

Triangular Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

Triangular Care Services Limited is registered to provide personal care for adults in their own homes and when out in the local community. They currently provide support for older people with a range of needs, including people who may be living with dementia. On the day of our visit the service provided support for 42 people in their own homes.

This inspection was announced and took place on 04 and 05 November 2015.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People's medication was not managed safely. Recording systems did not provide sufficient information or evidence of the medication being given.

Quality assurance systems and processes failed to identify areas for development within the care being provided.

People had individual and specific risk assessments in place, however the provider had not implemented an overall assessment of risks to the service, or an emergency contingency plan in case of emergency situations.

Staff asked people for consent before providing care and followed the principles of the Mental Capacity Act 2005, however care plans did not always reflect this.

People felt safe when receiving care and support from the service. Staff were aware of abuse and potential indicators of it. They were also aware of their responsibilities in terms of recording and report abuse.

Staffing levels were sufficient to meet people's needs so that care visits were not missed. Staff had been recruited following safe and robust procedures.

Staff received sufficient training, supervision and support to perform their roles.

If required, staff supported people to have sufficient food and drink of their choice and encouraged them to have a balanced and healthy diet, whilst respecting their wishes.

Staff also supported people to make and attend appointments with healthcare professionals if necessary.

People received care from kind and compassionate staff who spent time establishing and building strong relationships with them.

Care plans were produced with input from people and their families. These were used to guide staff on people's care needs and wishes and were regularly reviewed to ensure they were up-to-date.

People's privacy and dignity were promoted and respected by members of staff.

Feedback was encouraged by the service and people were happy to talk to staff or management if they had any concern. Complaints were dealt with effectively and, along with feedback, used to drive improvements in the service.

There was a registered manager in post who people and staff were familiar with. They worked with the staff team to produce a positive and open culture at the service.

We identified that the provider was not meeting regulatory requirements and was in breach of a number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People's medicines were not always managed safely and effectively.

Risks to people were assessed, however risks to the service were not. There was no contingency plan in place for emergency situations.

Staff protected people from harm and abuse and understood when and how to report any concerns they may have.

Staffing levels were sufficient to meet people's needs and ensure their visits were not missed. Staff had been recruited safely.

Requires improvement



Is the service effective?

The service was not always effective.

People's consent was sought by the service and the Mental Capacity Act 2005 principles were followed by staff, however this was not always reflected in people's care plans.

Staff received training and support from the service, to enable them to perform their roles.

If required, staff supported people to have sufficient food and drink and encouraged a healthy diet.

Staff also supported people to see healthcare professionals, if needed.

Requires improvement



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion. They worked to develop meaningful relationships with people and their families.

People were involved in planning their care and received information about the provider and the care that they received.

Privacy, dignity and respect were important to staff and they ensured they treated people accordingly.

Good



Is the service responsive?

The service was responsive.

People's care was specific to their own needs and wishes. Care plans were updated regularly to ensure they represented people's changing needs.

People and their families were able to provide the service with feedback formally and informally. The service took people's feedback seriously and used it to develop the service.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place, but had failed to identify areas of concern. Audits which were in place were based on out-of-date guidance.

People and their families knew the registered manager and were able to contact them if necessary. They had worked with the staff to promote a positive and open culture at the service.

Requires improvement



Triangular Care Services Limited

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 was announced and took place on 04 and 05 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure staff would be available for us to talk to, and that records would be accessible.

The inspection team comprised of one inspector and an 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. The expert used for this inspection had experience of a family member using this type of service, and supported us by making phone calls to people who used the service.

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

We spoke with six people who used the service and four relatives. We also spoke with the care manager, two seniors and two members of care staff. The registered manager was unavailable, as they were on annual leave.

We looked at six people's care records to see if they were accurate and reflected people's needs. We reviewed six staff recruitment files, staff duty rotas and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

Medication was not managed or administered safely. We looked at people's Medication Administration Record (MAR) charts. These were put in place by the provider to allow staff to record when people's medication had been given, or to record reasons why medication had not been given. We found that these had not been set up to record medication appropriately. For example, on several MAR charts we saw that, instead of recording each and every medicine contained within people's individual blister packs, the words 'Blister Pack' had been used. This meant that staff signed to say that the blister pack had been administered, but did not state which medicines had been given. We spoke to the care manager about this and they were unaware that this was the practice of the staff team. They explained that each medicine should have its own entry on the MAR chart and the staff should sign to say that each one had been given.

