Triangle Community Services Limited

Colin Pond Court

Inspection report

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Essex
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 19 June 2015 and was announced. This was the first inspection of this service since it was registered with the Care Quality Commission in February 2015.

The service provides support with personal care to people living in a shared living with extra care service. The provider does not provide people's accommodation. At the time of our inspection 12 people were using the service.

The service had a registered manager in place. 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 did not always work with other health care providers where there was an assessed need. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

People told us they felt safe using the service. Systems were in place to reduce the risk of abuse. Risk assessments were in place to help provide support safely. There were enough staff to meet people's needs. Medicines were managed safely.

People were able to give consent to their care and were offered choices about what they ate when they received support with eating and drinking. Staff had training and support to enable them to do their job effectively.

People were supported in a caring manner. Staff interacted with kindness and sensitivity with people. People's privacy, choice and independence was promoted.

The service assessed people's needs and care plans were in place setting out the support to be provided. People knew how to make a complaint and there was a complaints procedure in place.

People and staff told us they found the senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service.

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?

Good

The service was safe. Staff understood their responsibility with regard to safeguarding adults. Risk assessments were in place which set out how to support people in a safe manner.

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

Support with medicines was managed in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective. The service did not always work with other health care providers when there was an assessed need.

Staff received training, support and supervision to enable them to provide effective care to people.

People were able to make choices about their care and consented to the support provided.

People were supported with food in a way that promoted their choice.

Is the service caring?

Good

The service was caring. People told us they were treated in a caring manner by staff and we observed this.

The service promoted people's dignity, privacy and independence.

Is the service responsive?

Good

The service was responsive. Care plans were in place which set out how to meet people's assessed needs. Staff had a good understanding of how to support people.

There was a complaints procedure in place and people were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led. There was a registered manager in place and people told us they found senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used 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 19 June 2015 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 available.

The inspection team consisted of an inspector and expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we already held about this service. This included details of it's registration with CQC and the registration application, notifications the provider had sent us and details of any comments and complaints we had received about the service. We also spoke to the relevant local authority commissioning team to gain their views about the service.

During the course of our visit we spoke with 10 people who used the service and two relatives. We spoke with a further four relatives by telephone after the date of our visit. We spoke with seven staff. This included the registered manager, the human resources business partner, a manager of the service, the lead support worker and three support workers. We looked at various documents during the course of our inspection. This included four sets of care records, five sets of staff recruitment, training and supervision records, minutes of various meetings including staff meetings, medicines charts, records of complaints and various policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and that there were enough staff to meet their needs. People said that when they rang their alarm call bells staff responded in a prompt manner. A relative said, "'They come in at the right time, and do what needs to be done. I never feel now that she is being rushed. They do whatever we need." Another relative said, "All the new staff are very good. I do feel mum's safe with them now, they've got common sense."

The provider had a safeguarding procedure in place. This made clear their responsibility to report any safeguarding allegations to the relevant local authority. However, it did not make clear their responsibility to send a statutory notification to the Care Quality Commission. The registered manager was aware of this responsibility and told us they would ensure the procedure was amended accordingly.

The provider had a whistleblowing procedure in place. This made it clear that staff had the right to whistle blow to outside agencies if they thought that to be an appropriate course of action. Staff had a good understanding of whistleblowing. Staff told us and records confirmed that they had undertaken training about safeguarding adults from abuse. Staff were aware of the different types of abuse and of their responsibility for reporting it.

Records showed there had been three safeguarding allegations this year, all of which had been reported to the relevant local authority. The service had taken steps to address safeguarding issues. For example, one safeguarding allegation was about a staff member not giving a person their correct medicine. We saw that more medicine spot checks had been carried out by the service and the relevant staff member had undertaken medicines refresher training.

The registered manager told us the service did not hold or spend any money on behalf of people that used the service. This reduced the risk of financial abuse occurring.

