

Thames Homecare Service Ltd

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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

This inspection took place on 18 March 2016 and was announced. We gave the provider short notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. This was the first inspection of the service since the Care Quality Commission (CQC) registered the location in June 2015.

Thames Homecare Services provided personal care and support to people living in their own homes. When we carried out this inspection, the service had 61 clients. 42, mainly older, people were actively using the service.

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.

People using the service told us they felt safe with their care workers.

The provider had a policy and procedures for safeguarding people using the service and care workers told us they had completed safeguarding adults training.

People were looked after by care workers who were trained and knowledgeable about how to meet their needs effectively.

Care workers were able to demonstrate that they knew people's needs well.

Care workers respected people's wishes, gave them choices and supported them to be as independent as possible.

People received a reliable service from care workers who knew and understood their needs.

People's support plans covered their care needs and detailed the support their care workers provided on each visit.

People told us their care workers listened to them, and gave them time to express their views and preferences about the way care is delivered.

People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them.

The provider had systems to monitor the quality of the service that people received and to make

improvements.

The provider was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement.

The provider had systems in place to make sure they carried out appropriate checks on new care workers before they worked with people using 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 using the service told us they felt safe with their care workers.

The provider had a policy and procedures for safeguarding people using the service.

Care workers told us they had completed safeguarding adults training and the training records confirmed this.

The provider had systems in place to make sure they carried out appropriate checks on new care workers before they worked with people using the service.

Is the service effective?

Good ●

The service was effective.

People were looked after by staff who were trained and knowledgeable about how to meet their needs effectively.

Care workers were able to demonstrate that they knew people's needs well.

Where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best interests.

Is the service caring?

Good ●

The service was caring.

Care workers respected people's wishes and gave them choices.

Care workers supported people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received a reliable service from care workers who knew and understood their needs.

People's support plans covered their care needs and detailed the support their care workers provided on each visit.

People told us that staff listened to them, and gave them time to express their views and preferences about the way care was delivered.

Is the service well-led?

The service was well led.

People using the service and care workers told us they felt able to approach the management team and felt valued by them.

The provider had systems to monitor the quality of the service that people received and to make improvements.

The provider was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement.

Good ●

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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.

This inspection took place on 18 March 2016 and was announced. We gave the provider short notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service. This included registration reports and notifications the provider sent us about significant incidents affecting people using the service. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit to the service's offices we spoke with the provider, who was also the registered manager. We reviewed care records for five people using the service, including their care plans, risk assessments and daily care notes completed by their care workers. We also looked at other records, including four care workers' employment files, the complaints log, accident and incident reports, training records, audits and checks the provider completed and policies and procedures.

Following the inspection we spoke with five people using the service and the representative of a sixth person. We also spoke with four care workers.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with care workers from the agency. Their comments included, "Yes, I feel very safe, the carers are very good and always make sure I'm safe" and "The carers always make sure I am safe before they leave, they genuinely care."

The provider had policies and procedures for safeguarding people using the service and care workers told us they had access to the information they needed to help keep people safe and take appropriate action if concerns about a person's safety were identified. Care workers told us they had completed safeguarding adults training and the training records confirmed this. Care workers understood their responsibility to protect people from harm and could describe the different types of abuse that could occur. They were also clear about the actions they should take if they suspected abuse or if an allegation was made and were aware of how to report any unsafe practice. Care workers told us they would report any concerns to the provider and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Care workers' comments included, "I would tell the office if I had any concerns about abuse" and "I did the abuse training and I know I have to tell my manager if I am worried about any of my clients."

Where people using the service needed support with their medicines, the provider had appropriate policies in place and guidance and training for care workers on the safe administration of medicines. People's care plans included clear details regarding the medicines they were prescribed and who was responsible for their administration. Where relevant, a medicines risk assessment had been completed to address and minimise any risk. Care workers confirmed they had undertaken training on medicines administration. We checked Medicines Administration Record (MAR) charts and saw that care workers had completed these correctly when they supported people with their medicines.

We found the provider had recruitment policies and procedures in place and they followed these when employing new care workers. Recruitment records all contained an application form and employment history, a minimum of two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service. All of the staff we spoke with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment.