We also found that MAR charts did not provide sufficient information for the safe administration of medication. For example, one person's MAR chart did not record the name of the medication in full, the route by which it should be administered, the dosage that should be given or the form the medication came in (such as tablet or liquid). This information was also not available in people's care plans; therefore there was no way of double checking that the information on MAR charts was an accurate reflection of people's prescribed medication. There were a number of missed signatures on people's MAR charts, with no explanation as to why the signature was missing and whether or not medication had been administered. We looked at people's daily notes to confirm, however they simply referred to the MAR charts. For example, we found that one person's MAR chart for October 2015, had 10 missing signatures for one medicine, with no reason given for the omissions. When we checked the daily notes we found that they simply stated 'As MAR chart.'

Staff told us that they received medication training, however did not receive competency checks from senior staff, before they were able to administer medication on their own. We looked at staff records and saw certificates for training in this area, however did not see evidence that competency checks had been carried out. This meant that

staff may administer medication without having their practice observed by senior staff. This put people at greater risk of medication error as these staff would not receive appropriate guidance and support in this area.

Care and treatment was not provided in a safe way as medicines were not managed in a proper and safe manner. This was a breach of regulation 12 (1) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Some people told us that they were able to manage their own medication, and that they didn't require any support from members of staff. Others informed us that staff provided them with a range of different support methods, from prompts and reminders to full administration. One person told us, "Staff have given me my medication, they stay with me until I have taken it." People who received support from the service for their medication were positive and told us that they always received the right medication at the right time.

We spoke to the care manager about an emergency plan for the service, to provide guidance for staff in the event of extreme conditions, such as adverse weather conditions or low staffing levels. They told us that there was no formal plan in place to manage such situations, but explained that there were some actions they would take, such as prioritising care visits based on people's needs, in such an event.

Staff told us that risk assessments were in place at the service, to ensure people and staff were protected from harm as far as possible. They explained that risk assessments were completed by senior staff, but all staff could contribute to risk assessments and reviews, to ensure the information in them was current and suitable. We looked at people's care plans and saw that risk assessments were in place, covering a range of different areas, such as falls, nutrition and pressure care. They provided staff with guidance about the risks posed to people in the areas assessed, as well as control measures, to help minimise the risks to them.

People told us they felt safe when receiving care from the service. One person told us, "I feel safe as the carers seem to be well trained." People felt secure when staff came to carry out care visits and expressed trust in the staff that came into their home. People's relatives told us that they felt their family member was safe when staff were providing their care.

Is the service safe?

Staff were able to tell us about the different types of abuse, and the procedures they should follow if they suspected abuse. One staff member told us, “If I suspected abuse, I would contact the office and get them to contact the local authority.” Other staff members told us that they would raise any concerns immediately with the office or whoever was on-call. They also told us that they were able to contact external organisations, such as the local authority safeguarding team, directly if they needed to. Records confirmed that safeguarding incidents were reported in a timely manner and that notifications of these were sent to the Care Quality Commission (CQC). We saw that the registered manager had carried out investigations if necessary and used the learning from these to drive improvements within the service.

People felt that staffing levels at the service were sufficient to meet their needs. None of the people we spoke with had experienced missed calls, they also told us they regularly received care from the same member of staff. One person said, “They are on time and never miss calling to see us.” Another person told us, “I have the same carers most of the time.” People’s family members were also positive about

the staffing levels and told us that their family member always received the care visits that were scheduled for them. The registered manager told us that the service only used full time staff, and therefore did not have to rely on agency workers to cover shifts. Staffing rotas showed us that people’s visits were covered with staff and, wherever possible, the same staff went to see the same people. We also saw that time was given between visits to allow for travel time, which helped to ensure people got the full duration of time for their visits.

Staff members told us that they were recruited following safe and robust practices. They explained that before they could start working at the service, the registered manager made sure they were suitable to work with people. This included an interview, getting two references and a Disclosure and Barring Service (DBS) criminal records check. The care manager confirmed that this took place and that they spoke to staff to explain any gaps on their employment history. We looked at staff records and found that they confirmed that the service had carried out suitable checks to ensure staff were of good character and suitable for their roles.

Is the service effective?