Risk assessments were in place which included information about how to manage and reduce risks. For example, in relation to the physical environment and the risk of falling.

We saw very detailed information about how to support a person when transferring them from one place to another. For example, when getting out of bed or sitting down in a chair.

The registered manager told us that the service did not use any form of restraint. The care plan for one person highlighted that at times they became verbally aggressive. There was no guidance for staff on how to manage this. We discussed this with the registered manager who said they would address the issue. However, staff had a good understanding of how to support this person. They were aware of the likely triggers and of strategies to help the person remain calm.

Staff told us they thought enough staff were working at the service to meet people's needs. They had enough time to carry out all their required duties. Staff cover was always arranged if a member of staff was off work at short notice. One staff member said that when they supported people who needed two staff there were always two staff available for this. We observed staff were able to carry out their duties in an unhurried manner during the course of our visit.

Robust staff recruitment procedures were in place. Staff told us that various checks were carried out before they were able to commence working at the service. Records confirmed staff had to undertake an interview to assess their suitability for the position. The provider also took references for people and carried out a criminal records check.

People told us they wanted staff to support them with their medicines. One told us they had been doing it themselves but were worried they might drop a tablet so had asked if the service would help them. Where people required support with their medicines we found risk assessments in place to help ensure this was done safely. People had signed consent forms to indicate they agreed to the service providing them support with their medicines. Medicine administration record charts were maintained by the service to keep a record of when medicines were administered. We checked a sample of these and found them to be accurate and up to date. Staff undertook training before they were able to administer medicines to people.

Requires Improvement

Is the service effective?

Our findings

The service was not always effective. The registered manager told us that the service was responsible for referring people to other health and care agencies if there was a need. However, we found for one person appropriate referrals to health care professionals had not been made. The service had carried out an assessment of their needs and found they needed to have three monthly checks by the district nurse due to their skin integrity and that they needed to be referred to the occupational therapy team due to mobility issues, but no referrals had been made for them. Another person was been treated by the district nurse. We were told that there was no care plan in place for the support the service had to provide relevant to this but that the district nurse had given only verbal instructions. This increased the risk of care being provided in an inconsistent manner or even not being provided at all. After we brought this matter to the attention of senior staff they contacted the district nurse service to ensure a written care plan was in place. The service was putting people at risk by not working with other care agencies appropriately to meet people's assessed needs. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that staff understood their needs and how to meet them. A relative said, "Even new ones [staff] know what they are coming to do, and are able to do everything well." Another relative said, "'My mother's needs and moods change constantly, and I think the girls [staff] are very good at understanding her, and responding in the right way. They will change their approach to her depending on how she is feeling on the day."

Staff told us they undertook induction training on commencing work at the service. This included shadowing experienced staff members to learn how to provide support to individual people. The registered manager was aware of the recent introduction of the Care Certificate as the new induction qualification for staff that were new to working in social care. They said newly recruited staff would be expected to complete the Care Certificate.

Staff told us they received on-going training and did not think there were any significant gaps in their knowledge caused through lack of training. They told us and records confirmed they had undertaken training about moving and handling, depression in older people, person centred care and teamwork. Staff told us they had one to one supervision with senior staff. They told us this included discussions about people that used the service, working relationships with other staff and performance issues.

The registered manager told us that all people using the service had the capacity to consent to their care. No one was subject to a court of protection order and no one required to have a best interest decision made on their behalf. People told us they were able to make decisions about their care and we saw that care plans had been signed by people. This indicated their agreement with the contents of the care plan.

People who had support with mealtimes told us that staff provided meals in a caring, efficient manner, and that they were given a choice of foods prepared. One person said, "It's always done well [meals], and I enjoy my food."

People were able to choose what they ate. Care plans included information about people's food preferences and details of foods that reflected people's cultural and ethnic background. One staff member told us, "I have to ask her what she would like to have for breakfast."

Good

Is the service caring?

