

Thames Homecare Service Ltd

Thames Homecare Service Ltd - Southwark

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 well-led?	Good ●

Summary of findings

Overall summary

About this service

Thames Homecare Service Ltd – Southwark is a domiciliary care agency. It provides a personal care support service to people in their own homes. At the time of the inspection 85 people were using the service.

Not everyone who used the service received personal care. 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

People and their relatives had experiences of safe care and support. One person said, "I have felt very safe all the time."

The registered manager had improved the quality of people's assessments to identify and manage potential risks. Staff were recruited through a robust recruitment process.

People were supported with their medicines to meet their individual needs. Staff were trained in medicines management and kept accurate records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and their best interests; the policies and systems in the service supported this practice. People gave staff their consent to receive care and support and this was recorded.

The provider updated their systems to monitor the quality of care to ensure it was of a good standard. People praised staff and shared their positive comments about the care and support they received.

There were suitable infection control and prevention methods in place. This was in line with government guidelines around the COVID-19 pandemic. This helped staff to reduce the risks of infection for people they supported.

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

Rating at last inspection

The last rating for this inspection was requires improvement (report published on 19 March). We found breaches of regulation in relation to the management of people's medicines, risk assessments, consent to care, quality assurance and recruitment processes. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned focused inspection to review the key questions of safe, effective and well-led only. We

reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link Thames Homecare Service Ltd - Southwark 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 programme. 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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Thames Homecare Service Ltd - Southwark

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 Care Act 2014.

Inspection team

Two inspectors and two Experts by Experience carried out this inspection. 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

Thames Homecare Service Ltd – Southwark 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. This was because we needed to be sure that the registered manager would be at the service to support the inspection. Prior to our visit we checked if it was safe for us to carry out a site visit, in accordance with our COVID-19 safety protocols.

Inspection activity started on 18 May 2021 and ended on 3 June 2021. We visited the office location on 18 May 2021.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed nine people's care and medicine records, and we looked at five staff files that included recruitment and training records. We looked at a sample of policies and procedures and records related to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We spoke with 11 people and 11 relatives to get their feedback on the care and support.

We received written feedback from seven care workers about their experiences working at the service. We reviewed copies of quality assurance records sent to us by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement.

At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to support people to have their medicines as prescribed.

Medicine management records were not consistently kept or accurate. These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Each person had a medicines administration record (MAR) to record when staff supported them with their medicines. Staff supported people with their medicines as prescribed and on time. One relative confirmed, "Yes the carers always make sure [family member] takes their tablets, they check in the pack first and they always remind them."
- Staff had improved their practice by gaining a better understanding of how to implement the provider's medicines policy. The registered manager arranged medicines checks to ensure staff had the skills to support people with taking their medicines safely. Staff told us, "I have full training administering medication level 1 and 2 and refresher every year" and "I have level 2 training administering medication."
- Records used in the administration of people's medicines were completed accurately and contained enough detail for staff to support people safely. The registered manager carried out regular reviews on medicine administration records (MARs). These audits showed staff completed these records as required.

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

At our last inspection the provider had failed to robustly assess the risks relating to people's health and safety. The provider did not always assess and mitigate risks to people. These issues were a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health, safety and well-being were assessed, reviewed and monitored effectively.

- Each person's risk assessments identified their specific needs. For example, moving and repositioning, mental health needs, use of equipment for safe movement and skin integrity. Staff had enough guidance in management plans to mitigate all risks.
- The registered manager arranged staff training for the proper use of moving and positioning equipment to ensure people remained safe.
- There were systems in place to review new and existing risks. Staff reviewed people's management plans to ensure any changes were updated in their care records.

Staffing and recruitment

At our last inspection the provider had failed to use robust recruitment and good employment practices to ensure suitable staff were recruited. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider had updated their recruitment processes. The registered manager completed robust pre-employment checks that were returned before staff were confirmed as suitable to work with people.
- Checks included job references, complete work histories and a criminal records check from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager carried out audits on staff files to ensure recruitment processes had been followed.
- People and relatives were complimentary about the staff that supported them. People commented, "I couldn't ask for better care and carers I have one carer and they comes most of the time" and "[Care worker] comes when I need them to come which can be different some days."
- Care was arranged so people received consistent support to meet their needs. Staff rotas were arranged and uploaded onto an electronic call system that care workers had access to. This ensured people received their assessed care.

