

# Triangle Community Services Limited

## Homecare Malvern

### 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	

#### Overall summary

We undertook an announced inspection on 16 October 2015. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes and or the family home; we needed to be sure that someone would be available at the office.

The provider registered this service with us to provide personal care and support for people with a range of varying needs including dementia, who live in their own homes. At the time of our inspection 18 people received support with personal care.

There was a registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are

# Summary of findings

‘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.

People and their relatives said they had no concerns about the care they received. People told us staff were caring and treated people with dignity and respect. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns.

Staff were knowledgeable about how to manage people’s individual risks, and were able to respond to people’s needs. People were supported to receive their medicines by staff that were trained and knowledgeable about the risks associated with them.

People and their relatives told us staff treated people with dignity and respect whilst supporting their needs. Staff really knew people well, and took people’s preferences into account and respected them. The management team were responsive to changes in people’s needs and cascaded information effectively.

Staff had up to date knowledge and training to support people. Staff were knowledgeable about ensuring people

gave their consent to the support they received. They worked within the confines of the law which meant they did not treat people unlawfully. There were no applications to the court of protection to deprive people of their liberty.

People were supported when needed to eat and drink well. Relatives told us they were always kept up to date with any concerns for their family member. People and their relatives told us they had access to health professionals as soon as they were needed.

People and their relatives knew how to raise complaints and the registered manager had arrangements in place to ensure people were listened to and action taken if required. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

Systems were in place to monitor and improve most aspects of the quality of the service. The provider had supported the registered manager with making improvements to the service by recruiting additional members of the management team.

# 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 safe

Good



People said they felt safe with staff that supported them. People and relatives benefited from support received from regular staff that knew their needs and managed their risks.

### Is the service effective?

The service was effective

Good



People were supported by staff who knew how to meet their needs. Staff received support and training they needed to provide effective care for people. People benefitted from receiving support from staff that respected people's rights to make their own decisions, where possible. People were supported to access health care when they needed to.

### Is the service caring?

The service was caring

Good



People who used the service benefitted from caring staff. Relatives said they thought staff were kind and compassionate. People benefited from the kindness and respect that they were shown. They also benefited from knowledgeable staff who provided care in a dignified way.

### Is the service responsive?

The service was responsive

Good



People were involved in how their care was provided on a daily basis. People and their families benefited from involvement in their care and support, which was regularly reviewed. People and their relatives were reassured that any concerns they raised would be responded to appropriately.

### Is the service well-led?

The service was well-led.

Good



People, relatives and staff felt supported by the management team. The leadership of the service created a culture that was focussed on the person and their needs.

# Homecare Malvern

## Detailed findings

### Background to this inspection

This was an announced inspection which took place on 16 October 2015 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding matters. We refer to these as notifications and providers are required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the services provided by the service.

The Local Authority are responsible for monitoring the quality and funding for some people who use the service. They told us that they had no concerns about people they supported to use this service.

We spoke with six people, two of whom used the service and four close relatives. We spoke with seven staff, and the registered manager. We also spoke with two social workers who were supporting people using the service.

We looked at the care records for six people including medicine records, three staff recruitment files, training records and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

People we spoke with said they felt safe because they were supported by staff they knew, who were aware of their needs. One person said, “Very, very, good, so helpful, regular staff that I always know.” Another person told us, “I am sitting pretty, very safe.” A relative said, “I receive a plan of who is coming, so I always know.” People told us the staff that supported them knew them well and they felt confident and could relax because their support would be provided in a safe way.

People told us that staff arrived promptly to support them with their needs. Staff told us they worked in a regular geographical area when possible to ensure they would be able to keep to the times scheduled for people. Staff and the registered manager said they had enough staff to support the people they provided care for. The registered manager told us she was recruiting additional staff to meet the demand for new people wanting support from the service.

Relatives told us they felt their family member received care that improved their safety and well-being. One relative said, “We had an emergency and they asked what they could do to help, it was such a relief.” Another relative said, “They (staff) really care, I feel reassured that [family member] is in good hands.” A further relative told us, “Very safe always know who is coming and they all know my [family member] well.” They all said they would be happy to speak to anyone at the office if they had any concerns.

