

Care Services Thirsk Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Services Thirsk Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 63 people 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. At the time of our inspection there were 56 people using the service who received personal care.

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

People were protected from the risk of abuse and people told us they felt safe. Risks to people were assessed, monitored, and managed appropriately. Staff were recruited safely and there were enough staff to support people. People's medicines were managed safely, and people were supported to administer their own medicines where safe to do so. Staff had received appropriate training in the prevention and control of infection, including in food hygiene.

People's needs were assessed, and care was delivered in line with best practice. Staff had received appropriate training to enable them to safely support people. Where needed, people were supported to eat and drink enough to maintain a balanced diet. 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.

Staff treated people with kindness and respect. Staff had enough time to support people in a way which was not rushed. Staff supported people to express their views and be involved in making decisions about their care. Staff supported people to be independent wherever possible.

Support plans were person-centred and took into account people's social histories, interests and strengths. People were supported by a consistent staff team where possible. People's communication needs were met. People were supported to maintain relationships and avoid social isolation. Complaints were dealt with appropriately.

The service was well-led and there was a positive culture amongst staff. Effective quality assurance processes were in place and management understood their regulatory responsibilities. Staff felt supported in their roles and the provider engaged well with staff and people who used the service. The management team were pro-active in engaging with other organisations and were committed to continuous learning and improvement.

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 has moved address. The last rating for the service at the previous premises was good (published 27 July 2019).

This service was registered with us at the current address on 26 May 2022 and this is the first inspection at the current premises.

Why we inspected

This was a planned inspection to assess the standard of care delivered by the service and award a rating.

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?

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 ●

Care Services Thirsk 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

An inspector and an Expert 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

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

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2023 and ended on 14 June 2023. We visited the location's office on 31 May 2023 and 5 June 2023.

What we did before the inspection

We reviewed information we had received about the service. 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

During the inspection we spoke with 14 people who used the service and 7 relatives about their experience of the care provided. We spoke with and obtained feedback from 11 members of staff including the deputy manager, 8 care workers and the 2 directors (1 of whom was the registered manager and nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from 1 professional who works with the service.

We reviewed a range of records. This included 5 people's care records, 3 staff recruitment files and medication records for 4 people. A variety of documents relating to the management of the service, including policies, audits and training records, were reviewed.

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

- Staff kept people safe from the risk of abuse. Staff knew how to recognise potential abuse and knew what to do if they had any concerns. One staff member told us, "I would report any concerns to management and ensure they were acted upon."
- The provider had systems and procedures in place to deal with potential safeguarding concerns. Concerns were investigated and dealt with appropriately.
- People told us they felt "very safe" and were happy with the care provided.

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

- Staff managed risks to people appropriately. Possible risks were identified and assessed, and support plans were put in place to help staff minimise those risks.
- Information about risk management was tailored to each individual. Where risk had been identified, this was communicated robustly to staff, and person-centred 'tasks' were created so staff knew exactly how to monitor and manage risk.
- The provider assessed people's living environments to ensure people and staff were kept safe when staff were carrying out their duties.
- There was a culture of learning from incidents when things went wrong. Processes were in place to analyse incidents, consider how to reduce risk going forward and this was communicated to staff to help prevent reoccurrence.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were carried out to ensure staff were suitable for the role.
- There were enough staff to safely support people. Systems were in place to arrange suitable cover for any staff sickness or absence. One staff member told us, "All the staff will try and help out and if no-one can, the office staff including management will cover the calls."

Using medicines safely

- Medicines were managed safely. Clear and accurate medicine records were in place and people told us they received their medicines at the right time.
- Staff liaised appropriately with people, their families and health professionals, to ensure ongoing safe use of medicines.
- People were supported to administer their own medicines where safe to do so.

Preventing and controlling infection

- Staff had received appropriate training in the prevention and control of infection, including in food hygiene.
- Staff had access to PPE, and good infection control practices were promoted to all 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

- People's needs were assessed at the start of the care package, and support plans were created based on those assessed needs.
- Staff regularly reviewed people's needs and preferences, to ensure the support plans remained relevant and up to date.
- Care was delivered in line with best practice and recognised standards and guidance.

