Triangle Community Services Limited

Fred Tibble Court

Inspection report

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Date of inspection visit:
24 May 2017

Date of publication:
11 July 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service was last inspected in April 2015. At that inspection we found one breach of Regulation 18 of The Care Quality Commission (Registration Regulations 2009). This was because the service had not notified the Care Quality Commission of allegations of abuse in line with their legal responsibility to do so.

The service provides support with personal care to older people who live in an extra care housing service. The care provider does not provide people's accommodation. At the time of our inspection 18 people 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. 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 spirit of the Mental Capacity Act 2005. People were able to make choices about what they ate and drink. 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. 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.

During this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments were not sufficiently robust, care plans were not personalised. We also made a recommendation. This was because quality assurance systems had failed to address these shortfalls. You can see what action we have asked the provider to take at the end of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Risk assessments did not include sufficient information about how to mitigate risks people faced.

The service had effective systems in place for dealing with safeguarding allegations and staff understood their responsibility for reporting any allegations of abuse.

There were enough staff to meet people's needs and the service had robust staff recruitment procedures in place.

Medicines were managed in a safe way.

Is the service effective?

Good

The service was effective.

Is the service caring?

Good

The service was caring.

Is the service responsive?

Requires Improvement

The service was not always responsive. Care plans did not contain personalised information about supporting people with their assessed needs.

The service had appropriate complaints procedures in place and people were aware of how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led. Quality assurance and monitoring systems were in place. However, they had failed to address issues of concern identified with regard to risk assessments and care plans.

The service sought feedback from relevant persons about the running of the service.

People and staff spoke positively about the management team at the service.

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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 the 24 May 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 six people who used the service and three relatives. We spoke with five staff. This included the acting manager, a lead care and support worker and three care and support workers. We observed how staff interacted with people. We reviewed various documentation including four sets of care records relating to people, medicine records, minutes of various meetings, five sets of staff recruitment, training and supervision records and records of quality assurance and monitoring systems.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection of this service in April 2015 we found they were in breach of Regulation 18 of The Care Quality Commission (Registration Regulations 2009). This was because they had failed to notify the Care Quality Commission of allegations of abuse at the service. We found that this issue had been addressed. Allegations of abuse made since our last inspection were reported to the Care Quality Commission and the local authority. This was in line with legislation and the provider's adults safeguarding policy and procedure. In addition to the safeguarding procedure the service also had a whistle blowing procedure. This made clear staff had the right to whistle blow to outside agencies such as the Care Quality Commission if appropriate to do so.

Risk assessments were in place. These covered risks associated with medicines, falls and the physical environment such as electrical equipment and trip hazards. However, risk assessments were not comprehensive and often did not include any information about what action to take to mitigate risks. For example, the risk assessment for one person identified there there were risks associated with verbal aggression, threatening behaviour, self-harm and neglect, yet there was no information or guidance about how to support the person with these risks in a safe way. The risk assessment for another person identified there were risks associated with alcohol and substance misuse, but again there was no information for staff about supporting the person with the risk. This meant the person remained at risk.

Lack of robust risk assessments put people at risk and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe using the service. One person replied, "Oh yeah" when asked if they felt safe. Another person said, "They are good, they do their job." Staff had a good understanding of issues relating to safeguarding adults. They were able to name the different types of abuse and were aware of their responsibility to report any allegations of abuse. One staff member said, "I would have to report it to management." Another member of staff said, "I would tell my manager. If it was her [that the allegation was made against] I would tell who is above her and if nothing is being done I would blow the whistle to CQC." This meant the service had taken steps to reduce the risk of abuse occurring or going unreported.

The acting manager told us the service did not hold any money on behalf of people. There was a policy in place designed to protect people from financial abuse. For example, it made clear staff were not allowed to be involved in helping people to make a will. This meant the risk of financial abuse was reduced significantly.

People and staff told us there were enough staff working at the service. One person said, "They are always about if you need them." A staff member said, "Yeah there are enough staff and I have time to do everything." Another staff member said, "At the moment we do (have enough staff). They manage to cover our shifts." The acting manager told us, "I am fine with staffing levels and I think the staff are too."

