

Thornhill Care Services Limited

Thornhill Care Services

Inspection report

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Tel: 07752966698

Date of inspection visit:
29 May 2019

Date of publication:
11 June 2019

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

About the service:

Thornhill Care Services is a domiciliary care agency that was providing personal care to 19 people at the time of the inspection. The agency provided care to adults including people who required care at the end of their lives.

People's experience of using this service:

People felt safe with the staff who supported them. They told us staff were always kind and respectful of them and their homes.

People received their care from small teams of staff who they had been able to build trusting relationships with. People described the staff as being like friends and family members.

Full assessments were carried out to make sure people received their care in accordance with their needs and preferences. Everyone was treated as an individual and their preferences and lifestyle choices were respected by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People only received care with their consent and felt they remained in charge of their lives. Staff knew how to support people if they did not have the capacity to make decisions.

People's independence was promoted by staff and some people told us the service had enabled them to remain independent in their own homes.

People could be confident that at the end of their lives they would receive care which was compassionate and respectful. The service worked with other professionals to make sure people's needs and wishes were met.

People received their care from a service which was committed to listening to people's views, monitoring quality and constantly improving the service provided.

Rating at last inspection: This is the first inspection of the service since it was registered in June 2018.

Why we inspected: This was a scheduled/planned inspection based on date of registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

Thornhill Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because this is a small service and we needed to be sure arrangements could be made to meet with key staff and people who use the service.

Inspection site visit activity was carried out on 29 May 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. The registered manager supported us to visit people in their own homes.

What we did:

We did not ask the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send 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 service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used this information to plan our inspection.

During the inspection we met with four people who used the service and two relatives. We spoke with two members of staff. The registered manager and nominated individual were present throughout the inspection.

We looked at a selection of records which included;

Three care and support plans

Three staff files

Records of staff meetings

Quality monitoring audits

Health and safety audits

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person commented, "They are very good. I feel absolutely safe with them."
- The agency had sufficient staff to meet people's needs. People were supported by a small team of staff who they knew. Where people required two members of staff to assist them, this was provided. One person told us, "They come when they say they will and have never missed a visit."
- The provider minimised the risks of abuse to people by ensuring all new staff were thoroughly checked before they began to work with people.
- People were further protected because all staff received training on how to recognise and report signs of abuse. Staff told us they would not hesitate to report any concerns and were confident the registered manager would take action to make sure people were protected.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had systems to minimise risks to people using the service and staff. These included risk assessments for lone working and training for staff in health and safety issues.
- The registered manager carried out risk assessments with individuals and took action to make sure risks were minimised. For example, where people were at risk of falls the registered manager ensured people were supplied with the correct equipment to support them.
- Any accidents or incidents which occurred were recorded and analysed by the registered manager. This enabled them to learn from events and share the learning with the staff group.

Using medicines safely

- People who needed help to take prescribed medicines were supported by competent staff. Staff received training in the safe administration of medicines and had their competency assessed before being able to administer medicines to people.
- Staff kept clear records of any medicines administered. One person told us staff helped them to take medicines in the morning and at night. We looked at the person's medication administration record and saw it was correctly signed by staff.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The provider made sure staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People had their needs assessed before they began to use the service. This helped to make sure the agency had staff with the skills to meet their needs and expectations.
- People received care according to their needs and preferences. One person told us, "They do exactly what I want. 100% service every time they visit." One person had made a specific request about the care they wanted and their relative informed us this wish was always respected by staff.
- The staff worked with other agencies and professionals to make sure people's needs were consistently met. We heard how staff worked with professionals such as hospice services and district nurses to make sure people received the treatment and care they required.

Staff support: induction, training, skills and experience

- People were cared for by staff who had received the training required to effectively support them. One person told us, "I would say all the carers I have met have been very competent."
- All new staff undertook an induction process when they began work and shadowed more experienced staff to enable them to get to know people.
- Staff were happy with the training provided to them. Staff were able to complete on-line training. Their knowledge from the courses was discussed at team meetings and individual supervision sessions to make sure they had understood the training.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The staff monitored people's health and well-being and contacted appropriate professionals when required.
- People had confidence that staff would take the right action if they were unwell. One person said, "If anything happened they would phone the GP or an ambulance. I have every confidence they would do what was needed." One member of staff said, "If we were worried we would phone the family or doctor. If you phoned the office, they would cover your other visits so you could stay with them till help came."
- Some people required support with food preparation and cooking and this was provided. The registered

manager told us if there were concerns about a person's nutrition they would keep records of what they ate and drunk to enable them to monitor this.

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA.