Our findings

People told us they were treated well by staff. One person said, “I am well looked after here.” Another person said, “'They look after me very well here, and most of them are very kind to me.” A relative told us, “The new carers seem very good, and caring.”

We saw that staff interacted with people in a kind a caring way. Staff took the time to talk with people and answered any questions in a patient manner.

Care plans indicated that people were supported to make choices. For example, the care plan for one person stated, “I would like the carer to assist me getting dressed in clothes of my choice.” Care plans also promoted people’s independence. One care plan stated, “If staff offer me a comb I can comb my hair” and “If staff hand me my toothbrush with toothpaste on it I can clean my teeth myself.”

Staff told us reading people’s care plans was important, but added it was more important to talk to people about their care. They said they continually talked with people when providing care, asking them what they wanted and telling them what they were about to do. One staff member said, “When I go to them I ask them what they want and they will tell me what to do.”

The provider had a confidentiality policy in place which made clear staff’s responsibility for not sharing confidential information about people unless authorised to do so. This helped to promote people’s privacy. Staff told us how they promoted people’s privacy when providing personal care. One staff member said, “I cover them up so they don’t feel embarrassed and close doors and curtains.” The same staff member told us they supported people to make choices. For example, they said, “Even if we don’t think its right it’s their choice [what people wear].” But they added they would give advice on wearing clothing that was suitable for the weather. Another staff member told us how they supported people to make choices using objects of reference. For example, they showed people two sets of clothes to choose between.

All the people using the service spoke English and were able to communicate verbally with staff to some degree. Where verbal communication was limited staff used body language and objects of reference to help communicate. Care plans included information about how to support people with their communication needs. For example, one care plan stated to ask one question at a time and wait for an answer before giving any more information. We saw staff following this care plan during the course of our visit.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to them. For example, staff provided care at a time that was convenient to the needs of the person. One person told us, "'It's very good now, I can talk to [senior member of staff] if I need to get out for an early appointment, and my care time will be altered, she's very efficient." However, some people told us they would like more opportunities to socialise with other people that used the service. Some people said they wanted a television to be installed in the communal part of the building to encourage people to socialise together. We discussed this with the registered manager who said they would raise the issue with the landlord.

The registered manager told us that after receiving a referral from the commissioning local authority a member of the senior staff team carried out an assessment of the person's needs. This was to determine if the service was able to meet those needs. They said that care plans were then developed based on the initial assessment, input from the person and their relatives where appropriate and information provided by the local authority. The registered manager said and records confirmed that care plans were reviewed every six months or more often if required. This meant the service was able to respond to people's needs as they changed over time.

The service held copies of care plans in its office and copies were also held in people's flats. This meant they were accessible to people and to staff that worked with them. Care plans included a timetable of what support was to be given and when. Care plans contained sufficient information for staff so they knew how to support the person in a personalised manner. For example, one care plan said, "If the carer puts some cream on my hand I can apply it to my private area." Another care plan stated, "I do not like getting up early in the morning, not before 9am. I do not like care staff to be full of the joys of spring in the morning, I like it quiet." This showed the care plan was based around the needs of the individual and not just focused on the task to be carried out.

Care plans provided information about how to meet people's needs in relation to personal care, eating and drinking and domestic support. This was done in a way that promoted people's independence. For example one care plan stated, "I sometimes do my own washing up but care staff will need to check it is cleaned properly."

Care plans included sections on people's life history. This contained details of their families, employment, school and places where they had lived. This helped staff to get to know people as individuals and to interact with them in a personalised manner. Care plans also included information about people's likes and preferences such as what they liked to watch on television.

Staff told us that they had got to know people through working with them. They had a good knowledge of people's assessed needs as detailed in care plans. Staff were able to explain how they provided care in a personalised manner. For example, one staff member told us how they supported a person to get dressed on the left side first as this was easier for the person due to them having had a stroke.

The service had began carrying out profiles of staff. This was so they were able to match staff to work with people who had similar interests. For example, one staff member had an interest in gardening and they worked with a person who shared that interest and they were able to spend time together in the garden.