The service had robust staff recruitment practices in place. Staff told us the service carried out checks on

them before they commenced working. One staff member said, "All my checks were done, police checks, references." Records showed that checks were carried out on prospective staff before they were able to commence working at the service. These checks included criminal records checks, proof of identification, records of previous employment history and references. This meant the service had taken steps to ensure only suitable staff were employed.

Staff had undertaken training about the safe administration of medicines and were aware of what action to take if they made an error with administering medicines. One staff member said, "I would inform the manager and phone the chemist for advice or phone the GP." People told us they were happy with the support they received with medicines. One person said, "They seem to be very competent with my tablets and that." Where the service supported people with medicines, medicine administration record charts were maintained. These detailed the name, strength and type of medicine and what time it was to be given. Staff signed this chart each time they administered a medicine to a person. We checked the charts and found they were accurately completed and up to date.

Good

Is the service effective?

Our findings

People told us staff had a good understanding of their needs and how to support them. One person said, "If I need anything I ask them and they do it." Another person said, "They know what help I need."

Staff told us they had an induction training programme on commencing work at the service. One staff member told us their induction included training about first aid, medicines, moving and handling and safeguarding. They added, "I had shadowing for about a week." This was where they worked alongside experienced staff members to learn the support needs of individuals. The acting manager told us that new care staff were expected to complete the Care Certificate and records confirmed this. The Care Certificate is a training programme designed for staff who are new to working in a caring profession.

Staff told us they received a good standard of training that equipped them to do their job well. One member of staff said, "I've done first aid, medication, safeguarding. We learnt about boundaries, like we are not allowed to accept gifts from people." The service had a training matrix which identified when a staff member was due to have a particular training course. Records showed 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, "Every two months we have it and in-between if I have any concerns I tell [acting manager] I need supervision. We talk about consent, if I need any training, how I am coping and how things can be done differently." Another staff member said, "I have supervision every two months. We talk about how we get on in our job and if there is anything they can support us with. If we are meeting the right standards of care and anything like that. It is helpful because sometimes you will have things you want to discuss." Records confirmed that staff had regular supervision and topics discussed included progress at work, people who used the service, safeguarding, communication and learning and development. This meant staff received the training and support they needed to perform their roles.

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. People had also signed consent forms to agree to confidential information about them being shared with relevant persons such as regulators and health care professionals. Care plans had recently been updated to include a section on mental capacity and decision making. The acting manager told us people and their relatives had been involved with this process. The care plan included information about people's capacity to make decisions. For example, the care plan for one person stated, "[Person] is able to make decisions during conversations. She has her own mind about likes and dislikes." Staff told us that most people using the service were able to make decisions about their daily lives. They said if a person lacked capacity they discussed with family members about what

they liked, for example what they liked to wear. This meant people were supported to make decisions about themselves where possible.

The service provided support with meal preparation for some people. Care plans included information about this. For example, the care plan for one person stated, "I enjoy a hot cup of tea and a boiled egg for breakfast." The care plan for another person stated, "[Person] will tell you what she wants for breakfast or she may want to do it herself." This meant people were able to make choices about what they ate. Staff told us they offered people choices about their food. One staff member said, "I always ask them what they want to eat, I never decide for them." A person told us, "They always ask what I want in sandwiches." Another person said, "I like porridge with banana for breakfast so that's what they make." This meant people were able to choose what they ate and drank.

If required the service supported people with medical appointments and made arrangements for health care professionals to visit people in their homes. One person said, "They do all that [sorting out medical appointments] for you." The acting manager told us that the service made referrals to health professionals as required and that health concerns were escalated to appropriate agencies. Records confirmed this. This meant the service was meeting people's health care needs.

Good

Is the service caring?

Our findings

People told us that staff were caring and that they were treated in a respectful way. One person said, "Oh yeah, they are friendly, they are very good." Another person said, "They are nice, they are caring. There is nothing to grumble about." A third person said, "On the whole they are kind." While a fourth person said, "They are nice, they treat me well." A fifth person said, "Can't complain, she is a brilliant carer and the one I have at night time is brilliant as well. They are not rude or anything." A relative told us, "We think it's absolutely lovely here."

