

# Triangle Community Services Limited

# Homecare Malvern

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

We undertook an announced inspection on 1 June 2017.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. Homecare Malvern is a domiciliary care agency who provide personal care and support for people living in the community with a range of needs. At the time of our inspection 15 people received support with personal care.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a manager in post who was in the process of applying to be the registered manager for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers are '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 we spoke with said they had support from regular staff who knew them well. Staff we spoke with recognised the different types of abuse. There were systems in place to guide staff in reporting any concerns. Staff were knowledgeable about how to manage people's individual risks, and were able to respond to peoples' needs. People were supported to receive their medicines by trained staff who knew the risks associated with them.

Staff had up to date knowledge and training to support people. Staff always ensured people gave their consent to the support they received. People we spoke with explained they were supported to make their own decisions and felt listened to by staff. People were supported to eat and drink well when part of their identified needs. People and their relatives told us staff would support them to access health professionals when they need to.

People and their relatives said staff and management team were caring and kind. They said people were treated with dignity and respect, and encouraged them to be as independent as possible. People said they were involved in making choices about how they were supported. Relatives told us they were involved as part of the team to support their family member.

People said staff were adaptable to changes in their needs. People and their relatives knew how to raise complaints and the management team had arrangements in place to ensure people were listened to and appropriate action taken. Staff were involved in meetings, to share their views and concerns about the quality of the service. People and staff said the management team were accessible and supportive to them.

The management team monitored the quality of the service in an inclusive way. The manager was

cultivating a culture of openness and inclusion for people using the service and staff. The management team had systems in place to identify improvements and action them in a timely way.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Homecare Malvern

## 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 checked 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 was an announced comprehensive inspection completed on 1 June 2017 by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people, and three relatives. We spoke with seven staff and the manager.

We also spoke a social worker who regularly supported people at the service. We looked at four records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff. We looked at quality checks on aspects of the service which the manager and provider completed.

## Is the service safe?

### Our findings

People we spoke with said they felt safe whilst they were supported by staff because staff knew how to meet their needs. One person told us, "I feel much safer with [staff] helping me." Another person said about staff, "I feel more confident with them." Relatives told us having staff support their family member reassured them about their safety.

The manager and staff explained their responsibilities to identify and report potential abuse under the local safeguarding procedures. All the staff we spoke with had a clear understanding of how to report any potential abuse and who they could report it to. They had a good knowledge of the people they supported and said they would know if people using the service had any concerns. They told us they completed regular training on potential abuse and safeguarding concerns.

People told us they discussed their support needs with staff. This included identified risks to their safety and welfare. For example, supporting people to mobilise safely, one person needed support to mobilise safely, we saw there was guidance in this person's care plan for staff to refer to. Staff we spoke with were aware of people's risks and understood how to keep them safe. Staff we spoke with said they kept up to date with people's care plans and risk assessments so they were aware of what support the person needed so they could provide this.

People we spoke with explained they were usually supported by regular staff who knew them. Some people said there had been a number of staff changes but they were confident all the staff who supported them were able to meet their needs. One person said they didn't mind who came, they were always helpful and knew how to support them. The manager explained there had been some staffing issues and they were recruiting to improve continuity and to expand the service. They told us there were sufficient staff to meet people's needs.

New staff we spoke with explained they completed application forms and were interviewed to check their suitability before they were employed. They all said they had not started working for the service until their check with the Disclosure and Barring Service (DBS) was completed. The DBS is a national service that keeps records of criminal convictions. This information supported the manager to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

Some people told us they needed support with their medicines. One person said, "They know where to put my cream when I need it." Staff told us people's plans guided them to support people with their medicines and were updated when changes happened. Staff said they had received training about administering medicines and their competency was assessed by the management team. One member of staff explained how they were given additional support to feel confident, and felt well supported by the management team.

Staff told us they received regular spot checks by the management team to observe their administration practices. The manager told us people's medicine records were reviewed by staff and the management team. The management team had identified concerns with the completion of medication records. Action

had been taken to ensure records were completed thoroughly and were subject to on going monitoring.

## Is the service effective?

### Our findings

People we spoke with said staff knew how to support them. One person told us about staff, "They know what they are doing and recognise if I have any problems with my skin." Relatives we spoke with told us staff knew how to support their family member. One relative said, "They seem to know what they are doing, I am confident they have training."

Staff told us that they had received an induction before working independently with people. This included training, reading people's care plans, as well as shadowing with experienced staff. One member of staff said the induction was really good and met their needs to they felt ready to be able to support people. Another member of staff said the process had been less useful but had fed that back to the manager and improvements had been made. The manager explained how the induction process had been reviewed. New staff had more time to attend training and shadowing experienced members of staff. This was to ensure staff were confident and competent to support people effectively. Staff told us the management team supported them to achieve their vocational training and how this supported them to feel recognised for the work they completed.

Staff told us they were supported by the management team and had regular supervisions and team meetings. They were encouraged to complete training to improve their skills on a regular basis. This training included Mental Capacity Act 2005 (MCA); staff had an understanding of the principles of the act and the use of least restrictive practice. One staff member said, "We don't make decisions for people, we give them time to choose."