- People were supported by staff who had received training about the Mental Capacity Act and knew how to support people who lacked the capacity to make decisions.
- At the time of the inspection everyone being supported by the agency was able to give consent to their care. Care plans had information to show people had consented to the agency supporting them. One person said, "Carers wouldn't do anything I didn't want."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by the staff who supported them. People were treated as individuals and their lifestyle choices and human rights were respected.
- The provider was committed to providing a service which did not discriminate against anyone and this was embedded into all policies and procedures. For example, the recruitment policy clearly stated recruitment decisions would be made 'regardless of age, gender, sexual orientation, race, creed or disability.'
- People had built trusting relationships with the registered manager and staff. One person said, "I have never been so close to my carers. They are more like friends." Another person commented, "It's like having extra family. I can talk to them just like I would my family."
- People felt valued by the staff. One person said, "They make me feel like I'm the only one. I know they must see other people, but they make me feel special and important."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of the people they supported. One person said, "Carers are professional and polite. Totally respectful." A relative said about one of the carers who visited them, "They respect your home, always speak nicely and are so caring."
- People were supported to maintain their independence and people said the care staff helped them to remain in their homes. One person said, "It's the service which keeps me independent."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all decisions about the care and support they received. People said the service was flexible to fit in with their expressed wishes.
- The registered manager was in the process on changing all care plans to an electronic format. At the time of the inspection they had paper records in addition to this to enable people to be fully involved. They told us they were planning to use an electronic tablet which they could use with people in their homes. The electronic plans would be able to be accessed by people and their families to enable them to keep up to date with care plans and reviews.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to their wishes and preferences. People received care from a small group of carers who knew them well and how they liked to be supported.
- Each person had a care plan which contained an overview of the person including personal information and information about their needs. Parts of the care plan were very personalised to make sure staff had clear information about how people wished to be supported. For example, one care plan told staff exactly where, and how, to position things after they assisted the person to bed. Other parts of the care plan were not totally reflective of people's up to date needs. We discussed this with the registered manager who told us they were in the process of up-dating care plans.
- People felt in control of the care they received and felt the service helped them to be independent. One person told us, "They are doing things that I want them to do at times I want them to. They are helping me to stay independent."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. At the time of the inspection no one required information to be made available in specific formats. However, information provided to people, such as the service user guide, were not easy to follow. The document was very wordy and did not state that it could be made available in other formats.

End of life care and support

- People could be confident that at the end of their lives they would receive care which was compassionate and professional. The registered manager had received a number of compliments about the care they had provided to people. One relative had written, "You helped improve her quality of life in her final weeks and allowed her to stay at home with us." Another person thanked the registered manager and staff for, "Loving care you and your carers gave [person's name] during the last few weeks of her life."
- Staff received training in end of life care and worked with other professionals to make sure people were well cared for and comfortable.

Improving care quality in response to complaints or concerns

- The registered manager was committed to continually improving the service in response to feedback from

people. The registered manager provided hands on care in addition to their management role. This enabled them to seek people's views and respond to concerns on an informal basis. During the inspection one relative raised a concern with us which we passed to the registered manager. They were fully aware of the concern and had taken action to address the issue.

- People said if they had any complaints they would be comfortable to raise them with the registered manager. One person said, "I would ring [registered manager's name] if I wasn't happy. But I'm happy with everything." A relative told us, "I can talk to [registered manager's name] any time, if not happy I will say so. Can always talk to [registered manager's name]."

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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Thornhill Care Services had very recently merged with another local care provider and were in the process of establishing future roles and responsibilities. However, there continued to be effective management in place during this time. At the time of the inspection a full audit of the service had been carried out to identify how the service should move forward.
- People were supported by a provider who had systems to monitor quality and plan on-going improvements. Regular audits gave evidence of improvements being made which showed that action taken was leading to improved practice and support for people.
- The registered manager worked alongside other staff which enabled them to monitor staff competence and the quality of care provided. They also carried out, and recorded, spot checks to assure themselves that standards of care were appropriate.
- The registered manager kept the Care Quality Commission informed of changes and had submitted statutory notifications in accordance with their legal responsibilities.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to providing care which was of a high standard and tailored to people's individual needs. Feedback from people showed this commitment was put into practice. One person said, "Definitely getting the care and attention I need." Everyone we asked said they would recommend the service to other people because they felt the care they received was high quality.
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. The provider told us they had an open culture and staff confirmed this.
- People and staff told us the management of the service was very open and approachable and they could talk to them about any issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with service commissioners to make sure they were providing a

service which was responsive to local need.

- People were involved in decisions about their care and felt comfortable to give feedback about the service they received.
- Staff felt able to make suggestions and felt listened to. There were staff meetings, and one to one supervisions with staff, which gave them an opportunity to make suggestions and share ideas. One member of staff said, "I feel free to speak and give ideas."