Our findings

Staff told us that the Mental Capacity Act 2005 (MCA) was used within the service, to help people to make decisions, when they lacked the mental capacity to do so for themselves. The care manager confirmed that this took place, and that staff had training in this area. We looked at people's care records and found that the use of the MCA was not always recorded. For example, in a number of people's care plans, we found that consent forms had been signed by a person's family member. Staff were able to explain that this had been done as the person was unable to sign the document for themselves, however there was no record of this in people's care plans.

People felt that staff asked them for consent before providing them with care. They explained that staff made sure they were happy with what they were going to do, before they provided any care or support. Staff also told us that they made sure they received consent from people before they provided any care. One staff member told us, "It's always the person's choice, we are there to guide them." Another staff member said, "It's whatever they want at the end of the day." Staff went on to explain that they tried to promote people choosing what they wanted to do, as well as promoting their independence. Staff were able to explain the MCA to us, and the principles behind it.

People told us that they felt that staff had the right skills and knowledge to provide them with care and to meet their needs. They explained that they were aware that staff had regular training to keep their skills up-to-date. One person told us, "The carers are very good at what they do for me." People's relatives also expressed that they felt staff were well trained and knew what they were doing. One family member said, "They are so good at what they do for my relative, they appear to be well trained."

Staff told us that when they started working at the service, they were placed on an induction programme. They explained that this included mandatory training courses, such as safeguarding, moving and handling and health and safety, as well as shadowed shifts, where they observed established members of staff and built up relationships with people receiving care. The care manager also explained to us that the service had recently introduced the Care Certificate for new staff to complete during their initial probationary period.

Members of staff also explained to us that they received regular on-going training and refresher sessions, to keep their skills up-to-date. One staff member said, "In the past year I have done loads of courses." Another member of staff told us, "Training is done regularly, face-to-face; people benefit from that." Staff also told us that they were offered the opportunity to sign up for qualifications, such as the Qualification Credit Framework (QCF) level 2 in Health and Social care. During our inspection we observed a QCF assessor meeting with a member of staff to help get them through the next stage of their qualification. We looked at staff training records. These confirmed that staff received induction training, as well as regular on-going training, to keep their skills and knowledge current.

Staff told us that they received regular support from the management and senior staff at the service. They explained that they received regular supervision sessions, which were used to discuss any concerns they may have or to identify any training needs they may have. The care manager told us that, in addition to these supervision sessions, staff received annual appraisals to review their performance and to set goals for the year ahead. Spot checks were also carried out to monitor staff performance and identify any training gaps. Records confirmed that staff received regular support from the service management, including supervisions and appraisals.

Some people told us that they were able to manage their own nutritional and hydration needs, while others told us that they received help from staff in this area. They told us that they felt well supported and that staff always made sure they had enough to eat and drink. One person said, "They leave me snacks and drinks until they come back lunchtime, when they microwave my lunch which is what I ask them to do for me and if it's not quite hot enough they put it back in the microwave." Another person told us, "The food they prepare for us is always hot and tasty." People's relatives were also positive about the food that was prepared for their family members and also told us that there were always enough drinks left to keep people hydrated between visits. Records showed that people's preferences regarding food and drink, as well as what support they required, was recorded in care plans, providing staff with the guidance they needed. If required, food and fluid monitoring charts were available to keep track of what people were having to eat and drink.

Is the service effective?

People told us that, if necessary, the service would help them to access local healthcare professionals. One person told us, “If they have any concerns about my health they arrange for my doctor to come and see me.” People’s relatives confirmed that, if necessary, the service would support people to access healthcare professionals. One relative said, “If my relative is not well the carer arranges for the doctor or other health professionals to visit.” Staff

members confirmed that they had information regarding people’s health available to them, including contact information for healthcare professionals. If the person required an appointment, staff would help them to make it and, if required, attend the appointment with them. Records in people’s files showed that this practice was carried out.

Is the service caring?

Our findings

People were positive about the care they received and the staff that provided it. They told us they had built positive relationships with staff, which was enhanced by the consistency of staff members supporting them. One person told us, “We do like it when the carers come to see us.” Another person said, “The carers are kind.”

People’s relatives shared this positive viewpoint of the staff and the care they provided people. One family member told us, “We appreciate all that the carers do.” Another family member told us, “We are very happy with what they do for us. They are compassionate caring and gentle with my relative.” A third told us, “All the carers are very good and will do all the things that we agreed. They are like family to my relative.”

