

Thornton Homecare Ltd

# Thornton Homecare Ltd

## 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

This inspection took place on 10 March 2017 and was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the managers of the service and talk with staff on the day of our inspection visit.

Thornton Homecare is registered to provide personal care and support to people living in their own homes. There were twenty eight people using the service at the time of our inspection and twenty five staff were employed.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had 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. At the time of our inspection there were two registered managers who were also the providers for the service.

The registered managers were supported by a care co-ordinator and an administrator to run the service. We refer to the registered managers as 'the managers' in the body of this report.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. People told us they received care from familiar care workers who arrived at the expected time and completed the required tasks.

There were enough suitably trained care workers to deliver care and support to people. The managers checked the suitability of care workers to work with people who used the service during their recruitment. Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

Care workers were knowledgeable about people's needs. The information contained in people's care plans and risk assessments helped care workers to provide safe care in a way people preferred. People were involved in the planning and review of their care. There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines. Care workers had a good understanding of these processes.

The managers understood the principles of the Mental Capacity Act (MCA). Care workers were trained to increase their knowledge and understand the MCA. Care workers recognised the importance of gaining people's consent before they provided care.

People told us care workers showed them kindness and had the correct skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's

privacy and dignity was maintained.

People knew how to complain and said that the managers listened to them. Care workers felt supported to do their work and people felt able to contact the managers at any time.

There were systems to monitor and review the quality of service and understand the experiences of people who used the service.

## 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.

People received care and support from consistent care workers who knew them well. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures in place to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed and a robust staff recruitment process was in place.

### Is the service effective?

Good ●

The service was effective.

People told us care workers had the knowledge they needed to care for them effectively. Care workers completed training to ensure they had the skills to deliver safe and effective care to people. The registered managers and staff understood the principles of the Mental Capacity Act (2005). Care staff ensured they gained people's consent before delivering care.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence. People and their relatives were involved in making decisions and planning their care.

### Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences. Care plans were regularly reviewed and updated when there were changes to people's care needs. People were given opportunities to share their views about the service. People knew how to make a complaint if they wished to do so.

### Is the service well-led?

Good ●

The service was well-led.

People were happy with the way the service was run. Care workers felt supported to carry out their roles by their managers. The quality and safety of the service provided was reviewed through a series of effective audits.

# Thornton Homecare Ltd

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We asked the provider to send to us a Provider's Information Return (PIR). This enabled the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. The information reflected the service provided.

The provider also sent us a list of people who used the service before our inspection. We sent questionnaires to 9 people and received 4 responses back, 8 were sent to staff and we received 2 responses back. We looked at the feedback from the questionnaires and reviewed the information to form part of our judgements. Prior to our visit we contacted people who used the service by telephone and spoke with four people and two relatives .

The inspection took place on 10 March 2017 and was announced. The inspection was conducted by one inspector. We told the provider we would be coming and this ensured they would be available to speak with us and gave them time to arrange for us to speak with staff.

During the visit we spoke with the registered managers, the care coordinator and three care staff. We looked at the records of three people to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the services' quality assurance audits and complaints.

# Is the service safe?

## Our findings

All of the respondents to our survey told us they felt safe with the staff who cared for them. Our discussions with people confirmed they did feel safe with the staff who provided their care. One person told us, "(Care worker) always gives me the help I need, that makes me feel safe in their hands." People told us they felt confident to contact the staff based in the office if they were concerned about anything. A relative commented, "Safety is paramount, the service is safe."

People told us they received their care on time from familiar care workers. One person said, "(Care worker) is always on time." Another said, "There are enough carers, the same ones come to me." The care coordinator completed the care worker rotas using an effective electronic system. They confirmed enough staff were employed to meet people's needs. From talking with people and viewing staff schedules we found this was correct. When we looked at the most recent staff call schedules, there had been no recent late calls or missed calls.

The provider's recruitment procedures minimised the risks to people safety. A manager explained staff who were of good character were employed and checks were carried out before they started work. One staff member said, "Yes, I had a DBS check and I provided written references." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Records showed and staff confirmed checks had taken place to ensure they were suitable to work with people in their own homes.

Staff told us they had completed training in safeguarding adults to protect people. They confidently described different types of abuse and their responsibilities to report any concerns to their managers. They felt confident their managers would take action to protect people if they did raise concerns. One care worker told us, "If I am ever worried about someone I phone the office straight away." Another said, "If I saw any poor practice I would phone the managers straight away." This assured us staff understood their responsibilities to keep people safe.