People we spoke with told us all the staff always checked for their consent before they supported them to meet their care needs. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with and the manager explained that most people using the service had capacity to make their own decisions. However some people had fluctuating capacity and sometimes needed support. The manager was reviewing the paperwork to ensure these people were supported within the framework. The manager had identified she required further training to ensure she could maintain this.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The manager was aware of this legislation and was happy to seek advice when required.

Some people we spoke with had help with shopping, cooking and meal preparation as part of their support needs. They told us they were offered choice and encouraged to maintain a healthy diet.

People we spoke with said staff helped them if they needed support with their health care. One person told us how staff would contact the district nurse team when they needed their support. Staff had involved other health agencies as they were needed in response to the person's needs.

## Is the service caring?

### Our findings

All the people we spoke with told us the staff and management team were caring and kind. One person said about the staff, "They care for me splendidly." Another person told us, "Lovey [staff], they are all caring and kind to me." Relatives said staff were patient and considerate. One relative said, "They [staff] have a good relationship with [family member]."

People told us they now received support from regular staff who knew them and their needs well. This reassured people because staff knew their needs and were familiar to them. One relative said their family member was supported by regular staff and they had built a good rapport with them. Staff told us they were not rushed and had the time to provide the support people needed.

People said staff supported them to make their own decisions about their daily lives. One person told us, "We talk about what I need help with and work together." Another person said, "I can't fault them, they know my routine and listen to what I want." One person explained how they had not got on well with one member of staff, and they had discussed this with the management team and the member of staff no longer supported them.

Relatives said they were involved with their family member's support. One relative explained how they had been involved from the start of the service. They had agreed with their family member for staff to contact them if there were any concerns. The relative told us staff were always very proactive and contacted them when they needed to.

People said staff respected their dignity. One person told us about staff, "They respect my privacy, they just do it naturally, I don't have to say." Another person explained how one member of staff always gave special attention to their dignity when they had to check for sore skin. They told us this really helped them feel like a human being and that was important to them. Relatives said staff always treated them and their family member with dignity and respect. Staff we spoke with showed a good awareness of people's human rights, explaining how they treated people as individuals and supported people to have as much choice as possible.

## Is the service responsive?

### Our findings

People we spoke with told us about how their individual needs were met. One person explained how they were supported to manage their daily life with support from staff whilst recovering from an injury. They said they were so pleased to be able to stay at home and this had improved their well-being. Another person said, "All my needs are met, I can't fault them with anything." People we spoke with told us staff involved them with any decisions about how they were supported. Relatives said staff kept them involved and one relative told us how important it was to them that staff listened and they did.

One person explained how when they were unwell extra support was arranged to support them. They said this was a relief to know they had the extra help.

Staff knew about each person's needs, they said they knew people well and from the beginning they were given all the information they needed to support people. One member of staff explained how the extra information in people's care plans, about their lives and interests really helped them get to know people and find some common ground. They could describe what support people needed and we saw this was reflected in people's care plans. We looked at care records and could see people's likes and dislikes were recorded for staff to be aware of. People we spoke with confirmed their individual needs were met. Where more complex needs were identified, staff were aware of how to support the person. The manager had identified that some people's records needed improving and they were in the process of updating them.

People told us their support was regularly reviewed and where changes were needed they were in place. People we spoke with said they felt able to say if anything around the support they received needed changing or could be improved. One person told us about when they had needed their visit times changed. They went on to say how the staff in the office had listened and rearranged their times to meet this person's needs.

Relatives said they could contact the management team at any time and they would listen and support them. For example, one relative said when they raised a particular concern they were listened to and the situation was resolved satisfactorily. Staff told us plans were updated quickly if there were any changes to people's needs, and the information was communicated to all staff effectively.

The manager told us there had been no complaints for the last 12 months. We saw there was a clear procedure in place to ensure concerns were investigated, action taken and lessons learnt.

## Is the service well-led?

### Our findings

Since our last inspection the registered manager de-registered with us in August 2016. There was a new manager since August 2017 who was in the process of registering with us. 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.

People we spoke with said the service was well managed and provided them with the support they needed. Relatives thought the service was managed effectively and they were happy with the care their family member received.

The new manager was working to a development plan which included updating care records and the paperwork to comply with the Mental Capacity Act. She was completing recruitment to enable her to grow the service and improve the quality of care provided by ensuring people had smaller staff teams to support them. All the people we spoke with had either met the new manager or spoken to her on the phone. They were confident if they had a concern the manager would listen and resolve it for them.

Staff told us they had regular staff meetings and one to one time with the management team. One member of staff explained that although some of them were new staff, regular staff meetings were helping them to feel part of the team. Staff told us roles were delegated to them where they had a particular interest. For example, one member of staff was passionate about the administration of medication. The new manager had supported them to have the lead and they had a slot in the next team meeting to discuss any concerns. Another member of staff told us there had been many changes of staffing and management team and they were hoping things were going to be more settled now.

Staff showed us the employee of the month that the manager had implemented to highlight best practice. They told us they felt recognised for their practice when supporting people. The manager explained the member of staff was chosen because of positive feedback from people using the service and staff and completing their role effectively.

We saw the manager was supported by the provider by regular visits and visits from an external expert. These had supported the manager to develop her improvement plan and ensure continuous improvement was driven through. The manager acknowledged she had work to do to improve all the aspects of the service to her vision of where she wanted the service to be.

People we spoke with told us they were sent questionnaires to help them give further feedback about the service. We saw the responses were positive and people overall were happy with the support they received.