

Thyme Care Limited

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## 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 inspected this service on 17 and 18 September 2018. The inspection was unannounced. At the last inspection, in April 2016, the service was rated 'Good.' At this inspection we have rated the service as 'Good.'

Thyme Care, provides people with personal care in their own homes. At the time of the inspection the service provided support for approximately 68 people for people in the Penzance and St Ives areas. The service works primarily with elderly people.

The service had a registered manager. 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.

The service had satisfactory safeguarding policies and procedures to keep people safe. Staff were trained to recognise abuse, and knew what to do if they suspected abuse was occurring. Suitable risk assessment procedures were in place, and risk assessments were regularly reviewed. Where appropriate management and staff had submitted safeguarding referrals to the local authority.

Recruitment checks for new staff were satisfactory. For example, the registered provider obtained a Disclosure and Barring Service check and written reference check when the member of staff was recruited. When staff started to work at the agency they were required to complete a staff induction programme, which included relevant training which assisted the member of staff to carry out their job. The registered provider had a suitable system of staff supervision and annual appraisal.

Medicines procedures were safe, and we saw evidence that supported this, including administration records and systems to support people with medicines. Staff were trained in procedures to minimise the risk of infection. People and their relatives said staff were always well presented in their individual roles.. Staff said they were provided with disposable gloves and aprons to support them in their roles.

There were satisfactory procedures to assess people to check they were suitable to receive support from the service. Subsequently staff developed comprehensive care plans for people and these were regularly reviewed.

Some people received support to prepare meals. Where necessary procedures to monitor the food people had eaten and their fluid intake, were satisfactory.

Where people lacked mental capacity, the agency provided people with the correct support to ensure their rights were protected.

Staff worked with people to maximise their independence. We received positive support about staff

attitudes. Comments included; "I have tremendous confidence in them," "Very nice people...they are marvellous," "I cannot fault them. They are as good as gold. They will do anything for me," and "They have been very good. Very helpful." A relative said, "They are very caring...It is not put on."

The service had a complaints procedure. People said they would approach staff or management if they had a concern. People told us where they had raised concerns or complaints these had been managed sensitively and resolved appropriately.

Management were viewed positively by the people who used the service and staff who we contacted.

The staff team told us they worked well together. People and their relatives viewed staff positively and staff were viewed as caring.

Quality assurance processes were satisfactory to monitor the service was working effectively, and pick up and address shortfalls in service provision.

## 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 continues to be Good.

### Is the service effective?

Good ●

The service continues to be Good.

### Is the service caring?

Good ●

The service continues to be Good.

### Is the service responsive?

Good ●

The service continues to be Good.

### Is the service well-led?

Good ●

The service continues to be Good.

# Thyme Care Limited

## **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 inspection took place on 17 and 18 September 2018 and was unannounced. The inspection team consisted of a lead inspector 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. The expert by experience telephoned a sample of people and their relatives to check they were happy with their care.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service.

During the inspection we used a range of methods to help us make our judgements. This included talking to people using the service, speaking with staff members, pathway tracking (reading people's care plans, and other records kept about them), and reviewed other records about how the service was managed.

We looked at a range of records including five care plans, eight personnel files, and other records about the management of the service.

Before, during and after the inspection we communicated with fourteen people who used the service and nine people's relatives. We also spoke with six care staff, the administrator, the directors of the company, and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who worked with them. We were told, "I have never felt any cause not to feel safe," and "There is no one I feel unsafe with." The service had a satisfactory safeguarding adult's policy. Staff had received training in safeguarding adults. The registered manager said safeguarding processes were regularly discussed with staff. We were told staff understood how to safeguard people against abuse. Any allegations staff reported were be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. Staff told us they had a good understanding of how they would recognise if someone was being subjected to abuse and knew what to do if they suspected abuse was occurring. Staff had confidence the management would take suitable action if abuse was suspected. For example we were told, "I would speak (to the manager), she would get straight on to it (and would) react very quickly." We were told staff had no involvement with people's money or valuables.

Risk assessments were in place for each person. For example, to prevent poor nutrition, hydration and falls. Risk assessments were regularly and updated as necessary. The staff team also took appropriate and calculated risks to support people to live more independently and learn new skills.

In order to minimise the risks of lone working, the service had put plans in pace to minimise any risks. These were discussed with new staff when they started working for the provider.

All records were stored confidentially. Staff could access people's records either at the service's office or in people's homes. Records we inspected were up to date, and were accurate and complete.

The service had a whistleblowing policy. This supported staff if they had concerns. Staff felt confident they could report these without feeling they would be subject to subsequent unreasonable action for making valid criticisms of the service.

We were told none of the people who used the service had any behaviours which the service found challenging.

