

Thurrock Borough Council

Caring For Thurrock

Inspection report

14 Piggs Corner, Southend Road
Grays
RM17 5RS

Tel: 01375652902

Website: www.thurrock.gov.uk

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06 February 2023

07 February 2023

08 February 2023

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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

About the service

Caring for Thurrock is a domiciliary care agency who provide personal care to people in their own homes. At the time of inspection approximately 70 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives were very positive in the feedback they gave about the service. One person said, "The carers are really good, brilliant." A relative said, "The carers are great always cheerful, they do everything they should do and more."

Care planning was person-centred and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medicines when needed were dispensed by staff who had received training to do so.

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 support this practice.

Support was given with hydration and nutrition. The provider responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

Systems had been put in place to monitor the service, provide oversight and drive positive outcomes for people.

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

Rating at last inspection and update

This service was registered with us on 4 November 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection program. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caring For Thurrock

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Caring for Thurrock is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 February 2023 and ended on 8 February 2023. We visited the location's office on 7 February.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 3 relatives. We spoke with the registered manager and 6 members of care staff. We reviewed a range of records including 5 people's care records, 3 staff recruitment folder, audits, policies and training records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. One person said, "I feel safe, and the staff look after me." A relative said, "It is a big weight of my mind knowing the staff are around to help."
- The registered manager had policies and processes in place for staff to follow to raise any concerns and safeguard people from abuse.
- Staff had received training in how to recognise abuse and what actions they should take to safeguard people. One member of staff said, "I know about protecting vulnerable people and keeping them safe. I would escalate anything to management or as far as I had to go."

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks and provide guidance to staff to mitigate these risks. Support plans were person centred to each person's needs. One member of staff said, "The care plans are very detailed, and we have lots of risk assessments that we need to go through as well."
- Environmental assessments were in place and staff were supported with lone working policies.
- Staff knew what to do in an emergency and how to raise alarms to get assistance when needed. One member of staff said, "Dependent on what the emergency was, I would contact the office or a relative or if needed call 999."
- Where equipment was in use to help people's safety, such as call pendants, staff ensured people had these to hand.

Staffing and recruitment

- The registered manager informed us they took part in a rolling recruitment program for the provider to regularly recruit and induct new staff.
- The provider completed full recruitment checks on staff wishing to commence employment. This included obtaining references, proof of identification and right to work in the UK. DBS checks were also completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had undergone a recent transformation and how the care was organised had been changed into different systems. For example, staff had been allocated to four main rounds or teams they now worked in to provide care to people.
- We received mixed feedback from people and staff on the changes. One person told us, "There has been hiccups with the times they call." Another person said, "Sometimes they (Care staff) come to early or to late." Another person said, "They (staff) have been really good and you get a specific time."

- The registered manager told us they had recently recruited two service facilitators whose roles were to improve scheduling. The facilitators would focus on people's call times and match staff rotas to cut down on travel time and increase contact with people.

Using medicines safely

- People received their medicines safely. Staff had received training on how to support people with medicines and their competency to do so was checked.
- Where people were in receipt of medicines a medication risk assessment had been completed and medication administration records were in place.
- The registered manager had staff identified to specifically provide support to people and staff with medicines. The medicine leads had specific roles in ensuring systems were in place to ensure people received medicines safely and could liaise with pharmacies and GPs on people's behalf.
- There were systems in place to complete regular audits on medicines and where errors were highlighted these were addressed.

Preventing and controlling infection

- Staff had received training on infection prevention and control. All staff were provided with Personal Protection Equipment (PPE) to keep them safe and the people they were supporting safe. One member of staff said, "We have all the PPE we need."
- Audits were in place to check staff were using PPE correctly and this was monitored during spot checks.

Learning lessons when things go wrong

- The registered manager had systems in place to learn lessons when things go wrong. These included doing reviews of accidents and incidents and putting action plans in place where needed. Information was shared with staff through meetings and their messaging systems. Where additional training was identified the registered manager sourced this for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Before people began using the service their care needs were assessed and their choices for care recorded in support plans for staff to follow. For example, we saw where people had requested a specific gender to provide care this was provided.
- The provider had policies in place to support staff to work in line with guidance and the law.

