

# Triangle Community Services Limited

# Homecare Sutton

## 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

At our last inspection in October 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Homecare Sutton is a domiciliary care agency which provides personal care to people in their own homes. It provides a service to older adults. People received support through scheduled visits. At the time of our inspection there were 20 people using the service.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff were aware of the whistleblowing procedures and knew how to use them.

The risks to people's safety and wellbeing were assessed and reviewed.

There were sufficient numbers of appropriately recruited staff available to help meet people's current level of needs.

People were supported appropriately with the management of their medicines.

Staff completed appropriate training for good practice with food hygiene and infection control.

The provider had processes in place for the recording and investigation of incidents and accidents.

Staff were supported with a wide range of appropriate training and supervision that they told us helped them to do their jobs effectively.

The provider met the requirements of the Mental Capacity Act 2005 (MCA) to help ensure people's rights were protected. Staff had received appropriate training and had a good understanding of the MCA. People and their relatives said staff sought their consent before providing care.

People were supported to access health care services as required in order to help them to stay healthy.

Relatives told us staff were consistently kind and caring and established positive relationships with people and with them. They told us staff valued people, treated them with respect and promoted their rights,

choice and independence.

People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in their care needs. People were given information about how to make a complaint. The people we spoke with knew how to go about making a complaint and were confident that they would be responded to appropriately by the provider. We saw evidence the registered manager responded to complaints received in a timely manner.

We received positive feedback about the management of the service. The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service. The provider had systems in place to continually monitor the quality of the service and there were arrangements for people to be asked for their opinions via surveys. Action plans were developed where required to address areas for improvements.

## 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 remained Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained Good.	<b>Good</b> ●

# Homecare Sutton

## **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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about significant events which the service is required to send to us by law. In addition, we reviewed the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the service on 4 January 2019. Our inspection was announced and it was carried out by one inspector. The provider was given 48 hours' notice of the inspection because the location provides a domiciliary care service and we needed to be sure the registered manager would be available at the registered office.

During our inspection we spoke with the registered manager, a lead care support worker, two care support workers and the director of care. We looked at care records for three people, staff files for three staff members, medicines records and other records relating to the running of the service.

After our inspection we spoke with four people and four relatives to gather their views on the service. We also spoke with two health and social care professionals for their feedback about this service.

## Is the service safe?

### Our findings

At this inspection the provider offered the same level of protection to people from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People told us they felt safe with staff who provided care and support for them. One person said, "I am very happy with my carers. They are very reliable and I tend to have the same carers most of the time. This helps me to feel safe." Another person said, "It's a good safe service, much better than others I have tried." One of the relatives we spoke with told us, "I am really happy with this service, it's safe, I have no complaints only compliments about it." Another relative said, "No problems at all, they are the best at what they do." A health and social care professional told us, "Overall we are very happy with this good service, we never get any complaints about it."

People continued to be supported by staff who knew what to do to keep them safe. Staff received appropriate training for safeguarding adults and they knew what action they should take if they had any concerns. One member of staff told us they would not hesitate to report anything of concern to the registered manager or to the local authority safeguarding team. They described to us the different types of abuse that can occur and felt confident the registered manager would take appropriate action about any concerns reported to them. Staff told us they were aware of the whistleblowing procedures and knew how to use them.

People and their relatives said staff treated people with dignity and respect. They spoke positively about the staff who supported them. Comments included, "My carers are all respectful and caring towards me"; "They are very helpful and considerate"; "Staff go the extra mile, they respect my wishes." A relative said, "They provide a high level of excellent care. People's wishes are respected and they are treated as individuals."

People had various risk assessments in place that were completed in line with people's identified needs. Where a particular risk was identified, there were clear actions to mitigate those risks e.g. dealing with trips hazards. An environmental risk assessment was also completed to do with general aspects of safety in people's homes. For example, taking in to account issues such as lighting, security and electrical and fire safety.

People and their relatives told us there were sufficient numbers of staff to meet their needs. One person said, "The carers who visit me are regular. There are enough staff to provide consistent care for me." A relative said, "The care workers come on time and provide the right level of support to meet my [family member's] needs. They stay for the agreed length of time and they let us know if they are going to be late."