The registered manager said 28 staff were currently employed to provide care. Staff worked a range of hours to be flexible with the needs of people. People who used the service, their relatives, and staff thought there were enough staff available to support them, although there were several reports that people could not always get a care slot which was suitable for them (This was often logistically difficult as most people wanted the same time spectrum to get up, have meals and go to bed.) The service was divided into two 'rounds,' one covering the Penzance area and the other covering the St Ives area. Women said they always received personal care from female carers. People and staff members said visit lengths were satisfactory to provide care needed. Managers said staff were paid travel time.

Staff recruitment procedures were satisfactory. For example, a Disclosure and Barring Service (DBS) check was obtained for all staff before they worked on their own. In most cases at least two satisfactory written

references were obtained for all staff members. Staff members had a copy of an application form on file, and proof of their identity. However one staff member, who started in July 2016, did not have any references on file. The registered provider said the references had been obtained, but could not give a reason why they were not on file.

The registered provider had a suitable policy regarding the operation of the medicines system. Depending on the care package in place staff either administered people's medicines or reminded them to take their medicines. Staff had received suitable training about handling medicines. People were responsible for ordering and storing their own medicines. Medicines were usually stored in pre-packed blister packs. People told us, "They give me my tablets and make sure I take it," and "They always check if I have had my tablets." One relative however did raise a concern that staff needed to administer medicines in consecutive order from the blister pack supplied from the pharmacist, and also check tablets were actually taken as tablets had been found on the floor. We discussed this matter with the registered manager who said the matter would be followed up.

Staff received gloves, aprons, and hand gel to assist in the prevention of infection. One relative said, "All of the carers are smart in their appearance, wearing gloves and aprons at all times." An infection control policy was in place. Staff had received suitable training about infection control.

The registered persons understand their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The manager said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

## Is the service effective?

### Our findings

When a service was contracted from the local authority the service received some information about the person's needs from either the health service or local authority. The managers said there were also a lot of referrals from other sources such as district nurses, GP's, or other people who had previously been involved in the service. Before providing a service, a registered manager from the service also went to meet with the person, and /or their representatives, to find out about their needs and whether the service could meet these. Copies of assessments were kept on people's files. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance.

People who used the service and staff said they had not been subject to any discriminatory practice. This included gender, race, sexuality, disability or age. The registered persons' had an anti-discrimination policy.

When staff started working at the service they were provided with a satisfactory induction to assist them to learn their roles, and provide care according to an appropriate standard. This included completing on line training, and shadowing more experienced staff. All new staff new to a role in the care sector were required to complete the Care Certificate. This is an identified set of national standards that health and social care workers should follow when starting work in care. Staff induction records were generally satisfactory, and detailed records were on most personnel files. However these were absent on two files. The registered manager said the inductions had been completed, and the staff concerned probably had the record which she would ensure was returned and filed.

We checked to see if staff received training required by health and safety law such as moving and handling, fire safety, infection control, first aid and food hygiene. Care staff should also receive training in safeguarding, mental capacity and managing medicines. Records showed staff had received this training. There was also a record staff had received other training such as health and safety, equality and diversity, mental health, dementia, and dignity and respect. Care staff were positive about training they had received. We were told "I have learned a lot," and, "Staff are thoroughly trained in all aspects of the duties...and this training is continuous and updated."

Staff told us they felt supported in their roles by colleagues and senior staff. There were records of individual formal supervision with a manager. Supervision is a process where members of staff sit down with a supervisor to discuss their performance, any goals for the future, and training and development needs. The staff we spoke with said they could approach senior staff for help and support if they had a problem. Staff told us the support they received was good. One staff member told us "I feel valued and supported by the management and my peers." Staff also told us they received an annual appraisal. There was a record of this on most staff files.

Some people received support preparing food. This involved preparing people's breakfasts, sandwiches or heating up preprepared food. The people we spoke with said food prepared was always to a satisfactory standard. None of the people supported currently needed physical assistance with eating and drinking.

The registered manager said the service had established links with external professionals. The service worked closely with a wide range of professionals such as district nurses and general practitioners to ensure people lived comfortably, and received suitable healthcare support. Some people received assistance attending health appointments for example to the optician or the GP. The registered manager said relationships with local GP surgeries was satisfactory.

The management understood the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for them had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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 MCA. The registered manager told us, where people did not have capacity, the service had suitable policies and procedures in place to ensure people's rights were protected. The majority of staff records had evidence staff had received training about mental capacity, although there was no record for two staff.

## Is the service caring?

### Our findings

The vast majority of the people we spoke with said they were treated with kindness and compassion. We received many positive comments about the attitudes of staff. For example, staff were described as, "Very nice people...they are marvellous," "I cannot fault them. They are as good as gold. They will do anything for me," and "They have been very good. Very helpful." A relative said, "They are very caring...It is not put on." Office staff were also viewed as helpful.