Our discussions with the managers, and records confirmed, they were aware of their responsibilities to keep people safe. One explained they would refer safeguarding alerts to the Local Authority if people had been placed at risk. This meant allegations of abuse would be investigated correctly to keep people as safe as possible.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. These assessments were completed prior to people receiving care for the first time so they remained safe. We looked at risk assessments for three people. All had been reviewed in-line with the provider's policy. These assessments helped to keep people and staff safe when delivering care. For example, one person had sore skin and their risk assessment documented that staff needed to visually check the person's skin daily and report any changes to maintain the person's health. Our discussions with care workers confirmed they did complete the checks every day. One said, "If skin looks a bit red then I know to report it and managers will contact the district nurse."

Staff knew about the risks associated with people's care and were able to explain how these were to be managed. For example, a care worker told us one person had poor mobility and they described to us how they used a 'slide' sheet to reposition the person safely in their bed. Slide sheets are pieces of equipment placed underneath a person to move them safely. For example, two care workers always checked that the slide sheet was correctly positioned before they moved the person. Staff told us if they identified any changes in people's needs, a manager would immediately complete a review to make sure the person was kept as safe as possible.

The provider had a procedure for recording and monitoring accidents and incidents. A manager who was responsible for the health and safety of the service, analysed the records each month to identify any patterns or trends to reduce the likelihood of them happening again. For example, the analysis showed us one person had fallen on several occasions in February 2017. A manager had liaised with the person's family and GP. This had resulted in the person being prescribed some medicine to reduce the risk of them falling again.

We looked at how medicines were managed. People and their relatives spoke positively about the way care workers handled and administered their medicines. People told us they received them as required and had no concerns about how their medicines were managed. One relative commented, "Everything is safe, everything is recorded and all medicines are accounted for."

Care workers told us they had received training and they felt confident to administer medicines. They told us they always checked the records to make sure the care worker before them had signed the records to confirm medicines given. We asked a care worker what they would do if they saw a gap on the medicine administration record that could suggest the medicine had not been given. They told us, "I would inform the office straight away." A manager checked completed Medicine administration records (MAR's) each month. We saw evidence that monthly auditing of medicines and frequent checks of staff competences were carried out to ensure that any errors could be rectified and dealt with in a timely manner. We viewed a selection of MAR's which showed us people had received their medicines as required.

The provider had contingency plans in place for managing risks to the delivery of the service in an emergency. For example, in extreme weather such as heavy snow fall, the provider prioritised who was most at risk, such as, people who lived alone to make sure their calls were completed.



## Is the service effective?

### Our findings

All of the people who responded to our questionnaire strongly agreed care staff had the skills and knowledge they needed to provide the care and support they required. Our discussions with people and their relatives supported this view. Comments included, "Yes, they go on training courses." And, "No problems, carers are skilled."

New care workers were provided with effective support when they first started work at the service and they completed an induction and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Care workers told us they had spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. They had also read people's care records before they had worked unsupervised. Care workers signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them.

We saw on-going training was provided following the induction training, to ensure staff maintained their skills. A system to record training was in place and this helped the managers to plan and prioritise the training the staff needed.

Care workers told us they received training the provider considered essential to meet people's care and support needs which included safe medicine handling, first aid and health and safety. One said, "We get loads of really good training it really helps me to do my job well." Records showed care workers had completed training to obtain the skills to effectively support people with specific health conditions such as dementia. One care worker told us, "We get the training we need to care for people well." They explained the training had increased their skills and they understood the reasons why people could become confused.

Staff had completed, or were working towards level two or three qualifications in health and social care. We spoke with the care coordinator who described the training and qualifications they received as, 'very good'. They explained they were currently completing a level 5 qualification in health and social care and the provider continually encouraged them to further develop their knowledge and skills. This meant staff had the right skills and knowledge to provide effective care and support to people.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

The managers demonstrated good knowledge in this area and our discussions with them indicated they

were aware of the procedure they needed to follow to refer people in the community for DoLS. A manager told us, "If someone did lack capacity we would complete a mental capacity assessment and if necessary a DoLS approval would be submitted to the local authority." This meant the rights of people who were unable to make important decisions would be protected.

Staff confirmed they had received training in MCA within the last twelve months. One said, "We complete work books to increase our knowledge. I know that people have rights and I can't help them if they refuse." This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

We asked staff how they knew if a person's care and support needs had changed. One explained how they always read people's daily notes. Another said, "If someone's needs change we are informed via a text message or a telephone call by a manager or the co-ordinator."