Staff files showed staff recruitment was undertaken appropriately. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, two references, people's work histories and health checks, and identity checks as part of the recruitment process. The registered manager told us these checks were an important part of ensuring they made safe recruitment decisions to protect people.

Medicines continued to be administered safely. Where people needed some assistance with their medicines; a plan was developed for each individual person, so that appropriate assistance could be provided to people. Medicines administration records (MARs) were completed by staff and returned to the office monthly for auditing. MAR's were up to date and accurate. Staff received training in medicines administration. Our checks confirmed people received their medicines as prescribed by staff qualified to administer medicines.

People were protected from the risk and spread of infection. Staff records showed staff completed their food hygiene training in the last year. Staff were able to describe best practice when assisting people with their meals. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff received training in infection control and spoke knowledgeably about how to minimise the risk of infection. People's care plans contained guidance for infection control.

The registered manager told us they recorded any incidents or accidents that arose and we saw records that supported this. Following an incident or accident occurring, staff were aware of and followed the process to take to report the occurrence. The registered manager said they were in the process of developing a system to analyse the incidents and accidents so they could be investigated for any trends. We were told the intention was to implement preventative measures where necessary in order to help keep people safe so they did not experience a repeat of the accident / incident.

## Is the service effective?

### Our findings

At this inspection people's care continued to achieve effective outcomes. The rating continues to be good.

Needs assessments were drawn up together with the people concerned and their relatives. Outcomes were agreed with people and included in their care plans. This enabled staff to have good knowledge of people's support needs, for example with regards to eating and drinking.

The provider had in place technology to enhance the delivery of effective care and support to people. People told us staff arrived on time and when they were likely to be late they were informed by the staff in the office.

People received effective care and support from well trained staff. People told us they thought staff who visited them were well trained and knew how to help them to meet their needs. One person we spoke with said, "I have regular carers and they know how I want my care to be given to me. I do have a care plan that sets out my support. It was agreed with me at the start of the service." Another person said, "I am very happy with the care I receive. Staff are really committed to providing excellent care and they are well trained and know what to do." A relative told us, "The staff are really good and they know how to support [family member]. They do seem to be well trained."

Staff told us they received a variety of regular training that helped them to carry out their jobs effectively. One member of staff said, "The training we get is good, varied and helps me to do my job." Another member of staff said, "We get refresher updates on a wide range of training. It's very helpful." We saw evidence that all staff completed induction training when they started work and we were told new staff shadowed more experienced staff until they were confident in their roles. People received care and support from appropriately trained and supported staff. This meant staff were well prepared to care for people. Ongoing training and support meant their knowledge and skill base remained up to date.

Training courses included safeguarding vulnerable adults, safe administration of medicines, manual handling, infection control, food hygiene, end of life care and conflict resolution. Training certificates were shown to us that evidenced staff completed these courses.

The provider had arrangements to support people with eating and drinking where this was part of their care package. One person received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. We saw from our inspection of the person's file that staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or to take action.

Staff supported some people to access healthcare appointments if needed. They also liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care records showed staff shared information effectively with professionals and



involved them appropriately.

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People had the capacity to make their own choices and decisions, according to their wishes and preferences. A relative said staff were polite and professional and respected their family member's wishes. The person and relatives told us staff always asked for their consent before care and support was provided for them. The registered manager and staff told us that they would work with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. One member of staff said, "I always ask whoever it is I am supporting what they want and how they want things done."

## Is the service caring?

### Our findings

At this inspection people told us staff were caring and compassionate towards them. We gained similar positive feedback at our last inspection and therefore the rating continues to be good.

People told us they were happy with the caring and patient support they received from staff. One person said, "My carers all wear their uniforms and carry their identity badges. They are very caring and I appreciate their kind approach to helping me." Relatives we spoke with echoed this positive view. One relative told us, "They all go the extra mile, they are committed and caring in their approach." Another said, "They help me to help [my family member] in such a caring way, without which neither of us could cope."

Staff were well aware of people's care and support needs and of their preferences for care. People told us mostly they had their own regular group of staff members who provided support over the week. Staff we spoke with said they preferred to have a regular round of people to support as this helped them to build effective and caring relationships with the people they supported.