The registered manager had a good understanding of their responsibilities to identify and report potential abuse under the local safeguarding procedures. For example we saw there was a recent concern raised and the registered manager had taken prompt action to safe guard people and reported to the local safeguarding authority so people were protected from harm. All the staff we spoke with were able to give clear understanding of their responsibility to report potential abuse. They told us training on potential abuse and safeguarding concerns formed part of their induction and was regularly updated.

People and their families told us staff had discussed all aspects of their care with them. This included identified risks to their safety and welfare, for example going out into the community and supporting with administering medicines. One person said, “We work together to work things out.” Staff gave examples of how they managed risks to people while maintaining people’s independence where possible. For example, when risks were identified for one person, additional calls were put in place for a short period of time to support the person’s safety and well-being. Staff we spoke with said they always read people’s care plans and looked at their daily notes so they were aware of what support the person needed. Staff had a good understanding of these identified risks, and how they reduced them. These were reflected with in people’s risk assessments.

We saw records of checks completed by the provider to ensure staff were suitable to deliver care and support before they started work for the provider. We spoke with staff and they said they completed application forms and were interviewed to assess their abilities. The provider checked with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Some people said they needed support with their medicines. This was discussed with them and they were included in decisions about how they were supported. One person told us how they had assessed to see if they could manage their own medicines and they were really pleased that they could achieve this. Relatives told us staff were a good support to their family member when administering medicines. We saw people’s plans guided staff in supporting people with their medicines. Staff told us they had received training and felt confident when administering medicines to people.

# Is the service effective?

## Our findings

People we spoke with thought the service they received was effective, because staff knew how to meet their needs. One person told us, “Things are working really well, the staff are reliable, honest and well trained. They are experienced and very helpful.” A relative told us, “I am very happy and satisfied; they (staff) are very professional.” People and relatives told us staff knew how to support people. One person said, “They (staff) are professional and well trained, they are so thoughtful and sympathetic.” A relative told us, “Staff always know what they are doing.”

Staff told us that they had received an induction before working independently with people. This included training around meeting people’s needs, reading care plans, as well as shadowing with experienced staff. Feedback from the experienced staff was used to support the discussion about when a member of staff was ready to deliver care on their own. Staff said they felt well prepared and had received training. They were encouraged to complete training to improve their skills on a regular basis. We saw staff had regular training scheduled into their programs of work so their skills and knowledge continued to be updated. Staff told us they felt well supported and had regular supervisions.

People told us staff always asked before providing support; they said they felt they could say yes or no. One person said, “I always have the freedom to say what I want and say no if I want too.” Staff we spoke with told us they were aware of a person’s right to choose or refuse care. They had an understanding of the Mental Capacity Act 2005 (MCA), and had received relevant training about it. This is a law that sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. Staff told us they always ensured that people consented to their care. One staff member said, “I always ask for consent before I do

anything, to make sure I do ‘with’, not ‘to’ someone.” We looked at how the MCA was being implemented. The registered manager had an understanding of this process. For example we saw where decisions had been made involving relatives and other professionals in a person’s best interest.

The registered manager had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service, to deprive them of their liberty. The management team were aware of this legislation, and were seeking further advice for one person who might need this extra support to ensure no one was deprived of their liberty unlawfully.

People we spoke with had different levels of need for support with meal preparation and cooking. People said they were supported according to their different needs. One person said, “They help me get my shopping when I need it, they always get what I need.” Another person said, “They always make my porridge as I like it, it’s lovely.” One member of staff said, “I have taken time with building a good rapport with [person] so we can work together to improve their diet.” Staff knew what level of support each person needed. Staff told us they always offered choice of meals where possible. For example, one member of staff said they always showed one person at least two meals so they could choose which one they felt like eating on the day.

People told us they received support with their health care when they needed it. One person said, “They will call the doctor for me when I need them to.” Staff had involved other health agencies as they were needed in response to the person’s needs. For example, staff told us they supported people when they need the dentist or opticians, they could help set up appointments or go with them depending what the person wanted. We saw each person had their health care needs documented, and staff told us how they met those needs.

