

Thornton Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Thornton Homecare is a domiciliary care service providing personal care to people with a variety of needs including dementia, physical disability and sensory impairment. Older people and younger adults, including people with learning disabilities and/or autistic spectrum disorder.

People are supported in their own homes, at the time of this inspection 41 people were receiving personal care from the service.

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

At our last inspection we found that records of medicines administered were not kept appropriately. We found that this was still a concern and that multiple gaps were left in records, so it was unclear by looking at documents if and when medicines had been given.

We found that systems were not in place to manage safety and quality effectively. Complete, accurate and contemporaneous records were not kept to ensure good governance and to analyse any patterns and trends within the service.

There was an ongoing issue with some staff members not being paid wages in a timely manner. This had led to staff leaving and others considering their positions. There was a concern that not enough staff would be available to people should a high number of staff submit resignations.

At the previous inspection we found not all staff had been recruited safely and that one staff member had commenced in their post prior to having all the correct checks in place. During this inspection, we found action had been taken to improve this process and all staff had been vetted appropriately prior to their start date.

Previously we found some people using the service had raised that they were not notified when staff were going to be late for a visit. This was not raised as a concern during this inspection.

We found systems and processes related to safeguarding were established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse. Staff had received safeguarding training and understood processes to report concerns.

Care plans were detailed, and person centred. People had been involved in their compilation and updating. Staff were aware of information held within care plans and risk assessments. Risk assessments were in place.

People felt safe when staff attended to them and confirmed staff wore PPE (personal protective equipment) when entering their home and supporting them.

People did not experience missed calls nor a high number of late calls.

Staff worked in partnership with external healthcare professionals to ensure people's healthcare needs were met.

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

The last rating for this service was Good (published 06 November 2019).

Why we inspected

We undertook this focused inspection to check the provider was meeting regulations. Concerns had been raised regarding finances and payment of wages to staff, that could result in people experiencing missed or late calls, due to staff members leaving the organisation. There had also been concerns raised around the use of PPE during the Covid pandemic.

This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has now changed to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thornton Homecare 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Thornton Homecare 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector. Telephone calls to people and their relatives was made by 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. Telephone calls were made to staff by the inspector following the on-site visit. The inspection began on 08 April 2021 and ended on 13 April 2021.

Service and service type

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

The service has 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

This inspection was announced. 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We received a provider information return during 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. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of care staff including the registered manager. We reviewed a range of records. This included five people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records including competency checks for staff, daily recordings, staff supervision documents and the staff rota.

Is the service safe?

Our findings

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People told us they had received their medicines in a timely manner and without issues. One person said, "They put my meds in a cup and then observe while I take them, so I don't forget." A second person shared, "I self-medicate but the carers put creams on where I can't (reach) they do it very well."
- However, whilst people consistently told us they had received medicines safely, we found all of the Medicine Administration Record (MAR) charts we viewed had significant gaps in recording. This meant upon viewing them there could be confusion over whether medicines had been given or not. The charts included a key to use to indicate reasons for non-administration, but this had not been used in these instances and the gaps could be open to differing interpretation.
- Staff told us they had been trained in giving medicines and felt comfortable in doing so.

Staffing and recruitment

- At our last inspection we found not all staff had been recruited safely. During this inspection, action had been taken to improve this process and all staff had been vetted prior to their start date and references, police and criminal checks (DBS) and photo ID were in place. A staff member shared, "I had to complete my DBS check and give two references before I started."
- Although work history of staff members had been taken it only covered the last five years. We discussed how best practice, in particular where staff had worked with vulnerable people or children previously, would be to request a full work history. The registered manager considered this and told us it would be a change she would make immediately.
- Previously we had found that staff members did not always inform people when they would be late. This time that was not a concern. One person told us, "They are a great bunch of girls [staff]. A few times they have been late usually resulting from an emergency, but the office will always phone, so we are aware."
- There was a mix of opinion on whether there was enough staff to support people. People's comments included, "Sometimes my care takes longer than allocated, but the extra time isn't ever a problem [for staff]." "I feel very safe, the girls [staff] always arrive on the dot. If they are going to be late the office will ring me." A relative shared, "Carers are always on time and never rushed."
- However, a small number of people's opinions shared included, "They don't seem to have enough staff, we used to get the same carers most of the time but now there are lots of them and they differ every week" and, "With the personal care and meals and medicines there is not sufficient time to do all that is needed, so it does get a bit rushed."
- Some staff members we spoke with told us that a number of staff had left due to delays in receiving wages over the previous months. One staff member said, "We are short staffed due to finance issues and this