Staff understood and promoted people's independence. People we spoke with told us staff helped them do things for themselves and encouraged them to be as independent as possible. Care plans contained information about what tasks people were able to complete without support, with minimal support and what they needed more help with. There was a good level of detail about exactly what help people needed. This was designed to ensure staff did not do things for people that they were able to do for themselves, thus promoting and maintaining their independence and quality of life. One person said, "I like to do as much as I can for myself but there are some things I can't do. Staff always ask me if I need other help on their visits."

People said they were involved in planning their care and support. The provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The service provided to people was based on their individual needs and staff told us they took people's wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times.

People's privacy was respected and their dignity maintained. Staff informed us how they sought consent from people before they commenced any care tasks and, explained to us how they ensured people's privacy was maintained at all times when supporting them with personal care. Staff had received training on maintaining confidentiality.

## Is the service responsive?

### Our findings

From our inspection of people's care files, we saw people's care and support was planned together with them. People and relatives confirmed this with us. They told us at the start of their care the registered manager visited them to discuss and agree what care and support they needed. They said they were asked about their wishes to do with how their care was to be provided for them. We saw needs and risk assessments were drawn up for people and care plans were in place. The registered manager told us that the formats being used for this process were currently under review. This was to ensure the areas of need and risks identified for people were covered in an outcome based care plan that included a comprehensive review of people's physical, mental, emotional and social needs.

We saw there was information about people's backgrounds and personal histories that helped staff understand the people they were supporting better. Staff told us they found this information useful in building better relationships with people at the start of a care package. One member of staff said, "I find it helpful to read about the person first before I start visiting someone to support them." Another member of staff told us, "It helps to build the relationship faster if we are knowledgeable about people and their needs. It helps them to feel they matter and that we are professional."

People told us they had paper copies of their care plans and reviews and they were fully involved in how these were drawn up. People told us that the agency was responsive in changing the times of their visits and accommodating last minute additional appointments when needed. The registered manager told us the technology they have in place helped to reduce potential late and missed calls as the electronic system flags up any staff not arriving at their allocated call. This was followed up immediately by admin staff in the office with a telephone call to people to let them know what was happening. People received personalised care and support. They and the people that matter to them had been involved in identifying their needs, choices and preferences and how these should be met.

Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Reviews were held as necessary or every six months. Office based staff made regular calls to people at the start of the service and after all reviews to ensure the care provision was meeting their needs and their wishes. All the staff we spoke with said the management were responsive to people's changing needs or wishes and acted quickly to review the care plan. The staff recorded daily the care and support given to each person. We saw evidence these records were clearly written and informative.

People using the service and their relatives told us they were aware of the complaints procedure. They told us they had a copy of it in their information files that they were provided with at the start of their service and which was kept in their homes. People said they were confident that the registered manager and office staff would address concerns if they had any.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one it would be handled quickly and dealt with properly. We also saw a number of compliments about the service from people and their relatives. One person said, "Thanks for the great work

you and your team are putting in, I really appreciate it." A relative said, "We have been very impressed with the quality of the service provided."

The registered manager told us they were not currently providing end of life care to anyone but they were developing a policy and procedure in place for staff to follow if and when the need arose. The registered manager told us staff training was planned so staff could work sensitively with people to offer support to people to plan for future events taking into account people's wishes.

# Is the service well-led?

## Our findings

At this inspection, we found the service and staff continued to be as well-led as we had found during the previous inspection. The rating continued to be good.

Throughout our inspection we found the provider, registered manager and staff demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high-quality service was provided and care staff were well supported and managed.

We saw people received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "It's a good place to work. We have support from our managers and there is a friendly teamwork approach here that really helps us with what we do." Staff told us the registered manager was approachable and dealt effectively with any concerns if they were raised.

Minutes of the last three staff team meetings evidenced staff were provided opportunities in this forum to build a coherent team approach and discuss their work. We saw from the minutes that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss their individual work with people at these meetings, share any worries they had about individuals and seek advice. They told us they could bring their views to the meetings and they felt they were listened to.

There were quality assurance systems in place to help ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. The registered manager and other senior office based staff worked alongside staff to monitor their practice as well as undertaking unannounced spot checks of staff working to review the quality of the service provided.

Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2019 survey questionnaires were recently sent out and we saw some positive feedback that was already returned. When all the feedback is returned the results will be analysed and a summary report produced together with an action plan that identified areas where improvements could be made.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.