# Is the service caring?

## Our findings

People and relatives were very positive about the staff that supported them. One person said, “They are so good and so friendly. It’s special”. Another person said, “They are all nice people they know what help I need.” A further person told us, “Carers (staff) are so important, they make my life worth living, we have such a good rapport.” Relatives we spoke with said, “It’s brilliant to hear [family member] laughing and chatting with the carers (staff).” Another said, “Carers (staff) know [family member] really well, we speak regularly to share what is going on.” A further relative told us, “Anything we want we can ask for, we are not inhibited; they will always try and sort.” A social worker told us from their involvement they felt the service was fantastic and staff had built a good rapport with the person they were supporting.

A member of staff told us, “We always take the time to build relationships with each person.” People and relatives said that if they didn’t get on with a member of staff they would let the office know and they would not have to receive support from the member of staff again. They felt they were involved in choosing who provided their support. The registered manager always checked to see if the people receiving the service were happy with the support from staff. They had a good understanding that people needed to build relationships with staff. A social worker said that the registered manager took care to match people with staff to ensure they worked well together.

People said staff supported them to make their own decisions about their daily lives. Relatives said they were involved with their family members care planning; they felt involved and listened to. Relatives also told us that staff gave their family member time to express their wishes and

respected the decisions made. For example, a relative said that staff were very flexible in their approach, if a family member did not feel like getting up they would call back later to see if they were ready at a later time.

People and relatives told us they received support from regular staff who knew them and their needs well. Relatives said their family members were usually supported by a small team of staff. This reassured people that staff knew their needs and were familiar to them. A member of staff said, “I know about the people and they know about me.” A social worker told us about how successful staff had been with one person they supported. There was a small team of two staff as it was so important to build a trusting relationship with this person. The two staff members covered for each other during annual leave so the person remained supported by people they knew well.

People said staff respected their dignity, always knocking and waiting to be invited in to their personal space. One relative told us, “When they (staff) take [family member] to the bathroom they give them time in private to respect [family member’s] dignity, and return when they are ready.” Another relative said, “They (staff) know my [family member] well, they show dignity by being aware of the need for a dressing gown when walking to the bathroom because you can be seen from outside. I am very happy with the service.” A further relative told us, “They (staff) show very good respect, and are flexible in their approach.” Staff we spoke with showed a good awareness of people’s human rights, telling us how they treat people as individuals and support people to have as much choice and control in their lives as possible. People’s needs, preferences and how much they could do for themselves was assessed as part of the planning for their care and support. Staff were aware of people’s ability, and were adaptable for people whose ability may fluctuate.



# Is the service responsive?

## Our findings

People we spoke with said they were involved in planning their care. One person said, “I was asked what I wanted, that can be different at any time, but they will always help.” Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, “I was asked for input at the beginning to help with what we needed.” Another told us, “[Family member] can say what they want and the job will be done.” People and relatives we spoke with said they felt staff understood their needs and provided appropriate support in response to them.

Staff knew about each person’s needs, they said these were reflected in each person’s care record. We looked at care records for six people and could see people’s likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed that their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person.

People said they felt they were supported by regular staff who spent the right amount of time with them. Staff we spoke with told us they could spend the full time with people they supported. The registered manager showed us they had a roster system in place that was adaptable to people’s needs. People told us they received support that was flexible to their needs. For example, people and their relatives said that when there had been a concern there had been support from the registered manager. Such as increasing the length of calls or having additional calls when they needed them. One person told us, “I had a fall, and rang office and they sorted how they could help.” Another said, “I rang the manager in an emergency and she was wonderful, she responded and sorted extra help.” A social worker told us that staff were flexible, for example, staff would return later to one person if they were not at home when they visited.

People and their relatives told us they were visited regularly to review the care they received. One person said, “They (the registered manager) ask for feedback at reviews, I feel able to say if everything is ok or not. If there was a concern she would listen and take action.” People felt able to say if anything around the support they received needed changing or could be improved. People said these changes were agreed and actioned in a timely way. For example, one person said they had requested additional time and

this had been agreed and provided. Staff told us they routinely spoke with families and the office for regular updates and to share information, so staff had up to date knowledge to support each person.