Staff told us about the relationships they had developed with people, and they explained that they valued the people they supported. They told us that they enjoyed meeting and caring for people, and worked hard to ensure they received the care and support that they needed, in their own home. One staff member said, “I enjoy meeting different people, thinking that I might be making a difference. It’s just so nice that people are in their own homes.” Staff also told us they felt people benefitted from seeing regular staff members for their visits, and that strong relationships were developed as a result. The care manager confirmed that, when planning shifts and rotas, every effort was made to provide people with familiar staff to help develop those relationships and make people feel comfortable when their care was provided.

People told us that staff didn’t just provide them with care, they also spent time talking to them to ensure they were okay and happy with what they were doing. One person said, “They sit and chat with us.” Another person told us, “If they have finished they stop for a chat and make sure that everything is alright.” Staff told us they felt it was important to talk to people and spend time socialising with them, as well as providing them with care. This helped people to feel comfortable with members of staff and strengthened the relationship between them.

People were involved in planning their care and were able to express their views about how and when they received their care. One person told us, “We sometimes discuss the care that I need and I feel people listen to what I say.” Relatives also told us that they were involved in planning people’s care, to ensure their needs and wishes were met, particularly if they were unable to express themselves easily. One family member told us, “I feel involved in the care plans.” Another told us, “I have been involved in care planning.” Staff told us that it was important to ensure people wishes were represented in their care plans, and that staff followed these during visits. We saw that people’s care plans had been written with the input of people and their family members.

People also told us that they received the information they needed from the service. One person told us, “All my care is written down in the folder so I have access to all the information I need.” People explained that a copy of their care plan was left in their home, so that they could refer to it whenever they wanted. They also received a guide to the service, which included useful information, such as contact numbers and external organisations, such as the CQC (Care Quality Commission), should the person want to make a complaint about the service they received. The care manager told us that none of the people currently receiving care accessed the services of an advocate, but contact information for a local advocacy service was available, should it be required. We looked at people’s care records and staff confirmed that they were a duplication of the plans in people’s homes. We also saw that a guide to the service was given to people, containing useful information.

People felt that they service and the staff treated them with dignity and respect. One person told us, “They treat me with dignity and respect and close the curtains and door to protect my privacy.” Another person said, “They are polite, respectful and provide my care with dignity and respect my privacy.” People also told us that, whilst staff provided them with the care they needed, they were also encouraged to be as independent as possible. Staff confirmed that they were happy to help people with whatever they needed, but would encourage people to do what they could for themselves to help maintain their skills and independence.

Is the service responsive?

Our findings

People received care that was specific to their own needs and wishes. They told us that the service and staff listened to them and made sure their care was provided in the way they wanted it. People's relatives also felt that the care their family members received was personalised and had been planned carefully, to ensure their needs were met. Staff members explained to us that they used people's care plans to help guide them about the care that people needed. They also told us that, as they knew people so well, they were able to tailor their approach, to ensure people received the right care, in accordance with their wishes.

People told us that, when their care package was first started, an initial assessment was carried out, to help them and the provider identify the areas of support that they required. This allowed them to talk to the provider about what help they needed, which helped the provider to set up an initial care plan for staff to follow. People's relatives were also involved in this process, to help support people and ensure their views and wishes were represented. One family member told us, "Before the carers came, the staff from the office came and discussed what we needed doing. They then put together a care plan that's in the folder signed by my relative." Staff confirmed that initial care plans were put together, to ensure they could meet people's needs before they started to provide care. They also told us that these care plans were reviewed regularly and updated to ensure that, as people's needs or wishes changed, the plans were also changed. People's care plans showed that they contained specific, personalised information about their care and how they wanted it to be provided. We also found that care plans were updated regularly, to ensure they reflected people's current care needs and wishes.

People told us that, whilst they had care plans in place to guide staff, members of staff were also willing to help out in other areas, if necessary. One person told us, "Every now

and again they do a bit of cleaning if it needs doing." Relatives also felt that staff worked with people, to ensure all the areas of they needed were covered. One family member told us, "They are talking with my relative all the time to make sure everything is okay and what they are doing is what my relative wants." Staff members confirmed that, if requested or needed, they would help out with additional help, such as chores around the house.