means that we cannot carry out our full calls, because we have to cover for someone else elsewhere". A second staff member said, "Staff are leaving because they haven't been paid on time, my friends have left. It is a big issue."

- The service did not use agency staff, but did use bank staff to cover absences. The registered manager was aware of how staff had been required on occasions to leave calls early to make time for other calls due to staffing issues. In response the registered manager told us she was recruiting for additional staff. Although there had been no impact on people from staff leaving calls early, as they only left after completing all tasks, it did mean people were not getting the service they were entitled to.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. One person told us, "I do feel safe I [have specific needs], but the carers have had proper training and know how to help me. They will listen and adapt if needed to." A relative said, "I feel [person] is so safe with the carers and have nothing but praise for them, as they will always go the extra mile, calling the Ambulance on more than one occasion and the GP as well."
- Staff were aware of the processes they should follow should they need to raise a concern, with one staff member saying, "I understand how people can be abused and if I had any concerns I would go straight to [registered manager] and she would pass it onto the safeguarding team."
- We found that staff had received safeguarding training and were able to discuss with us how to keep people safe.
- We saw where safeguarding concerns arose, they were reported and acted on appropriately and records were kept of the actions taken.

Assessing risk, safety monitoring and management;

- Risk assessments were in place and gave information on specific risk and how staff could manage these risks effectively.
- Staff were able to speak with us about specific concerns related to people they cared for and how they minimised risk. Staff also felt the information within risk assessments was useful for them.
- We found that risk assessments had been dated and the date of the next review was provided.
- Care plans were very detailed and person centred, with information to direct staff how to care for people appropriately on each call of the day. It was clear that the requirements of people using the service had been identified.

Preventing and controlling infection

- People were protected from the risk of cross infection. During the COVID-19 pandemic, additional training and measures were in place for staff to follow to help keep people safe. These included wearing personal protective equipment (PPE) and ensuring staff had access to an adequate supply.
- One person told us, "They are using full PPE, which is fine." A relative said, "They [staff] always use full PPE." Staff told us they were provided with adequate PPE and used it.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the registered manager. We saw where people had experienced specific incidents, appropriate action was taken, agencies notified, and if required medical attention was sought. Accidents and incidents correlated with information shared with CQC and the local authority.
- Improvements had been made to recruitment processes in response to the previous inspection and they were now completed thoroughly.
- The registered manager was looking to employ an electronic system, which would ensure recording was completed by staff. They felt some improvements had been made recently to recordings, for example more

staff were completing MAR charts on each visit, but they were aware that staff were still not always completing them as required.

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 Good. At this inspection this key question had deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits that had been carried out were limited and only covered people's log-book and finances audits and audits of MAR charts. In particular, the MAR chart audits had been unsuccessful in their outcome as gaps although identified, were still occurring regularly. There had been no recent improvements, as this was also discovered during the previous inspection.
- There were no written audits completed to check patterns and trends across the service. This meant that the registered manager may not be able to identify where issues may be forming, in particular where call times had been shorter. The lack of audits and systems in place to monitor the quality and safety of the service meant that a robust oversight of the service could not be achieved.
- The registered manager agreed that improvements were needed regarding audits and they would look at putting a process in place to monitor the service effectively.
- The nominated individual sent us information regarding six monthly audits completed of the service, but these had also failed to identify where audits could be more comprehensive. This was a breach of Regulation 17 (Good Governance) of the Health and social care Act 2008 (Regulated Activities) Regulations 2014.
- Recruitment checks currently only requested a five-year work history, the manager would be implementing a full work history requirement to ensure no gaps were overlooked.

