

Triangle Community Services Limited

Homecare Woking

Inspection report

The Bradbury Centre
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Tel: 01483757751

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 25 January 2017 and was announced.

Homecare Woking provides care and support to people in their own homes. The service supported 54 people at the time of our inspection, 14 of whom received personal care. The service is operated by Triangle Community Services Limited, a not-for-profit provider of health and social care services for older people.

The service manager had applied for registration with the Care Quality Commission and had an interview for this role scheduled in February 2017. Like registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff provided people's care in a safe way. They understood any risks involved in people's care and managed these well. People could rely on the agency's staff and relatives said they had never missed a visit. They told us staff almost always arrived on time and that people were informed if staff were running late.

The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. The provider had made plans to ensure people's care would not be interrupted in an emergency. If an incident or accident occurred, this was recorded and checked to identify what action could be taken to prevent a recurrence. Where people received support with their medicines, this aspect of their care was managed safely.

People received their care from regular staff who knew their needs well. The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff. Staff had access to the training and support they needed. All staff had an induction when they started work and access to ongoing refresher training, supervision and appraisal.

People's care was provided in accordance with the Mental Capacity Act 2005. Staff understood the importance of consent and respected people's choices about their care. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

Relatives told us staff knew their family member's dietary needs and food preferences. They said staff prepared meals their family members enjoyed. Staff responded appropriately if people became unwell. Relatives said staff were observant of any changes in their family member's needs and had helped them access medical treatment if they needed it.

Staff were kind and caring. Relatives told us their family members had developed good relationships with their care workers and enjoyed their company. They said staff treated their family members with respect and maintained their dignity when providing care. Staff supported people to maintain their independence

wherever possible. Some relatives told us staff had supported their family members to receive care that they had previously refused, which had resulted in positive outcomes for people.

People received a service that was responsive to their individual needs. People were encouraged to be involved in their assessments and care plans to ensure they reflected their individual needs and preferences. Staff were flexible in their approach to make sure people received the support they needed. People knew how to complain if they were dissatisfied. Relatives told us they had not needed to complain but were confident the manager would respond appropriately if they raised concerns.

The service was well managed, which meant people received effective care. Relatives said communication from the agency's office was good. They told us they could always contact the office if they needed to and said the manager responded well to requests for changes. People and their relatives had opportunities to give their views and their feedback was used as an opportunity to improve the service.

Staff told us they received good support from the manager and the other office-based staff. They said the manager was approachable and promoted an open culture in which they felt able to speak openly and raise any concerns they had.

The provider had established effective systems to monitor the quality of the service, including the quality of care people received. Staff maintained accurate records of the care they provided, which were audited regularly by a member of the office team. Records in the agency's office were accurate, up to date and stored appropriately.

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 provided people's care in a safe way.

Staff were reliable and had never missed a visit.

Staff knew their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

There were plans in place to ensure people's care would not be interrupted in the event of an emergency.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Staff had access to the induction, training and support they needed.

People's care was provided in accordance with the Mental Capacity Act 2005.

People who received support with meal preparation were happy with this aspect of their care.

Staff monitored people's health closely and responded appropriately if people became unwell.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff treated people with respect and maintained their dignity when providing care.

Staff supported people to maintain their independence.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People were involved in the development of their individual care plans.

Staff were flexible in their approach to make sure people received the support they needed.

The provider responded effectively if people's needs changed.

People knew how to complain and felt comfortable raising concerns.

Is the service well-led?

Good ●

The service was well-led.

Care was well planned and communication from the agency's office was good.

People were asked for their views about their care and their opinions were listened to.

There was an open culture in which staff felt able to speak up or raise any concerns they had.

There were systems in place to monitor the quality of the service and the care provided by staff.

Homecare Woking

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 was 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 25 January 2017. The provider was given 48 hours' notice of our visit because we wanted to ensure the service manager was available to support the inspection. Due to the small size of this service, one inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we visited the agency's premises and spoke with the service manager. We spoke with seven care staff to hear about the training and support they received to do their jobs. We checked care records for four people, including their assessments, care plans and risk assessments. We checked four staff recruitment files and other records relating to the management of the service, including staff training and induction, the complaints log and quality monitoring checks.

We spoke with one person who used the service and nine relatives by telephone to hear their views about the care and support the agency provided.

This was the first inspection of this service since its registration with CQC. The service had previously been registered with CQC under a different provider.

Is the service safe?

Our findings

Staff provided people's care in a safe way. Relatives were confident staff understood any risks involved in their family members' care and managed these well. One relative said, "I have every confidence in them, they know exactly what they are doing." Another relative told us, "Absolutely they keep her safe. They use the equipment safely. The OT [occupational therapist] provided training for that."

