

Four Seasons 2000 Limited

The Triangle Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Triangle is a residential care home providing personal and nursing care to up to 25 people. The service provides support to older people some of who lived with dementia. At the time of our inspection there were 22 people using the service.

People's experience of using this service and what we found

We had received concerns of staffing levels, poor care, lack of activities and inconsistency in leadership. We found, the home had been using different agency staff and this inconsistency was impacting on people's care.

Staff were continuously busy and did not have time to have meaningful interactions with people. The activities coordinator had just left, and people did not always have access to activities of their choosing.

Risks to people were identified, however, they were not always managed safely. People's risk management plans and care plans were not always up to date. Recommendations from the last fire risk assessment had not been acted upon.

The inconsistency in leadership was impacting on people's outcomes and staff morale. There were 2 support managers who were managing the home at the time of the inspection and a new manager had just been appointed. The provider's quality assurance processes were not always used effectively.

Following the inspection, the provider shared with us their improvement plan which they were working through to address the concerns we found.

People living at The Triangle told us they felt safe living in the home. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

Rating at last inspection and update

The last rating for this service was good (Published 10 April 2019)

Why we inspected

We received concerns in relation to staffing, people's care needs, activities and management of the home. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

We have received an improvement plan the provider is working to make improvements and will request an updated action plan from the provider and have an understanding what they will do to improve the standards of quality and safety.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Triangle on our website at www.cqc.org.uk.

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our well-led findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Triangle Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 2 inspectors 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.

Service and service type

The Triangle is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Triangle is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had just been appointed who would be starting shortly.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We reviewed the provider's last inspection report. We used all of this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 2 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 2 relatives. We requested feedback from healthcare professionals. We looked at 6 people's care records and four medicine administration records (MAR). We spoke with 11 members of staff including 2 regional support managers, nurses, carers, the chef, the administrator and domestic staff. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We had received concerns about pressure risk management. We found risks in relation to pressure damage could be improved. We saw risk management plans were not always followed such as positional changes. Records showed there were gaps on positional change charts.
- Risks in relation to fire could be improved. We found recommendations made following the last risk assessment in 2019 had not been fully completed which included fire drill simulations and staff fire marshal training.
- Monthly records of fire logbook review had 6 gaps which meant these were not consistently checked. The fire evacuation resident list was not updated when people moved out of the home.

Systems had not been established to maintain accurate and complete records. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider shared with us an action plan which they were working through to address these concerns.

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 MCA 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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- We received concerns about staffing, high staff turnover and high use of agency staff. We found the home was using agency staff and had experienced a high staff turnover. We saw although staff were caring, they were continuously busy and task oriented. Staff rotas showed planned staffing levels were often met.

However, there were different agency staff used which resulted in inconsistency in care.

- People told us, "At the moment a bit short of staff, they do their best to get to you though", "A year ago, when I first came here there were enough staff but gradually, they have all left, worrying for someone like me" and "Not enough staff to spend time, up and down the corridor like yo-yos. Staff come in when they have time but are racing about all the time. Lack of staff is dreadful. Four out of five are agency staff, don't know what they want, and they don't know what you want."
- Relatives told us staffing levels could be improved and said, "They are busy and rushed, do not have time", "I know there are staff shortages across the sector and Triangle has the same issues as others. It is more obvious when it takes longer for staff to respond after being called, when they rush off again without letting him[person] finish his query" and "A high turnover of staff and reliance on agency staff mean staff don't get to know the residents or their individual needs any more, which would be expected in a small facility."
- Staff told us they were continuously busy. They said, "Staffing levels are not enough for the high needs of people. We have no time to properly engage with people in a meaningful way", "It's very heavy but we manage. We rarely stop. We need more staff. I would like more time with residents" and "We are using a lot of agency staff. Some are very good. We know the residents, but agency staff do not and it's even more time-consuming explaining to them how things work."
- The provider used a dependency tool to calculate staffing levels depending on people's needs. However, this tool did not take into account the high use of irregular agency staff which usually meant regular staff spent more time showing agency staff how people wanted their care done.

There were insufficient numbers of suitably deployed staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed staffing concerns with the management team and ways to improve staff deployment. We saw the provider had introduced new recruitment and retention initiatives and that use of staff agency was reducing. New staff had been appointed and a few vacancies remained. All efforts were being made to ensure use of regular agency staff.
- Following the inspection, the provider shared with us their improvement plan which included improved staff deployment, introduction of recruitment strategies as well as reviewing the dependency tool.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at The Triangle. Comments included, "Seems safe enough. As far as I'm concerned, we get good care from the carers. Difficulty is that they are all agency people, and they change every day, nice people and the care is good" and "I feel pretty safe. Carers are mostly ok, but like anywhere you get the odd one. Any problems I could talk to most people here." Relatives were equally positive their loved ones were safe.
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "Safeguarding concerns we report to nurse and manager or safeguarding team." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. However, recording for topical medicines could be improved. We found recording following application of

creams was not always consistent.

- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at The Triangle had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The regional support managers ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, where shortfalls had been identified in regards poor records, staff had requested training, and this had been provided.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We had received concerns about a lack of personalised care. We found inconsistency in staff was impacting people's care. We saw staff were task orientated and continuously busy. People told us they often had to wait for care. They said, "Have to ring the bell 6 or 7 times before they come [staff]. Some are good, some don't know the job", "Yes, I got the call bell but mind you they [staff] can take a long time to get to you. Waiting for the toilet -if it happens it happens. When you have been so used to being so clean and fussy it comes as hard job" and "Staffing very difficult, agency staff, some carers I don't see for a long time. Some speak hardly any English. Every day I have my own routine, how I like things done, rarely anyone comes in knowing what I need."
- We found inconsistency in staff impacted on people's care. For example, there were times when they were more male staff on duty and some people found it uncomfortable receiving personal care from male staff. This meant their choices on how to receive care were not always met. One relative told us, "Frequently two men [staff] strip washing [person]. [Person] does not like it at all, there is no effective choice. [Person] would prefer to be washed by female staff."

The provider did not ensure the deployment of consistent staff who met people's needs and preferences. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's records were not always completed or reviewed. For example, one person's mobility assessment had not been reviewed for 4 months and their bed rail assessment for 5 months. Another person at very high risk of developing pressure ulcers did not have the frequency of positional changes specified in their care plan or on their positional change chart. A member of staff said that they thought positional changes were 3 hourly. The chart had gaps of up to 10 hours on one day and 14 hours on another day.
- A third person at very high risk of developing pressure sores did not have the frequency of positional changes stated in their care plan or on the positional change chart. There was a gap of 5 hours on one day, a single entry on the day of the inspection 5 hours before our visit.

People's records were not always up to date. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We had received concerns about a lack of activities. We found since the activities coordinator had left,

there had not been activities provided. Staff tried to engage with people but were often too busy supporting with personal care. People told us, "Not a lot going on since the activity person left. We did do all sorts of things" and "The amenities lady used to organise things, but she has left. Never got down to things though. I like listening to my music, spend a lot of time with that."

- Relatives told us activities could be improved and said, "Not much going on, enjoys where she [person] is because she sees people walking past", "Often remains in her [person] room. They used to offer activities but not lately. There are not a lot of interactions" and "She [person] is often left in their room without any interactions. It's difficult for staff to form any relationships with people with that lack of familiarity."
- On the day of the inspection we did not observe any form of activities going on. We saw staff interactions with people were brief and precise. It was clear they did not have enough time to have meaningful interactions with people.
- There were plans for staff to utilise the magic moments on the provider's portal to support people with meaningful activities. This is an initiative which focuses on creating activity opportunities based on people's past experiences. The provider was actively recruiting for an activities coordinator.
- Following the inspection, the provider shared with us their improvement plan which included recruitment of a bank activities coordinator as well as extra staff deployed to support people with meaningful activities.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to be patient when communicating with some people and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as pictorial and large print.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support including how to raise any concerns or issues. The provider had systems in place to manage complaints. The provider had received 4 formal complaints which had been investigated and addressed in line with their policy. There was evidence of learning from complaints to ensure better care and outcomes for people.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I'd phone and ask to speak to the home manager or duty manager or nurse, depending on the issue."

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us one person was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people had a dignified and pain free death.
- We saw compliments regarding compassionate end of life care support for people and their relatives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The home was being managed by two support managers since the departure of the last manager a month before. A new manager had just been appointed who would be starting in a week's time with full knowledge of the challenges the home faced.
- The provider had quality assurance processes in place, however, these were not always used effectively. We found some similar shortfalls on recording had been identified during records auditing 3 times in a row and each time the actions complete box had been checked. This meant there were no improvements or changes resulting from these audits.
- We have also reported gaps in recording on topical MAR charts and positional change charts for people at high risk of developing pressure sores in other parts of this report.

Systems had not been established to assess, monitor and improve the quality and safety of care. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Prior to the inspection we had received concerns of inconsistency in leadership and management of the home. We found the home had struggled to employ and retain managers. Some of the managers had been performance managed.
- People told us they did not know who the manager was. They said, "Lots of changes so don't know who is in charge", "They [managers] change a lot. I have seen them; everybody seems to change here just get to know them and after a while they disappear. New people come and they are gone" and "No I don't know who is running this. All I know is that we have been told that a lady is starting soon."
- Relatives were equally concerned about the management of the home and commented, "I think they are now on their third or fourth manager in 18 months - which I think is more to do with [provider] management than local home management", "I have to reflect on the disappearance of two managers, I take my hat off to the senior nurse for coping" and "There has been many changes in managers and it difficult to know who to contact."
- The inconsistency in leadership had resulted in poor staff morale. Some longstanding staff had left and so did some newly recruited staff. Staff told us, "Previous management was inept and noncommittal. Did not listen to staff or engage with people. They did not know people", "We have had a few managers over the

years and that has not helped. Staff team morale is low" and "Previous manager was awful. Had no interest in people's care or staff well-being."

- Staff were positive about the leadership provided by the 2 support managers. They said, "Current management cover is very good, they involve us and listen to what we have to say. They try things our way and if it doesn't work will try a different way", "Current management approachable and supportive" and "Current managers are supportive, and they are doing all they can to make things better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were missed opportunities of using people's feedback to improve care. We saw there had not been any meeting with people in the last year. It had been difficult to facilitate effective ways to get feedback from people with all the inconsistency in leadership.
- Relatives told us they were often invited but unable to attend due to the meeting times. Comments included, "I had a few invites but couldn't attend. The meeting times were not ideal" and "I have not been able to attend, got a couple of invites."
- Records showed staff attended meetings which included agenda items of updates on staffing and recruitment, manager changes and current challenges the home was facing.
- The management team had introduced changes which allowed more onsite staff support and oversight. Staff were positive about these changes and welcomed the much-needed support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not always complete or up to date. The provider's quality assurance systems were not always used effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff to provide meaningful engagements with people.