's likes and dislikes and how they wanted their care to be provided.

The registered manager told us that the service had recently introduced a programme called 'one page profile', these involved both staff and people who used the service, and everyone was asked about their hobbies and interests. All the information was recorded onto 'one page profile' which included a photo of the member of staff or person who used the service. The information gathered was then used to try and 'match' people to staff with the same interests. For example, a person was interested in a certain sporting activity and it was found that a care staff member also took great interest in the same sporting activity. The person and staff member were introduced and now when the particular sporting event is on, the staff member visited the person to sit and watch and discuss the event. Another example was that a person enjoyed cooking and baking and it was found that a member of staff enjoyed this too. The staff member attended the person's home and spent time baking. The registered manager told us that although the person was able to carry out some of the tasks independently they had no confidence to do them, but whilst the member of staff was with them they gained confidence and enjoyed the baking and also the company of the member of staff too. This showed that the service actively include people's interests and aspirations.

People were positive about receiving personalised care that was responsive to their needs. Most people had regular care workers to assist and added that they felt this assisted with continuity of their care and improved the service they received. Comments received from people we spoke with included, "On a whole they [staff] are extremely good, they know me and how I want things done, if I want to change things I discuss it with them and they will change things around for me." And "They [staff] know me and how I like things done, they make sure they always help me in that way."

People's care plans were informative and provided the care staff with good information which enabled them to deliver the care that people needed. The information included people's preferences and choices on how they would like to receive the care and assistance required. The registered manager told us that further information would be gathered regarding personal histories and life stories whilst working with people. For example, some people are not ready to talk about their life history when first meeting staff but over time and

when relationships are built between the person and staff, it has been found that people will start to talk and open up to talking about their life histories.

The registered manager informed us that they had been recently approached by the Local Authority to pilot a new scheme called 'Living well at home'. This scheme is to promote and encourage people to connect with the local community through volunteers. For example, the service had recently found that a person enjoyed knitting and through researching the local area had found a 'knitting club' that the person can be supported to attend. They also found that a person did not always enjoy their 'meal on wheels' service. The registered manager has had discussions with a local café which now deliver a 'homemade' meal to the person.

The service was actively supporting people to develop and maintain relationships and avoid social isolation. Where appropriate, the service took a key role in the local community and was actively involved in building further links. Input from other services and support networks are encouraged and sustained, for example, the service offered a coffee morning service which was held fortnightly in a local hall. The registered manager told us that this is a very popular event and they had a waiting list for people wishing to attend. The coffee morning enabled people to meet and socialise with others. The service also provided a Christmas meal for people and staff to attend and this was also very popular.

The registered manager stated that people and their relatives had been involved with their assessments and the planning of how their care and support would be provided. This ensured that people received a service that was individual and personal to them. People and relatives spoken with confirmed this, comments received included, "I was asked right at the start how I wanted them to help me and how I would like it done." And "They asked me what did I think I needed, I told them and they listened to me and what they do for me is done in the way I asked for." People's care plans were regularly reviewed and updated with any changes if required. There were systems in place to ensure people received the care they required and staff were kept up to date with any changes quickly. Staff we spoke with confirmed that they received information timely when people's support had changed. Staff stated that they received good information from the service about people's care support that is required. Staff comments received included, "If there are any changes to people's care, the office will always make us aware before we go to see the person again." People's care records available at their homes and also retained at their offices. This ensured care staff and office staff were aware of people's current care needs and that people will receiving the care that had agreed to.

The service liaised with other professionals to ensure people are receiving appropriate healthcare. The registered manager told us they would make referrals to GP's, district nurses, and community health professionals if required.

People were also asked about their views of their care and encouraged to provide feedback. The service's head office sent out 'feedback' forms to people and their relatives to gain views on how the service is providing the care for people. Comments received included, "The staff are excellent and really know how to care for me." And "I can't say enough about how good the service is." The registered manager informed us that these forms were sent to the service's head office and they collated the information and this would then be passed back to location in the form of comments and actions to be taken if needed.

The service had made their complaints procedure known to people who used the service. This information was available in each person's care records which were stored in their homes. The information showed people how to make a complaint and what procedures would happen following the complaint. People we spoke with were confident that any issues would be listened to and acted upon. Comments received

included, "I have called a few times, only to have a little moan but they always listen to me and always make things ok again." And "I know who to ring if I had to complain but I honestly have never had to complain as they are great." Records we looked at showed that when complaints had been received, they had been investigated in a timely manner. The registered manager told us that all details are also sent to the service's head office for them to collate and look for reoccurring issues or trends.

## Is the service well-led?

### Our findings

The service promoted a positive culture that was person centred and was open, inclusive and empowering to both staff and people who received a service. The service showed that they had a clear vision and objectives and helped empower people to make decisions and have the care and support in a way that they wanted. People told us they had been actively involved in decision-making processes about their care and this had been regularly reviewed and updated.

When speaking with people who used the service and staff members it was evident that there was a good, open and honest relationship between them, management and office staff. People told us that they felt confident they could gain support if required. One comment received was, "I only have to pick up the phone and I know they will be there for me." One staff member told us, "It has changed so much, everyone is happier and I believe that's because we know we will be listened to and can call anytime." Another, "The manager and deputy manager are superb, they will always make time for me and will sit and really listen to what I have to say."

The registered manager told us that the provider was always looking at ways to improve the service provided to people and would listen to any ideas or views offered. One member of staff told us, "They always ask if there is anything that we can do better and there are a few things in the past we have said, they listened and put in place for us." Staff were seen to receive good support through regular supervision, appraisals, staff meetings and were able to gain support and advice whenever they needed it.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included staff recruitment, people's care files, care reviews, staff training and supervision, medication and issues relating to the quality of care people received. These audits were completed on a monthly basis and sent to head office to be collated. The registered manager also told us that they undergo a quarterly audit from a manager who is located at their head office. Any actions arising from these quality assurance methods were used to improve the service for people continually. People were also involved in the running of the service through feedback forms sent out regularly to ask their views on how the service was managed.