

Thumbs Up Care Group Ltd

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Inspection report

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12 October 2022

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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

Thumbs Up care Group Ltd. is a domiciliary service providing personal care to adults with a range of support needs. The service provides support to people in their own houses and flats. At the time of our inspection one person was using the service.

The person who used the service received the regulated activity of 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 and what we found

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Systems in place helped safeguard people from the risk of abuse. Assessments of risk and safety and supporting measures in place helped minimise risks. Processes were in place to ensure staff managed people's medicines safely. Staff followed infection prevention and control guidance to minimise risks related to the spread of infection. Staffing levels were sufficient to meet people's needs and managers recruited staff safely. Staff followed an induction programme, and training was on-going throughout employment.

Care plans included information about support required in areas such as nutrition, mobility and personal care to help inform care provision. Staff made appropriate referrals to other agencies and professionals when required.

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

People told us they were well treated and their equality and diversity respected. People felt staff respected their privacy and dignity and took into account their views when agreeing on the support required. Staff identified people's communication needs and addressed these with appropriate actions.

The registered manager responded to complaints appropriately and used these to inform improvement to care provision. The provider was open and honest, in dealing with concerns raised. The registered manager was available for people to contact and undertook regular quality checks, to help ensure continued good standards of care.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service. These governance systems and processes ensured the service provided to people

was safe.

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

Rating at last inspection

This service was registered with us on 02 September 2021 and this is the first inspection.

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Thumbs Up Care Group Ltd

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 carried out by one 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.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 October 2022 and ended on 12 October 2022. We visited the location's office on 11 October 2022.

What we did before the inspection

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

provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed one person's care plan and associated records. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with an occupational therapist, three care staff members and the person using the service; we received written feedback from the relative of this person. We also spoke with a personal assistant. A personal assistant is someone who is employed by people who are directing their own care.

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 were safe and protected from the risk of abuse and avoidable harm. Staff were up to date with safeguarding training and we found no unreported safeguarding concerns. A person told us, "I feel safer now than I have felt with anyone else by such as long margin."
- The provider had a safeguarding policy and staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- Staff assessed risks to people's health, safety and wellbeing. Risk assessments were in place which included any factors that might affect the person, with actions for staff to take. Risks to people's safety were identified and managed well.
- Staff understood where people required support to reduce the risk of avoidable harm.
- We found no evidence of any serious injuries having occurred.
- The service had a system for recording and monitoring accidents and incidents.

Staffing and recruitment

- Staff were recruited safely. Staff had the necessary safety checks in place before starting work, including a criminal record check to confirm they were suitable to work with people. 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.
- Staff were required to complete a period induction, shadowing other staff and getting to know people before starting to work alone; staff we spoke with confirmed this.
- There were enough staff employed to meet people's assessed needs.

Using medicines safely

- Staff completed appropriate training and had their competence assessed to ensure they could administer medicines safely. At the time of the inspection staff did not administer medicines to anyone but prompted one person to take their own medicines.
- The provider had an up to date medicines policy and procedure. A person told us, "Yesterday, staff were updating information on my health." A personal assistant said, "Thumbs Up staff do not give medicines to [person name], who self-administers, and staff help [them] in maintaining independence."

Preventing and controlling infection

- We were assured the provider was effectively managing the prevention and control of infection. The provider had policies for infection control and COVID-19.
- Supplies of personal protective equipment were available to all care staff, who described to us how and when they would use it.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Staff knew how to report accidents and incidents.
- There was an appropriate up to date accident and incident policy and procedure in place. Since registering with the Commission, no accidents or incidents had occurred at the service.

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

- Staff completed assessments of people's needs before they began to receive care and used these assessments to develop care plans.
- Staff documented people's assessed needs. Records showed the registered manager monitored care to ensure care provision adhered to current guidance.
- Care plans included relevant health and personal information to help inform care provision. Staff monitored people's health care needs and worked in partnership with other relevant health care professionals, as required.

Staff support: induction, training, skills and experience

- Staff completed a period induction so they could get to know people before starting to work alone.
- Managers monitored staff training provided and maintained a staff training matrix. A person told us, "I have met [registered manager name] and I feel he is a very competent individual. I know the company is in the early days, but from my perspective the care is absolutely fantastic."
- Care and support was provided which met individual needs. Staff had the skills and training to meet individual needs. Training was aligned with the requirements of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. A person told us, "The staff look after me and my food and they are fantastic. Out of all the people I have had in the past, there isn't even a comparison."
- Staff were committed to working collaboratively and liaising with other health and social care professionals to achieve better outcomes for people. An occupation therapist commented, "For [person name] it has been a long and arduous process over the last year to find carers who truly understand, are accepting and are sensitive to [their] complex needs. Staff have been fantastic in their ability to adapt and respond with compassion to the unique situation they are working in."
- Staff kept detailed records of the support provided each day and had received training in food hygiene.