We looked at five people's support plans and saw that each contained risk assessments that identified the risk and the support required to minimise the risk. The assessments covered possible risks in the person's home, mobility and moving and handling. All risk assessments included clear guidance for staff on how to mitigate identified risks. People's risk assessments had been evaluated and reviewed regularly to make sure they were current and remained relevant to the individual and their care needs.

The provider deployed sufficient staff to meet people's needs in a safe manner. All of the care workers we spoke with said they were given enough time to travel to people using the service and spend the agreed

amount of time supporting them. People's relatives told us care workers never rushed a support visit, were usually punctual and always stayed the allocated amount of time. One relative said, "The carers are usually on time, if they are late, it's the buses and they always ring me." A second relative told us, "They are usually on time and always ring if they are running late."

Is the service effective?

Our findings

People were looked after by staff who were trained and knowledgeable about how to meet their needs effectively. People using the service and their relatives commented, "My carer is very skilled, I don't know what training she has had, but she knows how to care for me very well" and "All of the carers we've had from Thames have been very capable, no complaints."

The provider and registered manager supported care workers and had regular supervision meetings with a senior member of staff. Staff files all included records of regular supervision and for care workers employed for more than 12 months, an annual appraisal of their performance. Staff told us that they could discuss any work related matters in their supervision including topics such as personal development. One care worker said, "I meet regularly with my supervisor and it's a great help."

Care workers told us they received training in various topics relevant to their specific job roles. These included safeguarding, moving and handling and food hygiene. A care worker told us, "The training is very good, very helpful." A second care worker said, "I have completed my mandatory training and it has helped me to work with the people I support." In their Provider Information Return (PIR) the provider told us they "planned to introduce more care workers to Care Certificate Training." The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. The provider told us 23 care workers had now completed the requirements of the Care Certificate and they planned to extend this training to all new care workers. Care workers told us they had also had an induction at the commencement of their employment, and received refresher training when it was due. The training records we saw confirmed this.

Care workers were able to demonstrate that they knew people's needs well. People's relatives told us they usually had the same care workers as there was a small team. This ensured continuity of care and relatives told us the care workers had got to know their routines, likes and dislikes.

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 and found that, where the provider felt a person may lack capacity to make a decision, they worked with the local authority and the person's family to ensure they completed assessments and made decisions in the person's best interests.

We saw that people using the service or their relatives had been involved in their care planning and had signed to demonstrate they had given consent to their care plan. Care workers told us that people could withdraw their consent at any time and that they always gave people the option to accept their offer of care or to refuse it they wished. A care worker said, "If people don't want the support I offer, I must respect that, but it is not usually a problem."

Care workers supported people to maintain a healthy and balanced diet. A relative told us, "The carers always make sure [family member's name] has enough to eat and drink." A care worker said, "If it is in the support plan I will prepare meals and I always make sure [person's name] has a drink left for them when I leave." The daily care notes we saw confirmed this.

Is the service caring?

Our findings

People using the service and their relatives told us their care workers were caring and treated them with respect. Their comments included, "The carers are excellent, they really care," "The care workers are first class, wonderful people" and "We always have the same carer and she is fantastic. I never feel it's just a job for her, she really does care."

Care workers told us they respected people's wishes and always gave them a choice, whether this was about what clothing they wanted to wear or whether they wanted to have a wash first or to eat their breakfast. People using the service, their relatives and the care records we checked confirmed this. Relatives told us care workers demonstrated a flexible and person centred approach to care and support. One relative said, "They always complete the tasks they need to and they always ask what order they should do them in. Sometimes my [family member] will have breakfast before their shower and the care workers always ask."

Care workers told us that they supported people to be as independent as they could and gave people using the service the opportunity to do as much as they could for themselves. For example, one care worker said "I try and get [person's name] to do what they can for themselves. I just help with what they cannot do."

People's care records showed the provider asked them about their preferences about how their care was delivered and by whom, for example they could request a preference to have a male or female care worker.

Is the service responsive?

Our findings

People received a reliable service from care workers who knew and understood their needs. One person said, "If my carer is changed, the new carer always asks what help I need. They know I have a care plan and they ask to see that to make sure they are doing everything they need to do." A relative told us, "We've had the same carers for some time now. They know my [family member] very well and the help they need."