Preventing and controlling infection

- The provider had systems in place to protect people from the risk of infection. There was an infection control policy in place to keep people safe from the risk of infection. The registered manager updated this policy to include COVID-19 with staff guidance on how to reduce the risks of infection.
- The registered manager ensured staff were trained in infection control and prevention. One member of staff told us, "We had full training on COVID-19 awareness and infection control."
- Enough personal protective equipment (PPE) was made available to all staff to help them reduce risks of transmission of infection. Staff said, "Every time I go to the office there is always enough PPE for me to take" and "We use extra PPE when dealing with COVID-19 we use apron, gloves, facemask, goggle, hand sanitiser and shoe cover and yellow disposal bags."

Systems and processes to safeguard people from the risk of abuse

- The provider had robust systems to safeguard people from abuse. Staff understood the provider's safeguarding processes, had completed safeguarding training and knew how to escalate and report any concerns both inside and outside the organisation. They said, "After informing my manager, if nothing is being done about the issue I raised, I would contact the adult social services, as well this, the Care Quality Commission (CQC) and the police" and "I had whistle blowing and safeguarding training [safeguarding] includes neglect and acts of omission."

- People and their relatives commented they felt safe receiving care and support from staff. Comments included, "I am extremely happy with what the carer does for me, nothing is a trouble to them" and "I have felt very safe all the time as they wear masks, gloves and apron every time [care worker] comes."
- The registered manager used monitoring systems to record all incidents of harm and abuse. Any incidence of abuse was discussed with staff to share any learning actions.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection people did not always give their consent to care and support and where a lasting power of attorney (LPA) was in place there were no records of this. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager supported people to give consent to receive care and support. Care records contained people's signatures. Relatives signed people's care records when they were given legal authorisation to do so.
- Care records contained information on how people were able to provide their consent. Records stated, 'client able to provide verbal and written consent' and 'an advance decision has been made and has been confirmed by the Office of the Public Guardian for [relatives] to make decisions in relation to requirements of a LPA in relation to financial affairs.'

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. 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.

- The registered manager and staff were working within the principles of the Mental Capacity Act 2005 (MCA). Staff referred people to healthcare professionals for an assessment if they had concerns about people's capacity to make specific decisions regarding their care and support.

Staff support: induction, training, skills and experience

- The registered manager supported staff through an induction. This prepared newly employed staff to understand the organisation's policies and processes and to become familiar with the needs of people using the service.
- The provider had a staff training programme. People and their relatives thought staff were well trained. A person commented, "I had three carers here yesterday because there was a senior carer teaching two new carers what to do. That made me feel good, they take training seriously."
- Staff were complimentary about the training they received which prepared them to care for people effectively. A member of staff said, "I am very happy with all training I have attended." Staff completed falls prevention, moving and positioning and infection control training. Staff increased their knowledge, experience and developed new or improved existing skills during their training.
- Staff had regular supervision and appraisal. Staff said, "I have supervision with the human resources team and manager once every couple of months." Staff had the opportunity to reflect on their employment, personal development needs and training requirements, during their supervision and appraisal meetings.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to services to help them maintain their health and social care needs. Comments included, "I can't believe how much knowledge the carers have about my [family member's] condition, they use a hoist and all the carers are very good at using it correctly" and "The service has been really good at contacting other services for us, like nurses and physios. We'd be lost without them."
- Care workers reported to senior staff when people's needs changed or deteriorated. Senior staff contacted health care professionals for support with people's individual mobility and positioning needs.
- Some people required ongoing physiotherapy or occupational therapy to help them improve their health and well-being, if this was part of their care support. A health specialist completed an assessment with the person and provided staff with guidelines to help them support the person with their therapy. One member of staff said, "I get alert on the electronic call system when is change of support." Any changes in care and support were shared with staff to ensure people continued to receive appropriate care.