When people were assessed, the arrangements for food preparation or support were discussed and agreed. Most people prepared their own meals or were supported with this by their families. Our discussions with care worker's indicated they knew what people enjoyed to eat and they offered this support when needed. Care workers recorded how much some people were eating and drinking using a chart system to help ensure people were not placed at risk of deteriorating health. A manager explained if they were made aware that a person losing weight they would first discuss this with the person and their relatives. If necessary they would also inform the person's GP. This demonstrated manager's and care workers understood the risks associated with nutrition and were aware of their responsibilities to take necessary action to address them.

People we spoke with managed their own healthcare or relatives supported them with this. A manager told us the service was flexible and did support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed the service worked in partnership with health professionals when required including GPs and district nurses. This meant people had access to health professionals when required.

## Is the service caring?

### Our findings

All of the respondents to our questionnaire told us care workers were caring and kind. Our discussions with people confirmed this. For example, one person said, "Extremely kind to me." Another person told us, "Lovely caring staff, they are my friends." A relative commented, "All wonderful carers, every single one of them."

Our discussions with people confirmed they received care from a consistent group of care workers who they knew well. People had built up strong and meaningful relationships with the staff who supported them. They told us they were confident staff knew them well and this meant they always received their care in the way they preferred.

Staff told us what caring meant to them. Comments included, "Providing care to a high standard that would be good enough for my relative." "Listening to people, making sure they are happy." And, "Being patient and respectful." The managers were confident all of the staff showed people kindness and demonstrated a positive attitude.

Staff enjoyed working at Thornton Homecare and told us they would recommend the service to their family and friends. One said, "My work fits flexibly around my childcare commitments. It's a really lovely and caring place to work." The staff who responded to our questionnaire told us they were always introduced to people who use the service before working unsupervised with them. Our discussions with staff confirmed this. For example, one care worker said, "I know people well and I was introduced to everyone before I worked with them." They explained this meant people knew who would be providing their care.

We discussed this with a manager who told us people received care from no more than three or four different care workers each week. Records we looked at confirmed this was correct. Another manager said, "We are a small family run company. We really care, and are proud to provide the same staff on a regular basis." A care worker confirmed they did visit the same people each week. They said, "We have our regular calls and it is very rare my rota changes."

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person said, "Yes I am fully involved. Another said, "(A manager) came out to see me to review my care plan. Everything runs well, no changes."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One said, "People are always involved in their care. It's all about them." They explained even though they knew people really well, they always asked people how they would like their care to be provided. They felt this demonstrated the service was courteous and respectful.

People told us care workers showed them respect. One explained when they arrived they always knocked their front door and announced their arrival. They said, "I feel that's respectful towards me." Care workers told us they respected people's right to privacy and always maintained their dignity. For example, one

explained they made sure bedroom curtains were closed when they helped people to have a wash or to get dressed.

All of the people we spoke with told us staff encouraged them to be independent. For example, one person said, "They encourage me to do what I can, such as wash my own hands and face." Another said, "They only do what I need them to. I can do some things for myself." A manager told us about how the staff team were supporting one person to gradually regain their independence. They said, "By working with (Person) and giving lots of encouragement we are aiming to get them out of the house again." They explained how this was what the person wanted to achieve.

The managers and care staff understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

## Is the service responsive?

### Our findings

People told us care staff supported them in the ways they preferred. One person told us, "They know how to work with me," and "They support me the way I choose." Another said, "Carers listen to me and do things how I like."

One person told us they really enjoyed having a cup of tea whilst sitting and chatting with the care workers. They explained care workers had plenty of time to spend with them and they always took the time to talk to them. This made them feel happy. Care workers confirmed they were encouraged by their managers to spend 'quality time' with people and not just complete care tasks. One explained this gave them the time to get to know people and gain their trust. This helped them to provide personalised care to people.

Care workers told us about one person who they supported to attend ballroom dance sessions. They explained prior to using the service the person had been a keen dancer and supporting the person to attend weekly sessions had had a positive effect on the person's wellbeing. One said, "(Person) is so much happier, the change in is immense. It's so lovely to see (Person) enjoying themselves."

People and relatives told us the communication was very good between them and the service. One said, "They are very nice and helpful." Another said, "Great, I know what's going on." Care workers supported this view and told us the communication was one of the best things about the service. One said, "Changes are communicated quickly. If I am going to be a bit late I call the office and the message is passed on." They told us this was important as some people could become anxious if they did not arrive on time.