For example we were told, "They are fine, very helpful," and "They are always ever so pleasant." However a minority of people said care could be "inconsistent," depending on which carer came. Staff told us they thought the care standards of the provider were good and all the people who used the service were very well cared for. One member of staff said "The company do their best to provide an excellent service for clients." Staff also said they had confidence in their colleagues' practice. For example we were told, "Care is really good...they are a fabulous group of girls."

The previous Christmas there had been a party arranged at the office for people and their relatives. Managers said they had made a Christmas dinner, and everyone had been provided with a gift, a card and a slice of Christmas cake. There had been a raffle and party games.

Care plans contained information about people's preferences, personal histories and backgrounds. This assisted staff to know the people they were caring for and supporting. We were told when care plans were drawn up managers would meet with the person, or their relative, and discuss their needs with them so information within the care plan was accurate.

We were told, where possible the person, or their relatives were involved in drawing up the care plan. Everybody we spoke with said they had a copy of a care plan in their home, and they could look at this at any time. Copies of care plans and daily records were seen at the homes of the people we visited. People said staff always completed records at the end of the visit. Staff said care plans provided them with all the information they required and also enabled them to feed back to management if they had any issues or concerns about people's wellbeing.

We were told people were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. People said staff did not always ask permission to carry out tasks, "They just get on with it," and "They do what they have to do," but this was not seen as a problem. People accepted that staff knew what they were doing and we did not receive any comments that staff were dictatorial or uncaring. One relative said, "They are all very nice, chatty, cheerful and polite, showing (my relative), the respect she is entitled to." People felt staff were honest and they trusted them in the care and support being delivered.. None of the people we contacted had any reason to believe staff were anything other than honest and trustworthy.

People told us when staff visited their homes, they always asked if the person wanted anything else completed before they left. We were told staff always ensured people had things that were necessary to them, including, glasses, remote controls and walking sticks, left near at hand when the staff left.

Staff told us they had enough time to work with people and deliver the care they needed. People said they did not think staff were rushed except if they were running late. We were told people's privacy and dignity was respected.

## Is the service responsive?

### Our findings

Everyone who used the service had a care plan which instructed staff how to respond to their individual needs. A copy of people's care plans were kept in their homes so staff had the information they required. Some people, or their relatives, said they were aware they had a care plan, and remembered it being discussed with them. For example one relative said, "A care plan was created with (my relative), during the first one to two weeks of their involvement...this was undertaken collaboratively and thoughtfully." Everyone was aware that staff wrote a record of each visit in a file stored in their home. (This also contained people's care plan). Some people could not recall or did not think the care plan had been discussed with them, although management told us this was always done.

Care plans were detailed and included information about people's physical and mental health care needs. Care plans also included risk assessments, for example in relation to people's mobility, and any risks in relation to eating and drinking. Care plans outlined people's preferences and interests. Detailed daily records were also kept.

Where people did not have representatives to help them read documentation, staff were happy to assist them by reading it to them.

Most people described the responsiveness of the service positively. For example we received comments such as "Efficient," "Very good," and "Very helpful." There were mixed views whether staff arrived on time for visits. Most people said staff arrived on time or within a few minutes of their scheduled time, and they had no concerns about this. We were told, "They do their best. It does vary (due to holiday traffic and roadworks)." "(They are on time) most of the time." However other people said the times would vary considerably. Some people said staff could be frequently 15 to 20 minutes late, and in some cases longer. This was particularly a problem if this was a meal time, or people wanted to get up and could not do so without help. Where there was a problem, some people said staff would ring, but others said they would not and this could sometimes cause people anxiety. Care staff told us, "In the event of falling behind schedule we have been told to ring the office or on call to let someone know, so another member of staff can cover your client or let the client know there is a delay."

We discussed the problem of staff being late with managers. Managers said staff were not routinely late, but the scheduled time when care staff were due to arrive, did vary daily, or week to week, in some instances. We were told, where possible people were always provided with the times they wanted but this was not always possible when the service took on a package of care as the requested times were already taken. However people were always told what times they could be provided with. For the majority this was not a problem, and many people were happy with the times they were provided with. For example "They are the ones (times) I asked for originally."

However, one person did tell us, "They put it on the timesheet each week. I noticed the time is creeping up and it was 11am before they came which is too late. Usually it is 8:30am. If this was kept it would be very nice." Another relative said the breakfast visit could be anytime up to 11:30am, which was no good as they

worked and wanted to ensure their relative had breakfast at a reasonable time. People and relatives said the weekly rota was provided to them on a Saturday, and it could be a problem not knowing what time staff would arrive on that day, or people would get very confused when staff were due if there was considerable variation in times each week.