Relatives said they could rely on the agency's staff and that they had never missed a visit. They told us staff almost always arrived on time and that they were contacted if staff were running late. One relative said, "They are very reliable. They have never let us down." Another relative told us, "If they are running late they always call to let us know but it's very rare."

Relatives said staff maintained the safety and security of their family members' homes when they entered and left the premises. They told us the arrangements for maintaining security had been discussed with them by the provider. Several relatives said they lived some distance from their family members and were reassured by the confidence they had in the agency's staff to keep their family members safe.

Risk assessments had been carried out to ensure people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. We saw that risk assessments were reviewed regularly to ensure they reflected any changes in people's needs. Where accidents or incidents occurred, these were recorded, along with any actions needed to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable staff. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with contact details of referees and to attend a face-to-face interview. The provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Staff understood their responsibilities in terms of recognising and reporting abuse. All staff attended safeguarding training in their induction and regular refresher training thereafter. Staff told us the provider had reminded them of their responsibilities to report any concerns they had about abuse or people's safety. The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

There were plans in place to ensure people would continue to receive their care in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency. Staff always had access to management support as the manager and the provider provided out-of-hours cover on a rota basis.

Some people's care involved support with taking their medicines. Relatives of people who received support with medicines said this aspect of their care was managed safely. One relative told us, "They manage her medicines safely. They make sure she has her medicines on time and that she doesn't run out." Another relative said, "They manage that with a strict regime. They fill out the forms each time." A third relative told us, "I'm happy they are managing his medicines safely. He was at risk before. We asked them to take this on and they accommodated that. They pick his medicines up now, which is much better. When they were delivered to him, we were worried he might misplace them."

Where people received support with their medicines, a risk assessment had been carried out to identify the level of support they needed and any risks associated with the person managing their own medicines. The assessment also recorded the medicines taken, the dose, route and frequency and any personal preferences people had about how they took their medicines. Staff responsible for administering medicines had been trained in this area and their competency had been assessed. Staff maintained medicines administration records in people's homes, which were monitored by the provider to ensure people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from consistent staff who understood their needs. Relatives told us their family member's care was provided by a small team of staff, which they said was important. One relative told us, "It's only a different carer if her regular carer is on leave and even then it's someone we know." Another relative said, "It has to be regular carers as she has very specific needs. It's important to have that consistency. There were some teething problems at first but we've got that sorted now." A third relative told us, "She has a principal carer, who is excellent. It's always her unless she is on holiday or unwell. The others are very well briefed too. No one has ever turned up unsure of what they are supposed to be doing. I think they are very careful with their handovers and they have a system of lengthy inductions."

Staff confirmed that people received their care from regular care workers, which they said benefitted both parties. One member of staff told us, "The consistency of staffing is good for the service users and staff. We see people we know and they see carers they know." Relatives told us their family members always knew which member of staff was visiting them and that they were informed if a replacement care worker would be attending. They said staff always stayed for the correct length of time and carried out all the tasks in their family member's care plan. One relative told us, "They keep very detailed diary entries for her so she knows who is coming and if there are any changes." Staff said they had enough time at each visit to provide the care people needed. They told us they had sufficient travelling time between visits, traffic allowing, and did not have to cut any visits short.

Staff had access to the training and support they needed to do their jobs well. All staff attended an induction when they started work which included shadowing colleagues to understand how people preferred their care to be provided. The manager told us new staff were allocated a mentor during their induction to support them during this process. The induction also included training in core areas including moving and handling, fire safety, food safety and safeguarding. Staff confirmed that the induction process had prepared them well for the work they did. One member of staff said, "The induction was good, I learned a lot." Another member of staff told us having an allocated mentor had been valuable. The member of staff said, "It was useful to have someone to go to as your first point of contact." The manager told us new staff were always assessed by a member of the management team before being authorised to work unsupervised.

Following their induction, staff had access to ongoing refresher training in core areas. In addition, staff received training specific to the needs of the people they cared for, such as dementia and falls prevention. Staff were also trained in the safe use of any equipment involved in people's care, such as hoists and slings, and risk management. Staff told us they were happy with the training and support they received. They said they had regular one-to-one supervision and an annual appraisal, which gave them the opportunity to discuss their performance and professional development needs.

The records we checked demonstrated that staff attended a review after three months in post and a further review at the completion of their six-month probationary period. There was evidence that staff were given feedback on their performance at these reviews and given the opportunity to discuss areas for development. The provider had introduced the Care Certificate for staff, a nationally recognised set of standards that care

workers should demonstrate in their practice. The manager told us all staff would be expected to achieve this qualification in future.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. People were asked to record their consent to their care and we saw signed consent forms in people's care records. If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests. Relatives told us staff supported their family members to make choices about their care where possible. One relative said, "They promote her involvement in day to day choices but consult us about complex decisions." Another relative told us they had been involved in 'best interests' meetings when decisions were being taken about their family member's care. The relative said the meeting had involved all those involved in their family member's care, including the agency's manager and a healthcare professional.