A manager told us that prior to receiving support, people's care needs were assessed. People confirmed this happened and records we looked at showed the information from the assessment had been used to complete their care plans. We looked at three people's care plans and they all contained detailed information on the different aspects of the person's life and how they preferred their care to be provided. For example, how much sugar they liked in their cup of tea. All three care plans had been reviewed within the last three months.

Staff told us they read people's care plans and the information informed them of people's preferences. However, they did not solely rely on this information. They explained how they spoke with people to make sure care was provided in-line with their wishes. One said, "People need more help on some days than others so I always double check."

People and their relatives knew who to speak with if they had any concerns or complaints about the service and all felt their views were listened to and acted upon. One person said, "If I was unhappy I would be straight on the phone to the owners." People confirmed they had been provided with a copy of the complaints process which included contact details for the Care Quality Commission and the local authority. There were systems in place to manage complaints about the service provided. Records showed six complaints had been received in the last 12 months. We saw action had been taken to respond to those received in a timely manner. Complaints had been resolved and complainants had all been happy with the

outcome. For example, one person had requested a care worker no longer completed their calls. Records showed us this had been actioned as soon as a manager had been made aware.

Eleven compliments had been received in the six months prior to our visit. Comments included, 'Thank you for all you have done,' and, 'Fantastic in your actions to get me a new hospital bed.' This showed us people were happy with the service provided to them.

## Is the service well-led?

### Our findings

People and their relatives told us they were very happy with the management of Thornton Homecare. Comments included, "Managers are great," "Never a problem to get answers to my questions," and, "It is well run and I would recommend them to others."

There was a clear management structure in place. The management team consisted of two registered managers and a care coordinator. The registered managers were experienced, and had been in post for three years. The managers told us they felt supported by each other to carry out their roles. One said, "We take the lead on different areas. It works really well and by having two managers means we share responsibilities."

An out of hour's on-call system when used the office was closed. There was an 'out of hours' telephone number that people could use if for any reason care staff did not arrive for calls. A manager explained if this happened they were able to make arrangements for other care workers to complete calls to ensure people's needs were met.

Care workers we spoke with told us they enjoyed working at the service and confirmed they felt supported by the management team. One care worker told us, "I would be lost without (Care coordinator) they are brilliant." Another said, "This is the most supportive company I have ever worked for." They explained this was because their managers listened to them and welcomed their ideas to improve the service to benefit people.

One manager said, "We have a good staff team and managers lead by example. We would not expect care workers to do anything that we as managers would not do ourselves." We asked care workers about this and they told us managers frequently undertook care calls. They told us they thought this was really helpful, good for staff morale and teamwork.

Care workers told us they had regular one to one meetings with their manager to make sure they understood their role and assess that they had the skills and knowledge to fulfil their role. They also told us that 'spot checks' (unannounced checks) of their practice took place. One care worker told us, "Checks of our practice take place unannounced; it keeps us on our toes. It's a good thing to check good care is happening." They explained this made them feel confident they were providing good care. People confirmed 'spot checks' occurred, and one person told us, "Oh yes, checks take place."

Staff meetings took place and care workers were encouraged to contribute items for discussion. We looked at a selection of meeting minutes and we saw new staff had been welcomed to the service and staff had been reminded of the importance of following the policies and procedures in place in February 2017.

Records showed the management team completed quality checks of the service. For example, daily records that care workers had written had been checked monthly to ensure people had received their care as planned. We found these checks were effective and this meant the managers had an overview of the care

that had been provided.

All of the respondents to our questionnaire told us their views on the service they received were sought. Our discussions with people confirmed this did happen. One person said, "They send me questionnaires and also phone me up to check I am happy with everything."

The management team encouraged feedback from people and their relatives and quality questionnaires were sent out to gather people's views on the service every three months. We looked at a selection of completed questionnaires which were all complimentary about the service. This showed us people were happy with the service they received. A manager told us they analysed the information to assess if any action was required to make improvements .

The managers spoke passionately when we asked them what they were most proud of at the service. One said, "I am proud of our good reputation, it speaks volumes." They explained a quality audit had been completed by the local authority in November 2016 which had achieved an overall score of 98%. Another manager told us, "The staff team are fantastic. We are a small family company and pride ourselves on quality care."

One manager told us of their future plans for the service. This included moving to a bigger office and possibly opening a day centre to provide local people with opportunities to socialise to reduce the risk of them feeling alone and isolated.

The managers understood their responsibilities and the requirements of their registration. For example, they knew about statutory notifications they were required to send us, so we were aware of changes and significant events at the service and they had completed the PIR, as required by our regulations.