Staff we spoke with had a good knowledge about people’s needs, preferences and routines. However they still encouraged people to be as independent as possible. For example a social worker told us how staff could adapt their support according to the persons needs on the day. They said they could go out into the community if they wanted to or they could equally stay at home with the member of staff and talk or play games, depending on their wishes. The social worker said this was working really well to support the person’s needs.

We saw people were asked to share their views and feedback about their experience of their service and the quality of their care and support through satisfaction questionnaires. At the time of the inspection the registered manager told us these questionnaires went to their head office and they had not received any outcomes. The registered manager said she would follow this up and action any outcomes that required improvement.

The people we spoke with said they felt comfortable to raise any concerns, and knew who to speak to. One person said, “I can always speak to the manager, she always listens.” Another person told us, “They (staff) listen to me, we all help each other to get things done, it’s a partnership, they (staff) do what I want.” They said they had a good relationship with the registered manager, and felt happy to discuss any concerns about any aspect of their care provision. There were clear arrangements in place for recording complaints and any actions taken. We saw where complaints had been made they had been responded to in a timely way. For example, one relative spoke about a concern they had raised and how it had been looked into and resolved. They said they were satisfied with the outcome. A social worker told us that staff always kept them informed about one person who had on going concerns.

Some people who used the service may have needed support to help them complain. Staff were able to tell us how they would support people. People’s relatives could also make a complaint on their behalf. They told us they



## Is the service responsive?

were aware of how to do this and who they needed to speak with. One relative said, "I am happy to speak to anyone at the office, they all will sort any concerns out quickly."

# Is the service well-led?

## Our findings

People who used the service and their family members told us they liked the registered manager. They said she was approachable and responsive when they needed to speak to her. One person said, “She (the registered manager) is brilliant, things are well managed.” Relatives told us the service was well managed, one relative said, “The manager is great, she knows all about us and our [family member].” Another told us, “The manager always listens and is really helpful.” A social worker we spoke with said that they had found the staff in the office really helpful and accommodating. They told us that the registered manager would always listen and try hard to support their requests if possible.

The registered manager knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. The registered manager told us how important they felt it was to focus on every person and getting the right care for each person as an individual. They had initiated staff profiles to support matching new people using the service to staff members. These were just being completed but the staff told us they had enjoyed completing them and felt they would be useful to support good relationships with people using the service. The registered manager told us, “People need to feel well supported; we will do as much as possible to support people.” We saw that this was the culture that was shown through all levels of the staff at the home. This was from what people shared with us and what the staff told us. For example, staff being able to return later in the day after the person was out when they first called.

The registered manager was aware that improvements were needed to ensure people received a quality service. For example, regular spot checks to see how staff supported people that used the service. These would

check how competent staff were when supporting people to mobilise and with the administration of medicines. This system was in its infancy therefore we were unable to report on the effectiveness on the quality of care provided.

The provider visited regularly to support the quality of the service. They had identified some improvements and had made plans to complete them in a timely way. For example they had identified that improvements were needed to some people’s care plans. We saw these improvements had taken place and were completed. They had also identified that the registered manager required support to ensure a quality service was delivered for people using the service. They had supported the registered manager by recruiting a team leader and a lead carer to provide the extra support. For example, with effectively monitoring whether people received their medicines as prescribed. Although the registered manager did check some medicine records she could not be consistently assured that there had been no medicine errors across the service. The new members of the management team would support the registered manager to achieve this. They had not been in post long enough to see the benefits for people using the service.

Staff said they were supported by the management team. They told us they could report concerns and they would be actioned in a timely way. One member of staff said, “I can always speak to the manager, she always listens and is a brilliant support.” Staff told us they had regular team meetings and one to one’s, where they shared information and ideas, they said they felt well supported and listened to. Another staff member said, “It’s a nice team to work with, we work well together, and text each other regularly to keep up to date with each other.”

The management team were planning on producing a regular newsletter, sharing with people, their relatives and staff, which would include any service developments, informative articles and information. The registered manager said this would support the provider when communicating with people using the service and their families.