People who received support with meal preparation were happy with this aspect of their care. Relatives told us staff prepared meals their family members enjoyed and knew their preferences about the food they ate. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

Staff responded appropriately if people became unwell. Relatives told us staff were very observant of any changes in their family member's health and had helped people obtain medical treatment if they needed it. One relative said, "They are very good at that; that's a real strength. They have arranged several GP appointments. They even called an ambulance once when they were concerned and waited with her until it arrived." Another relative told us, "They are very on the ball there. They've taken her to the doctor's surgery once or twice when they were worried about her." Relatives said staff encouraged their family members to maintain good health and well-being. One relative told us their family member had been reluctant to use a product recommended by a healthcare professional but encouragement from staff had led to good outcomes for the person. The relative said, "He was reluctant to use it at first but they persevered and it was to his benefit. He accepted their support and his hearing is now much better."

Is the service caring?

Our findings

People were supported by kind and caring staff. Relatives told us their family member's care workers were compassionate and sensitive in their approach. They said staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "The quality of care is really good. They are very caring and compassionate. I am very impressed with them." Another relative said, "They are friendly and reliable. They are lovely with Mum and they are always friendly to me and the rest of the family. I can't speak highly enough of them." A third relative said, "We always get the impression that the people they send really care about their work, they have a vocation for it. We would definitely recommend them."

Relatives told us staff treated their family members with respect and maintained their dignity when providing care. They said their family members had developed good relationships with their care workers and looked forward to their visits. One relative told us, "Mum adores her carers; she gets on with them really well, and they are lovely with her. Everything they have done for her has been great." Another relative said of their family member, "She is very happy with the carers. She is very particular so they make sure they do things the way she likes them to be done. A third relative told us, "They are very good, very trustworthy. They treat her with the utmost respect."

Relatives said staff supported their family members to maintain their independence. One relative told us staff had supported their family member to regain their independence following a stay in hospital. The relative said their family member had lost the confidence to go out on their own when they returned home but the support and encouragement of staff had enabled them to regain the confidence to do so. Another relative told us, "They encourage him to do his exercises. They have more success with that than I do. The support they have given has been really helpful in keeping him mobile."

Some relatives told us staff had been successful in supporting their family members to access support that they had previously refused, which had resulted in positive outcomes for people. One relative said, "Her main carer has built up a wonderful rapport with her. She's got her doing things she was refusing to do before because the trust is there. You can't make Mum do things so it was all down to the way she approached it. She's got a lovely way about her. Mum looks and feels so much better for it." Another relative said of their family member, "He was reluctant to accept care at first but he accepts them now. They are extremely good with him. They have established a good working relationship and he respects them. They have gained his trust."

People had access to information about their care and the provider had produced information about the service. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how

people's confidential and private information would be managed. Staff were briefed on the statement and the importance of managing confidential information appropriately during their induction.

Is the service responsive?

Our findings

The service was responsive to people's individual needs. People's needs were assessed before they used the service to ensure the agency could provide the care they needed. Relatives told us the assessment process had been comprehensive. They said the manager had been keen to ensure the document accurately reflected their family member's needs and preferences about their care. One relative told us, "They did a thorough assessment and a care plan but they also added to it as they built up information and knowledge about her. They told us the first few weeks they would do lots of observations to see if they needed to adjust the care plan. They extended the morning visit to make sure they weren't rushed when they gave her a wash." Another relative said, "They asked for a lot of information about her needs and her likes and dislikes. They got all the information over time as they got to know her." The manager told us the assessment process was central to ensuring people received a service that reflected their individual needs and wishes. The manager said, "It's very person-centred. It's all about the individual. We get as much information as we can from the service user and their family so we know what is important to them."

Relatives told us their family member's care plans were kept in their homes and that they contained clear guidance for staff about the support their family member required. They said they and their family members had been consulted about their care plans and were involved in any reviews that took place. One relative told us, "We were very involved in the care plan. They took their time to get it right." Relatives said the provider did their best to respond to requests for changes, for example requests for additional visits or changes to visit times. One relative told us, "They have got the ability to adapt. When we needed extra care over the holiday period they tried their best to accommodate us." Another relative said, "They were very good when we need additional visits around Christmas." Relatives told us the provider tried to provide the staff their family members preferred where possible. One relative said, "I usually deal with [manager]. She has been very sympathetic to meeting his choice of carers."