Staff support: induction, training, skills and experience

- The provider sourced training for staff to equip them with the relevant skills for their role. One member of staff said, "You cannot fault the training we have plenty of it."
- The registered manager told us they had support from nurses to up-skill staff with training on such topics as, catheter and stoma care and significant seven training. Significant seven training helps staff to identify healthcare conditions and seek early intervention to prevent hospital admissions.
- New staff were given a full induction which included training and working with more experienced staff. They had regular meetings with their supervisor through their probationary period to support them to develop into their role.
- Staff had regular spot checks and supervision with their supervisor to check they were performing their role correctly and identify any further support required.

Supporting people to eat and drink enough to maintain a balanced diet

- When needed staff could support people with maintaining their nutritional needs. Where appropriate nutritional assessments were in place. One person said, "The staff always make me a cup of tea."
- From feedback we reviewed one relative said, "[Staff name] always encourages mum to have a hot meal and a drink and sits and talks with her."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager had regular multidisciplinary meetings to discuss people's support requirements. When needed the service worked closely with GPs, physios, district nurses, occupational therapist and the palliative care team.
- One person said, "The staff have been flexible with the times they come, when I have an appointment or need to see the physio, they are happy to alter the time for 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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Before people received care from the service their consent or their legal representatives' consent was obtained.
- Staff had received training in MCA and knew to gain consent from people to support them with their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- We received positive feedback from people and their relatives about the care they were receiving. One person said, "I find carers to be kind and helpful. I feel safe and find the carers respectful."
- Another person said, "The carers are polite and friendly, we have a good chat and they look after me."
- Care plans showed people were supported as individuals and their equality and diversity respected.

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

- Before care commenced people and their relatives met with staff called service planners to discuss their care needs and to see if they could be met by the service.
- People's views and their decisions about care were recorded in assessment documents and used to inform care plans. Once care had commenced the service planners reviewed this with people and relatives to ensure their needs were being met and made any changes where needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a dignified way and staff helped them to maintain their independence.
- Care plans were person centred and identified how to support people with their independence. A relative said, "The carers do a wonderful job, and I would be lost without them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Before people received care a full assessment of their needs was completed. In agreement with people and relatives a care plan was formulated to identify their needs and wishes for care and support.
- Care plans were regularly reviewed so that staff had the most up to date information to support people.
- Where there were specific concerns or health related conditions risk assessments and information was in place to enable staff to support people safely.

Meeting people's communication needs

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

- Peoples communication needs were considered, and care planned appropriately to ensure these needs were being met.

Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and people knew how to make a complaint. Any concerns raised were recorded and responded to in line with this procedure.
- People and relatives we spoke with knew how to raise complaints. One relative said, "I would ring and speak to mum's care co-ordinator if I had any concerns."

End of life care and support

- Staff had received training in end of life care and people's wishes were considered.
- The registered manager said they worked closely with the palliative care team and local hospice to provide support to people and training for staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was well resourced with layers of management and identified staff roles to support the running of the service. Staff were clear about their roles within the service and how this impacted on providing care to people,
- Staff were provided with support from the management team in the form of supervision, spot checks, meetings and written communication. One member of staff said, "If I ever get stuck with anything you can always get hold of someone."
- The registered manager's vision was for people to receive person centred care to promote their independence and well-being. Staff shared this vision, one member of staff said, "We want to give best quality of care and keep people at home for as long as possible."
- The registered manager understood their responsibility under duty of candour to be open and honest and investigate when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager worked together to promote a positive and inclusive culture at the service. The service had been through a period of transformation, through all stages the provider had worked to engage with people, relatives and staff throughout this period.
- The registered manager had used surveys and questionnaires to gain feedback from people, relatives, staff and other healthcare professionals. We saw results were analysed and appropriate actions taken to address any issues raised.

Continuous learning and improving care; Working in partnership with others

- The registered manager had invested in training for staff to support them gain the skills they need to provide care for people. Training was kept under review and where new courses that were relevant to staff became available staff were supported to complete these.
- The service worked in partnership with other healthcare professionals in the community such as, occupational therapist, district nurses, GPs and social workers. The registered manager took part in regular multidisciplinary meetings to discuss the healthcare provision in the local community.