The service provides some social activities. A bingo session was run two to three times a week. We saw a bingo session taking place during our inspection which was well attended by people who were enjoying themselves. An art group was also held once a week. Occasionally events were held such as afternoon tea party and singers visiting.

In the survey carried out by the service in October 2014 people had indicated they knew how to make a complaint. One person said, "I don't complain but I tell them if something is wrong and settle it well with no anger."

The provider had a complaints procedure in place. This included timescales for responding to any complaints received. The procedure included incorrect details of whom people could complain to if they were dissatisfied with the response from the service. The registered manage showed us a revised draft procedure that was set to become operational from the 16 July which contained the correct details. People and relatives where given their own copy of the complaints procedure so that it was accessible to them. Staff had a good understanding of what to do if they received a complaint.

Records showed the service had received two complaints this year. Both had been investigated and responded to in

Good

Is the service responsive?

line with the provider's complaints procedure. For example, working with the landlord to address a complaint about the effectiveness of the emergency alarm calls in people's flats.

Good

Is the service well-led?

Our findings

People and their relatives told us they found senior staff to be approachable and they felt listened to.

The service had a registered manager in place. They were supported by a service manager who had responsibility for much of the day to day running of the service. In addition there was a lead care and support worker who had a leadership role within the service. The registered manager told us it was planned to appoint a new registered manager in the near future who was already working at the service.

Staff spoke positively of senior staff and of the working atmosphere at the service. One staff member said of the service manager, "She is really nice, she is fair and approachable." Another member of staff said of their manager, "My manager has been really supportive, you go to her anytime and she deals with things there and then if she can. She will push you in a nice way, she doesn't let anything slip." Another staff member said, "Its brilliant here. I really like it. Everybody is really helpful." Another staff member said of their line manager, "She is a listening manager, if you are in doubt of something you can go to her. When I first started there were things I was not clear about so I went to her, she is easy to approach" and the same member of staff said, "We work together as a team fantastically."

However, one staff member said they did not know who their line manager was. We discussed this with the registered manager who accepted it was possible there was some confusion amongst staff as there had recently been a lot of changes in the management structure due to a new provider recently taking over this location. They told us they would ensure all staff were aware of the management structure at the service.

The service had an out of hours on-call system so that staff were able to get advice from senior staff during evenings and weekends. Although staff we spoke with had this number stored in their own phones it was not on display in the staff room where we were told it was supposed to be displayed. It was however on display within the office. Staff told us that the system was effective. They said they had always had a prompt response if they had to use the out of hours on-call system.

Various quality assurance and monitoring systems were in place. Staff told us they had team meetings. These included discussions about people that used the service and the sharing of ideas about how to best work with individuals. We also saw that meetings were held by senor staff from different locations run by the same provider so that they were able to discuss issues of mutual interest and share ideas and good practice.

Senior staff carried out 'on the job' supervision. This involved them observing how a member of care staff worked with a person. Staff told us they received feedback from the senior staff about what they had done well and areas for improvement. Records of supervisions showed that issues of poor practice were addressed. These included staff not always reading the communication book and better record keeping with regard to the administration of 'as required' (PRN) medicines.

The lead carer told us they carried out spot checks in people's flats after care has been provided. This included checking the person was dressed appropriately, the flat was left clean and tidy, paperwork has been completed and if the person had been offered hot or cold drinks. Records confirmed these checks took place. The lead carer told us when they found any issues of concern they addressed these with the relevant care staff member.

The registered manager told us an annual survey was carried out to gain people's views about the service. The most recent survey was conducted in October 2014. Completed surveys contained mostly positive feedback about the service. Comments included, "Care staff are always here if needed" and "My family is very pleased with the support our mum is receiving." However, there had not been any analysis or action plan done in response to the survey.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with not working with others where there was an assessed need of care. Regulation 12 (1) (2) (I)