Care plans included a section on people's past life history. These included details of their previous employment, were they lived, their interests and their family. Some of this was personalised information about the person. For example the life history for one person stated, "I liked shopping for jewellery and used to go to Romford market. I like listening to Glen Miller and his band." 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. They said, "I chat with them, ask how their day is going. We talk about soaps [operas] and the weather and stuff like that and about their family."

People were seen to be at ease in the company of staff, chatting and joking with them. We observed staff interacted with people in a friendly and caring manner. For example, the landlord offered a communal dining experience to people. One person required staff support to eat their meal and we saw this was done in a caring way. The staff member sat with the person throughout their meal and helped them to eat at a pace that suited them. Another person was supported to sit down on a chair and staff gave gentle encouragement and guidance to them to sit safely.

Staff had a good understanding of how to promote people's dignity and privacy when providing support with personal care. One staff member said, "If they are strip washed I always cover them with a towel. I get them to do their private bits themselves if they can. I always explain to them what I am going to do. Make sure they are covered and doors and curtains are closed so they are in a private area." Another staff member said, "I always ask them if they want a shower or a bath. They chose their own clothes, what they eat."

People were supported to maintain their independence. Staff told us how they promoted this. One staff member said, "I help her to do as much of personal care for herself as possible. With drinking I make sure her cup is not full so she can drink herself." Another member of staff told us how they enabled people to independently choose what they wore, saying, "With people with dementia we hold up two sets of clothes for them to choose." A third staff member said, "I ask them their preference, shower or bath. We go in the bathroom and close the door. If they can manage to do their private parts I give them the flannel to do that. I will assist with the back and feet and encourage them to do the rest. I try to prompt as much independence as possible." A person told us, "I can do things for myself, they only do things I need help with."

The service had policies in place to help promote people's dignity. For example, there was a policy about confidentiality which made clear staff could not discuss confidential information relating to people without

authorisation to do so. There was also a policy on privacy and dignity which stressed the need to be respectful of people's individuality.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the service provided. One person said, "I am happy here, I don't want to move. They know what they are doing, they shower me if I need a shower and cream my legs."

The acting manager told us after receiving an initial referral a senior member of staff met with the person and their relatives where appropriate to carry out an assessment of their needs. This was to determine what support the person wanted and whether or not the service was able to provide that support. The acting manager said of the assessment process, "We ask them what do you want from us and how can we support you."

The acting manager told us care plans were developed for people after they began using the service. These were based on the initial assessment and on-going observation and discussion with the person. At the beginning of care plan files there was a one page profile of the person which provided a snapshot of who they were and their support needs. These included sections on 'What is important to me' and 'How best to support me'. These included some personalised information about the person's support needs. For example, the one page profile for one person stated, "My feet will need to be soaked every day and creamed." For another person the profile stated, "My clothes need to be colour coordinated" and "I like watching television and don't like getting disturbed when I am watching a programme."

The main body of care plans were completed on standardised templates which included various sections. However, some of these contained very little personalised detail about how to support the person in a given area. For example, care plans included a section on anxiety and states of confusion. The plan for one person showed boxes had been ticked to indicate these were issues the person needed support with. There was then a section for 'comments and action to be taken' which had been left blank. On the section about personal care for the same person it simply stated, "Carers to assist with shower." There was no information about how to provide this assistance in a personalised manner based around the needs of the individual. A timetable of support to be provided was included in care plans, but this was just a list of tasks to be performed. For example, one timetable stated, "Support and assistance with personal care." No personalised detail was provided about how to give this support. The care plan for another person identified that they needed support with hair washing, dressing, skin care and nail care but again, there was no information about how to provide this support.

Lack of personalized information in care plans meant that staff did not have the knowledge to support people in the way they wanted to be supported and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The acting manager told us care plans were subject to review, saying, "We review them yearly unless there is a change in their circumstances, such as they have had a spell in hospital." There was evidence that people were involved in developing their care plans. They included a statement that was signed by the person which said, "I have participated in the assessment of my care plan and consent to the care and support proposed."

People were aware of who they could complain to. One person said, "I would talk to the manager if I was not happy." Another person said, "I would complain to the office downstairs." The service had a complaints procedure which included timescales for responding to complaints received and included details of whom people could complain to if they were not satisfied with the response from the service. Records showed that complaints received since the previous inspection had been dealt with in line with the complaints procedure. People and relatives were provided with their own copy of the procedure. This meant the service had made the complaints procedure accessible to people.