Care workers could describe how the care they provided was tailored to individual's needs and was always being adapted as the individual support needs changed. For example, one care worker told us, "I tell the office if I think someone isn't getting enough time. When care workers started to work with new people using the service, they told us they had the information they needed to provide safe and appropriate care. One care worker said, "Everyone has a care plan and I make sure I read it before I work with someone new." A second care worker said, "If the person I'm working with can't tell me what help they need, I can always look at the care plan and that tells me what I have to do. "

People's support plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit. The support plans were person centred and emphasised what the person using the service could do for themselves, as well as the support they needed. For example, one person's summary of care read, "I can use the toilet myself and you should encourage me to move around the house." The plan went on to detail how care workers should support and record the care they provided for this person. The care notes we saw showed the person's care was delivered in the ways they preferred.

The support plans were working documents and were adjusted, as people's needs changed, with the involvement of any relevant family and professionals. A relative told us, "There were one or two teething troubles but talked to [provider's name] and he was very good. They changed things around and now my [family member] is very happy with the support they get."

The provider told us they reviewed each person's support plan every three months, or more frequently, if the person's care needs changed. The support plans we checked during the inspection had been regularly reviewed and updated with the person using the service or their representative. In addition, we saw evidence of quarterly phone calls to people using the service to confirm they were receiving the support they needed and six-monthly face-to-face meetings with the person and/or their representatives to review the support plan.

People told us that staff listened to them, and gave them time to express their views and preferences about the way their care was delivered. People told us their care workers always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving.

People were aware of how to make a complaint and the provider supported and encouraged them to raise any issues that they were not happy about. The provider included their complaints procedure in their service user guide. A relative told us, "We did make a complaint to the office and it was dealt with." We reviewed the

provider's complaints records and found they acknowledged, investigated and responded to any concerns within timeframes outlined in the company's policy. The records also included a number of compliments and letters of thanks received from people using the service or their families.

Is the service well-led?

Our findings

There was an open culture at the service. People using the service, their relatives and care workers told us they felt able to approach the management team and felt valued by them. One person told us, "I'm very happy with my care. The people in the office always ring my [family member] if necessary, the communication is very good." A relative told us, "I'm very happy with the carers and I can talk to [provider's name] if I need to, he's very approachable."

The provider had in place a Nominated Individual and a registered manager. They told us they had set up the agency in 2011 and had opened the Ealing branch in 2015. Before this they had worked as a social worker and probation officer in services for adults and children. The provider engaged positively with our inspection visit. They told us the service was a member of the United Kingdom Homecare Association Ltd (UKHCA). UKHCA is a professional association that aims to support businesses and promote good practice in the sector. The provider said they were able to keep up with developments in practice through attending UKHCA events and through their regular newsletters. The provider also told us they were a member of the Chartered Management Institute and were able to obtain advice and support from this organisation, when required.

The service had a set of principles and values that were shared in their guide for clients. These included "treating people as individuals and promoting choice, dignity, privacy and independence." The service also stated they "acknowledged people's right to take risks in their lives and to enjoy a normal lifestyle."

The provider had systems to monitor the quality of the service that people received and to make improvements. They met with people to review their care and monitored staff competency via a system of spot checks. People's support plans and the staff files we reviewed during the inspection all included a record of spot checks carried out in the person's home to make sure their care workers were punctual and carried out the support the person needed. Care workers returned the daily care records they completed to the office regularly and we saw the provider checked these to ensure standards of recording were satisfactory.

The provider commissioned an independent audit in March 2016 that involved people using the service and their representatives. The reviewer visited people and completed a quality survey to record their views on the service and support they received. The reviewer collated the responses and reported them to the provider. The responses we saw were positive and the reviewer made a number of recommendations to improve service delivery. This included ensuring care coordinators contacted clients regularly to monitor the implementation of their support plan. The records we saw confirmed these checks took place.

The provider and registered manager were active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement. This was done through the process of care reviews and annual feedback questionnaires. The provider told us they had sent out the first quality surveys shortly before our inspection and we saw some that people had returned. These included positive comments from people using the service, including, "I'm extremely happy with my carer" and "I'm very

happy with my care at present."