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.

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

- Staff followed MCA principles and encouraged people to make decisions for themselves. Staff provided people with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- People were involved in developing their care plans and had agreed with the content. Staff had completed MCA training.

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

- People were well treated and supported by staff. A relative told us their family member was supported by staff who were kind and caring; they said, "The two current carers are very aware of [person name's] needs and physical condition; they look after [them] with real care and compassion and continue to increase their knowledge."
- Staff were aware of protected characteristics for example, age, disability and race. Staff promoted respect when providing support. A person said, "Thumbs Up are absolutely fantastic; very caring and attentive and they are very good at supporting me."
- Other relevant professionals were complimentary about care provided. An occupational therapist stated, "[Carer name] has been so kind and respectful to [person name]. They have shared interests and the enjoyment of this common-ground has helped to build a trusted carer/client relationship."
- The provider had an equal opportunities policy in place and equality and diversity formed part of the staff induction process.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The provider ensured people and their relatives were fully involved in making decisions about their care and support. The ethos of the service was to put people at the heart of their care provision. A person told us, "We are still working on bits and pieces around organising my care."
- In the assessment and care planning process, people were asked about their desired outcomes and what they needed staff to do to support them. This meant people's views and opinions were understood and acted on.
- The registered manager contacted people and relatives to ask them for their general feedback about care.
- Staff knew about the importance of maintaining people's independence by encouraging them to do what they could for themselves. A relative said, "Everything [person name] needs on waking is set out for [them] but [person name] is never rushed and always consulted and listened to; the carers are well able to make any minor adjustments to the routine necessary for [person name's] well-being on a daily basis."
- We received positive comments about the quality of support provided. A person told us, "I feel fully involved and have meetings with [personal assistant name] and the carers; I am at the heart of my care and I do feel I am surrounded by a love-based operation and it is extremely touching."

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; Improving care quality in response to complaints or concerns

- People received care and support which reflected their needs. Personalised care plans identified the person's likes, dislikes, what was important to them and how staff should best support them.
- People and their relatives were involved in care planning and reviews of care. A person told us, "I have no complaints whatsoever and I consider them [staff] as a family. I have real care from people who care for me; they are here with me and listen to anything and everything I say."
- There was oversight of complaints, and any complaints were logged with actions taken.

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.

- At the time of the inspection, the service did not support anyone with information or communication needs relating to a disability or sensory loss. Staff received training and support in communication. Care plans documented any support required with communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in activities and maintain social relationships to promote their wellbeing.
- People received care which was personalised and met their needs and wishes. A personal assistant told us, "Thumbs Up staff understand [person name's] needs and they take instruction well and follow my advice and include [person name] in discussions and [person name] is happy with them." A person said, "Staff are attentive; it's a wonderful change to where I was a few months ago."

End of life care and support

- The service had not supported anyone at the end stages of life since first registering with CQC. Care plans identified how support could be provided at this stage of life and any subsequent arrangements to be carried out.

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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies; our records confirmed this.
- The provider promoted openness and honesty and kept in contact with people and their relatives, who felt staff were always open and honest with them about everything, including if things had gone wrong.
- The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements; they reflected on past performance issues and used this to improve the services provided.

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

- People's equality characteristics were identified and recorded.
- Staff told us they had regular contact with the registered manager and found them to be supportive if assistance was required. The provider told us they communicated regularly with staff, people and their relatives. One staff member told us, "I feel [manager name] is a great manager and easy to get along with, he is patient as well, and will advise, and he is great." A second staff member said, "I feel very happy working for Thumbs Up. I love the company; there is training, and you feel comfortable and we learn from each other and every day we do new things." A relative commented, "There is a lovely homely feel to [person name's] house, and I have no concerns over [their] current live-in carers."

Working in partnership with others; Continuous learning and improving care

- There was evidence of joined-up work between the provider and other professionals.
- The provider worked well with other organisations to ensure people's needs were met. This included liaison with statutory health and social care bodies.
- There were systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service.