Requires Improvement

Is the service well-led?

Our findings

The service employed independent consultants to carry out an audit of the service. This was completed on 27 February 2017. This included an audit of staff supervision, complaints, training and staffing levels. It also included an audit of care plans and risk assessments and found that these were not satisfactory. For example, the audit report stated, "Care plans did not cover a safe system of care to support any moving and handling needs." The report also stated, "The care plans did not cover the mental health and wellbeing section, with the mobility section poor." These findings were in line with our findings on care plans and risk assessments at this inspection which meant the service had failed to act on the findings of the audit carried out in February of this year. We recommend the service implements systems to ensure that where failings are identified they are acted upon.

People told us they found the senior staff approachable and helpful. One person said, "I can go and see them if I need anything, they are helpful." Another person said, "The office staff are all nice, go and tell them something and they sort it for you." A relative told us, "From what we have seen it seems very well run and managed."

The previous registered manager recently left the service. A new manager had been appointed and they told us they were in the process of applying for registration with the Care Quality Commission. They were supported in the day to day running of the service by a client services coordinator and two lead care and support workers. Staff spoke positively of the acting manager and we saw staff were relaxed and at ease in their company and felt free to approach them. A member of staff said of the acting manager, "I love her to bits. I find her very easy to get along with. If I ever have a problem she sorts it out straight away." The same staff member spoke positively about the working atmosphere at the service, commenting, "This is a good team here, we help each other out." Another member of staff said of the acting manager, "She is a very good manager. She is hard working and always here if I need help with anything. She is strict but I have a very good relationship with her. She listens, she empowers us." A third staff member said, "She is a good manager, you can go to her with anything and she is always there for you." The same member of staff added, "We have a wonderful team and when we have new members we try to make them feel comfortable and welcome." A fourth staff member described the acting manager as, "Brilliant. She is very strong, very organised. We know what she expects. If we don't do something she will be on our backs, I like that in a manager."

The service held regular staff meetings. A member of staff said of these, "In meetings the manager will go round each of us and ask if we have anything to say, if we have any problems. She informs us of any changes that have been made." Another staff member said of team meetings, "We talk about service user things that are not being done right. [Acting manager] gives us a thumbs up if we are doing well. We discuss how we can improve." A third member of staff said, "With the team meetings we have a list of things to talk about and we can all add to it if there is anything we want to talk about. We talk about the service users and how we can best support them."

A senior member of staff carried out 'on the job' supervision with staff to make sure they were carrying out

their duties appropriately. A member of staff said of this, "Sometimes [senior staff] will come around to do her checks. She checks medication, she asks the service user how they are with the staff. She checks the flat to see if the bin is empty, if the toilet is clean." The staff member added they were not informed in advance of when these supervisions were to take place. A senior member of staff who carried out 'on the job supervisions told us, "I am listening and watching to see how staff interact. If they give them choices about what they eat, if the client is happy. Making sure they are doing the medicines properly and they are signed for. Make sure the flat is left clean."

Spot checks were also carried out. These involved a senior member of staff visiting a person immediately after their care had been provided to check things had been done properly. A member of staff that carried out these spot checks told us, "The spot check is when the staff have done everything. If I am there I know they will try to do everything properly so I check things after the have finished." Records confirmed that both 'on the job' supervision and spot checks took place.

The service carried out an annual survey of people, relatives and staff. The acting manager described the purpose of the survey, saying it was, "To see if we are doing things right and if not how we can change things and ask for suggestions about how we can do things differently." The acting manager gave an example of how things had been identified, telling us that some people had commented staff did not always use the doorbell before entering flats. Minutes of team meetings showed this issue had subsequently been addressed with staff. We looked at completed surveys which contained mostly positive feedback. We saw on some completed staff surveys that staff had requested end of life care training and records showed this had been provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person had failed to develop comprehensive care plan for service users. Care plans did not set out in detail how to meet the personalised needs of service users. 9 (3) (a)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way to service users because the registered person had not adequately assessed the risks to health and safety of service users receiving care. 12 (1) (2) (a)