Feedback from people was welcomed by the service and used as a learning process, to help improve the care that people received. People told us that they were willing to provide the service with feedback and did so regularly by talking to members of staff, as well as management. One person told us, "If I had any worries I would talk it through with the carer or call the managers and I am sure it would be resolved." People's family members also felt that their relatives, or themselves, could raise any concerns they may have with staff or the provider, and were confident that the issues would be resolved. One relative said, "If I had any concerns or worries, I would call the office that have always been supportive of us." Another said, "To date we don't have any concerns or worries, but if we did we have all the information in the folder, so would call the office." People and their relatives also told us that the service regularly carried out satisfaction surveys to gain their feedback and identify areas for improvement. We saw records which confirmed that this took place and that the results were used to help drive improvements within the service.

Staff told us that they welcomed feedback from people and their family members, as it helped them to develop the care they provided people with. They said that if people were not happy with any element of their care, they would rather know about it so that they could put it right. Records showed that people had provided the service with feedback. We also saw that information about how to make complaints was available to people and that, when complaints had been made, the provider had acted looked into these complaints and taken action to resolve them.

Is the service well-led?

Our findings

The provider had failed to implement and operate sufficient quality assurance procedures, to maintain the quality of the care being delivered. For example, we found significant concerns regarding the recording of medication, including one Medication Administration Record (MAR) chart with missing signatures and key information, such as the medication prescribed and the proper dosage to be administered. Despite this, the MAR chart had evidence of review by a member of staff and had the words, 'Checked, good', along with a date and signature on the front. There was no evidence that the concerns highlighted during our visit had been identified, or that action had been taken to ensure the issue would not be repeated in the future.

The care manager informed us that the registered manager conducted an annual general audit on all areas of the service. This was used to identify areas for development, as well as areas which were being carried out to a good standard. We looked at the format for this audit, which was due for completion the month after our visit, and found that it was based upon out-of-date regulations and did not take into account the changes that had taken place to regulations within the past year. This meant that when the audit was completed, it may not highlight areas which needed to be addressed, to comply with the new regulations.

We spoke to staff and the care manager about the recent changes to the regulations. We found that they were not familiar with the fact that changes had been made and a copy of the new regulations were not available to staff in the office. The care manager accessed these on-line and printed them off during our visit, so that they were available for staff to refer to.

We spoke to staff about policies and procedures at the service. Staff told us that they knew that these were in place, however they were not always available to them. We were unable to find copies of all policies and procedures in the office and staff there informed us that they were in a process of being updated. We were able to find some policies, such as the consent policy, and found that they made reference to the old regulations, and therefore had not been updated to reflect the most up-to-date legislation and guidance.

Systems or processes were not established and operated effectively. This was a breach of regulation 17 (1) (2)(a) (d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place at the service and people, relatives and staff were aware of who they were. People and their family members told us that they were happy to get in touch with the registered manager if they needed to, but could also talk to office staff or carers. The registered manager was on annual leave during our visit. We found that the care manager worked in their absence to make sure the service ran smoothly and that people's care was not affected by their absence. We found that the registered manager provided the Care Quality Commission (CQC) with certain pieces of information, such as notifications of safeguarding incidents, as per their regulatory requirements.

There was a positive culture at the service and people were happy with the care that they received. One person told us, "There is nothing we would want to change as we are happy with what they do for us." Another person said, "I am pleased with the care they provide and wouldn't want to change anything." People's family members were positive about the overall care that their relatives received and the relationships which had been developed between people and the service.

Staff members were also positive about the service and provider. They felt well supported in their roles and felt they received the training and oversight they need to ensure they could perform their roles well. Staff were motivated to perform their roles and enjoyed the work that they did. One staff member told us, "I love it!" Another said, "The staff culture is good, we all get on and work as a team." Staff told us that they regularly had the opportunity to discuss people's care and share information with the colleagues. This was both formal, such as staff meetings, and informal, such as discussions over the phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and care manager. We saw records to show that staff meetings took place and that

Is the service well-led?

staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff.

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 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not established and operated effectively. Regulation 17 (1) (2)(a) (d)(ii)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way as medicines were not managed in a proper manner.</p> <p>Regulation 12 (1) (2)(g)</p>

The enforcement action we took:

We have issued the provider with a warning notice and told them to meet this regulation by 31 December 2015.