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

- Staff understood people's food preferences and nutritional needs. Some people had meals prepared by the care staff. Two relatives commented "It's reassuring to know the carers always check if [family member] has eaten and will always leave them with a cup of tea when they leave" and "I worry how much [family member] eats, the care staff leave the plate on the side so I can see what [family member] has eaten."
- Care plans documented people's dietary needs. Care plans recorded whether people used specialist equipment to eat and whether they used thickener in their drinks to reduce the risk of choking or if they had swallowing difficulties. Staff recorded in people's care logs what the person had eaten each day.
- Staff monitored and identified people who had unplanned weight loss. Any concerns were shared with office staff who raised concerns with the social worker or GP for additional support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments with people before they began using the service. The registered manager used this information to assess whether staff had the required skills to meet the person's individual needs.
- People's views and opinions were sought, and their individual support needs were assessed and recorded. People and relatives confirmed they were involved in their care assessment and were able to discuss how they wanted to receive care and support. A relative said, "We [relatives] were involved in setting up the care plan with a manager. I think it worked really well. We were able to say what we thought [family member] needed and we all agreed a plan in the end."
- A plan of care was developed which provided staff with guidance about how to care for people to meet

their needs. Staff said people's views and needs were integral to providing care and support. Staff said, "I let the person make their own choice, addressing them appropriately, treating them with respect just as I would want to be treated" and "I always communicate and ask their view of any duties I am doing. I involve all in decision making. I listen and give time and build relationships."

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to report notifications of incidents to the CQC. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager understood their responsibilities to report incidents to CQC. Since the last inspection, there had not been any safeguarding incidents. The registered manager demonstrated their understanding on the requirements of their registration to notify CQC as required.
- The registered manager was open, honest and transparent with relevant health and social care authorities and shared information when concerns were raised or when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to identify concerns we found in the quality audits, failed to identify the recurrent shortfalls and errors in medicines recording and the deficiencies in risk assessment and care planning. These issues were a breach of regulation 17 of the Care Quality Commission (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had systems in place to monitor incidents that occurred at the service. We saw monitoring records relating to accidents, complaints, local authority quality alerts and safeguarding allegations. These records recorded the numbers of each incident that occurred and their outcome.
- The registered manager checked the quality and accuracy of medicine records training, accidents and incidents, ordering of personal protective equipment (PPE) and care records. This enabled the registered manager take prompt actions if things required improvement.
- Staff continued to be evaluated through onsite direct observations to ensure they were providing people

with safe and compassionate care. Comments included "I never expected the service to be this good. I was so anxious when [family member] first started having visits, but it's brilliant - such a caring service" and "The company couldn't do any better for my [family member] the carers are so nice and friendly. Nothing is a trouble to them we have had the same carers from the beginning ,they are like friends who care. "

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place that sought people's feedback and views of the quality of the service. People and relatives commented on the service, staff and the management team. Comments included, "A manager has come to see me at home to check everything is alright. That's a sign of a good service" and "I think all the staff put their heart and soul into this service - and it shows."
- Staff praised the management team and the support they received. Comments included, "The service is extremely well led. From my experience, the managers, coordinators and supervisors are all working hard to provide care beyond what is written on the support plan" and "I think the company overall is well led. Thames is best, supportive, every training we had, manager always tells us about the person-centred vision, and company vision and values. Overall, I am very happy working for Thames."
- The provider updated its systems and supported staff to meet people's equality characteristics. People's cultural and religious needs were recorded and if needed there were plans to meet these individual needs. People's main languages were recorded on their assessment forms. Where required, peoples cultural and religious needs were supported by their care workers. One person said, "My care worker is the same religion as me so I am very happy with this."
- People's relationship status was recorded by staff with details of who should be contacted in an emergency.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager arranged team meetings. Staff gave their views, shared knowledge and expressed any concerns they had about the service or people they supported. The registered manager shared information with staff such as, good record keeping, discussion about best practice, use of PPE and COVID-19 testing.
- Staff said the culture of the service was open and the management team were honest and transparent. This attitude made staff feel valued working for the service. A member of staff commented, " I feel that Thames Homecare management are fair, open, supportive, and they always work hard to provide the best service to their service users and prioritise their needs and concerns above of everything."

Continuous learning and improving care

- The provider had a commitment to continuous learning and development at the service. The registered manager had identified areas for improvement in the management of the service and communication with staff.
- Since the last inspection, the registered manager had identified new ways to communicate effectively with staff, people and relatives. The provider had just introduced a new electronic care system. This system allowed staff to update care records and for people and their relatives to view these once authorised to do so.
- The registered manager told us about the vision for the service. Through continuous learning and development of the service they wanted to obtain new contracts , continually develop staff and improve the quality of the service and care people received.

Working in partnership with others

- There were a range of professionals and services involved with people's care. These relationships helped people receive appropriate help and support to meet their needs and to receive consistent care and advice when required.
- Records showed that staff frequently contacted health and social care services when required during the COVID-19 pandemic for support.