Most people said staff stayed the correct amount of time even if they were late. We were told if staff did leave slightly early this was always with permission, and after everything they needed to do was finished. Staff would always ask if people wanted staff to do anything else before they left. One relative said, "They stay the allotted time and always ask whether there is more they can do to help." However a minority of people said staff would at times leave early. One relative said "Time spent with (my relative), varies by carer and the time of day...evening visits on average last just 15 minutes (when they were meant to be half an hour.)"

Care staff said they were happy with rotas and felt they provided them with enough time to provide care. Staff told us visit schedules were worked out in a logical manner so they were not too rushed in order for staff to respond to their needs. Where 15 minute calls were rostered this was only to oversee medicine administration, or just to check on people's well-being. Staff were not expected to complete any significant tasks which were unreasonable in the time allocated.

Most people said they were generally provided with the same group of carers. Others said there could be a variation. One person said, "I never know which ones are coming, but I get to know their faces." People who had been with the service for a while said at first there had been a variation of people in order to fit them in to existing rotas. However, we were told once the service was able to provide a core group of staff, management provided this. Others said they did not mind if there was a variety of people who came to support them. Most people said the staff always stayed the correct amount of time for visits and care appointments were not missed. For example, people "If anything they stay longer. There is no rushing." Women always said they were provided with female carers to provide personal care if this was wanted although some women said they had male carers and did not mind. Some women said they had been asked in advance if they wanted a male carer, had said no, and this had been agreed. Some people said they had male staff but they provided other tasks apart from personal care.

The service had a complaints procedure. People told us if they had any concerns or complaints, most felt they could discuss these with staff and managers, and any concerns and complaints would be responded to appropriately. One person said, "I would feel confident making a complaint." They told us they did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The service did not routinely provide end of life care. If somebody who used the service did need end of life care, the service had a suitable care planning system to ensure people received suitable support. We were also told staff would consult with district nurses and GP's to ensure people received suitable medical care during this period of their lives. Managers also said there were suitable links with Macmillan nurses. Staff had received training about end of life care.

## Is the service well-led?

### Our findings

People using the service, their relatives and staff were positive about the management of the agency. The service had a clear management structure. The current manager was registered with CQC in 2017. The two directors of the company were actively involved in the running of the service in management roles. The three managers had designated responsibilities, but all had a good working general knowledge of service operations. The registered manager said, "We work well as a management team." On the first day of the inspection the registered manager, and the two directors spent some time completing care duties. An administrator worked full time in the office. She was involved in drawing up care schedules, and dealing with any queries. The service had a 24 hour on call service which operated seven days a week. People and staff said the on call service was effective and on call staff were available if required.

People were positive about how the service was managed. For example, we were told "I think they do a good job," and "I think they are good." One relative described the managers as "Excellent," "great", and "supportive." People said when they telephoned the office, staff on the telephone were always supportive and helpful. Staff said management were, "Approachable," "Friendly, easy to talk to and always have an answer to any problems." and "Actively involved in the day to day running of the company."

Staff told us they worked well as a team and communicated well. They told us, "Communication with management and care staff is very good." Staff said they were provided with their work schedule in good time and any changes were shared in a timely way.

There was a record that some staff meetings took place. For example, there were three meetings in 2017. There was no record any had been completed in 2018, although we were told one was due later in September 2018. Management said there was lots of informal consultation with staff for example when staff came into the office to pick up supplies and give in timesheets on a Friday.

The staff members we contacted were all positive about working for the provider. Comments included, "Every company should be run like this," "(They are) a small company that really goes the extra mile to meet the needs of service users. They are organised." and, "I enjoy working for the company and feel that clients and staff are well cared for."

The manager told us both paper and electronic data was stored securely, and there were systems in place to ensure data security breaches were minimised.

The service's approach to quality assurance included completing an annual survey to check what people's views were of the service. Spot checks were also completed. This involved a manager checking, unannounced, that a care assistant was completing their duties to a good standard. A record was kept when these checks were completed. Managers also completed some care shifts which enabled them to get feedback about how the service was working. Some audits were completed. For example to check care records were completed satisfactorily. There was a schedule when staff supervisions and training had been completed, and when these were next due. There was a record of compliments from relatives and people

who used the service. The inspection did bring up some inconsistency of responses about staff time keeping, scheduling and approach.

We recommend the registered persons introduce systems to regularly monitor people's satisfaction with care appointments.

Many people we spoke with said they had not, or could not remember if they had been asked about their views of the service. Managers said people had been asked. One person said "(The registered manager) has been here twice and asked me what I think."

All the people we spoke with said they would recommend the service to other people. We were told, "Yes, They have been as good as gold to me," and "Oh I certainly would, they are wonderful."