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

- We visited in response to concerns from staff that they had not received wages on time over the previous months, with some being up to six days late. Staff told us that a number of other staff members had recently left due to the financial issue. We spoke with the registered manager who confirmed this was an ongoing concern and she had advised staff to submit formal grievances.
- The registered manager informed us there would be a new payroll process in place for the end of April 2021 and an external company had been hired to process wages. She was optimistic this would provide a solution.
- The registered manager told us how they were actively recruiting to ensure enough staff, but admitted that it may be hard to recruit and maintain staff because of the ongoing situation. She acknowledged that lack of staff could lead to people not being cared for appropriately and should the situation continue this may impact upon people's care packages and how they are delivered.

- Staff members told us they felt unable to speak with managers at provider level. They were aware of the director and nominated individual, but contact made was through the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care;

- People using the service were complimentary about care received and the staff. One person said, "About a year ago [previous provider] sold up but I decided to remain with Thornton's as they are the best that I have had." A second person shared, "I would recommend them [Thornton Homecare] to anyone, no problem."
- People and staff were positive about the registered manager, with one person saying, "The manager carries out care, so we know her quite well and she is very approachable." A staff member said, "The manager is great and speaks up for us [staff], but she is let down by her manager (at provider level)." A second staff member said, "Apart from the wages, this is an absolutely brilliant company and I can't fault them. The manager is brilliant".
- We saw that staff had regular supervisions and were able to contact the registered manager at any time. Although meeting in person had been difficult during the pandemic, staff told us they had kept in contact via phone and message.
- Feedback had been taken from people using the service, with written surveys being used prior to the pandemic and telephone reviews during lockdown. We found that the majority of the feedback was excellent, with no major issues raised.
- Feedback was also taken from staff in written form and this was positive.
- People told us they had been involved in developing their care plans and been invited to reviews of their care. A relative said, "The family were involved in the pre-assessment and the care (from Thornton) scores 15 out of 10 for us." One person told us, "I have had a review every six months or so which they [staff] have talked to me about and involved me in the changes."
- Most people told us they were able to contact the office easily. One person told us, "I have good communications with the office and if I have a concern they will listen and address it by the next visit. If I need to change a time so it can coincide with the District Nurse they are accommodating and will arrange it in advance." Another person said, "If I had a problem, I would be happy to phone the agency knowing they would take my concerns seriously and try to do something."

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

- We saw that complaints from people using the service had been recorded and gave information on what actions had been taken. There were only a small number of complaints, which were low level.
- There were a number of complaints related to the financial position of the company from staff and other interested parties. These had been sent to the Nominated individual, but there was no follow up information recording any actions taken. The registered manager said this would be recorded immediately.
- Staff told us that they felt limited to who they could contact within the agency about any concerns. They felt that there was no one they could discuss issues with apart from the registered manager. They had been given the whistle-blowing policy, but not all staff members felt comfortable using it. (A whistle-blower passes on information concerning wrongdoing or poor practice within organisations).
- The registered manager confirmed that information shared with senior management was done on most occasions through her and staff did not have much opportunity for direct contact at provider level.
- The registered manager told us she was well supported and spoke with the nominated individual most days to discuss issues and had regular contact virtually with the director. The nominated individual told us they had not visited the service yet, due to the pandemic, but would be doing so shortly.
- We found that information had been shared with CQC as required and the registered manager told us she wished to work with the commission and to be open and transparent.

Working in partnership with others

- The service worked in partnership with other organisations and we saw multiple examples of how external professionals had been contacted to support people. One person told us, "The manager has told me the District Nurse and the G.P. will be visiting tomorrow, this was arranged after the carers drew attention to the need for a visit by both." A relative told us, "The carers noticed an issue with [person] so the office phoned us and the G.P. and the carers are sourcing the medicines for us as we live a distance away."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found that systems were not in place to manage safety and quality effectively. Complete, accurate and contemporaneous records were not kept to ensure good governance and to analyse any patterns and trends within the service.</p> |