Relatives told us the provider responded effectively if people's needs changed. One relative said, "They have adapted the care package as his needs have changed" and another relative told us, "They added an extra visit when his needs changed." Staff told us the manager was responsive if they found people needed additional care as their needs changed. One member of staff said, "If we don't have enough time at a visit, we tell [manager] who arranges an extension." Another member of staff told us, "If we find there's not enough time, we speak to [manager], who speaks to the family."

Relatives told us individual staff responded well to support their family members when needed. One relative told us of a situation that had arisen which was difficult for their family member to manage. The relative said the care worker had provided valuable support to their family member in responding to the situation. The relative told us, "There were a lot of 'phone calls to be made to sort things out and [care worker] handled everything, she was wonderful." Another relative said their family member's care worker ensured they arrived earlier than usual on one day each week to meet their needs. The relative told us, "They make an effort to come early one day a week because they know he goes out that day and he likes to have a shower before he goes out." A third relative provided an example of how a care worker had responded to enable their family member to attend a day centre. The relative said attending the day centre was important to their

family member and that the care worker was aware of this. The relative told us, "One day the transport didn't arrive and she drove him up to the day centre in her own car to make sure he didn't miss out."

The provider had a complaints procedure which set out the process and timescales for dealing with complaints. This was provided to people when they started to use the service. Relatives told us the provider had made them aware of the agency's complaints procedure. They said they had never needed to complain but were confident the provider would manage any complaints appropriately. One relative told us, "I have not needed to complain but the impression I get is that they would be willing to work with us to resolve any problems."

Is the service well-led?

Our findings

People benefited from a well-managed service. Relatives told us the service was well planned and organised, which meant their family members received effective care. One relative told us, "It is well organised. The last agency we used was rather 'hit and miss', but this is much more reliable." Another relative said, "They do things by the book. It's reassuring for us to know we can rely on them."

Relatives told us they could always contact someone at the office, including the manager if necessary, when they needed to. They said the manager and office staff responded positively if they requested changes. One relative told us, "I can ring or text them any time. We can communicate with them however we choose. We tend to use text, which suits us, but we know we could always get someone on the 'phone if we needed to." Another relative said, "I am in regular contact with [manager]. I have met her several times when she has visited. I find her extremely helpful and efficient." A third relative told us, "I have no problem getting in touch with [manager] if I need to. She has always tried to accommodate our wishes. All our contact with them, it's been very much 'what can they do for us?'"

Relatives said they and their family members had opportunities to give their views about the service through telephone checks and surveys. They told us their feedback was welcomed as an opportunity to improve the service. One relative said, "We do get calls for feedback. If anything has ever cropped up, they have been willing to work with us to find solutions. I reported one issue and they took steps to resolve it." The manager told us a satisfaction survey was distributed and collated by the provider annually. The manager said the most recent surveys had been distributed in November 2016 and that the agency was awaiting the results of the surveys from the provider's head office.

Staff told us they received good support from the manager and the other office-based staff. The manager told us, "I have an open door. Staff can and do come in and they know they can talk about anything." Staff confirmed the manager was approachable and available for support and advice when they needed it. Staff told us they had opportunities to give their views about how the service could improve and their suggestions were considered. They said there was an open culture in which they would feel able to raise any concerns they had. One member of staff told us, "The support is good. I enjoy working here. We have good team work. We are all there for each other as well as the service users." Another member of staff said, "Communication from the office is good. We get asked for ideas, they are open to suggestions."

The quality of care provided by staff was monitored through spot checks carried out by the manager or a supervisor. The person carrying out the spot check visited people's homes to check their care workers arrived on time, dressed appropriately, carried proof of identity and maintained the security of the person's property. Spot checks also assessed whether care workers provided people's care safely and in line with their care plan, promoted people's independence and treated them with dignity and respect. Staff told us they received feedback on their performance from the manager following these checks.

The provider had established effective systems to monitor the quality of the service. The manager told us the office team met to review the schedule of care packages each week and to identify any challenges to the

provision of the care rota. The manager carried out monthly quality checks and met with the provider's directors each month to discuss the results. The provider had carried out a comprehensive quality assessment of the service in September 2016. Where areas had been identified for improvement, an action plan had been developed and the actions taken recorded. For example the quality assessment identified that where consent to a care had been given by a person's relative, the agency had not always obtained proof of their legal authority to do so.

Relatives told us staff maintained accurate records of the care they provided. They said staff took care to ensure the notes reflected all aspects of their family member's care and well-being. One relative told us, "They record the care in great detail." Another relative said of their family member's care worker, "She writes up what she has done on the care log. Her notes are very comprehensive. If I've not been there I can read the notes so I know how he's been." The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. The care records and medication administration records completed by staff were audited regularly by a member of the office team.