Staff support: induction, training, skills and experience

- Staff had received the right training to enable them to safely support people. One relative told us, "[The staff] know what they are doing."
- New staff received an induction. One staff member told us, "New starters will always shadow until they are comfortable and confident."
- Staff told us they received enough training. One staff member told us, "I feel I have had plenty of training. I have completed all my mandatory and level 2 training, and I have passed 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.

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

- Where needed, staff supported people to eat and drink enough to maintain a balanced diet.
- People's dietary likes, dislikes and special requirements were recorded consistently within their support plans. Where people required a modified diet, there was clear information for staff to ensure this was provided.

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

- Staff worked well with other agencies to help ensure people received effective care. Staff regularly attended meetings with other professionals to share relevant information and to help plan people's ongoing care and support.
- Staff made appropriate and timely referrals to other agencies. Contact details for relevant professionals were clearly recorded and accessible within people's support plans.

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.

- The provider worked within the principles of the MCA. Staff understood their responsibilities and had received suitable training.
- Staff involved people in decisions about their care, and appropriate consent was obtained and recorded.

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

- Staff treated people with kindness and respect. People and relatives consistently described staff as "brilliant" and told us they were "very happy" with the support provided. One professional told us, "The quality of care I have observed has been client centred, caring and empathetic."
- Staff had enough time to support people in a way which was not rushed, and which enabled them to get to know people, their likes, and preferences. One person told us, "We have really got to know the staff." One staff member told us, "Social time and chatting is really important and it's a great way to get to know more about people."

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

- Staff supported people to express their views. One staff member told us, "We get to know a person by chatting, listening and understanding their needs and ways."
- Staff ensured people always had a choice about their care and relevant day to day decisions. One staff member told us, "Making a cup of tea the way they like and want it is important to them as much as their care needs. I give people choice and use a person centred approach."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent wherever possible. One staff member told us, "The thing I like most about my job is being able to support people to maintain their independence, and knowing I've helped and made them smile."
- People and relatives consistently told us staff were respectful. One person told us, "Yes, they do treat me with dignity and respect."

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

- The provider was responsive to people's needs and preferences. Support plans were person-centred and took into account people's social histories, interests and strengths.
- Care workers were allocated to people who used the service, taking into account people's preferences and preferred genders.
- The provider tried to secure consistency for people as much as possible. One staff member told us, "We always get introduced to new [people] and we maintain good relationships with existing [people]."

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.

- The provider met the Accessible Information Standard. The provider was able to supply documents and information in different formats to meet people's needs, such as paper, electronic, large font and pictorial formats.
- People's communication needs were assessed and clearly recorded. Additional training or time spent shadowing was provided to staff to help them with any particular 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 people to maintain relationships and avoid social isolation. Where appropriate, people's families and friends were supported to be involved and included.
- Staff were able to spend quality time with people during their calls. Staff told us, "The timing of the calls gives us enough time to do the tasks required and time for social connection too" and, "If ever we start to feel rushed, we inform the office who will try and increase the call times."
- Staff supported people to take part in activities which were relevant to them. Staff had started to run armchair exercise sessions. Staff had organised events for people such as afternoon tea, museum trips and charity events.

Improving care quality in response to complaints or concerns

- The provider dealt with complaints appropriately. A complaints policy was in place and people knew how

to complain if needed.

- Complaints were investigated and resolved as swiftly as possible. Any lessons learnt were implemented and communicated to staff.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection. The provider confirmed they would strive to offer this wherever possible, and staff had received appropriate training.

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.

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

- The service was well-led. The management team led by example and were committed to providing good quality and person-centred care.
- There was a positive culture amongst staff, who were largely happy in their roles. Staff comments included, "I enjoy my job and I feel it comes down to working for a great team" and, "[The provider] has the right ethos for community care."
- The provider had an 'open-door' policy and valued its staff members. Staff told us they felt listened to and their suggestions acted upon. The provider had introduced an employee of the month award and awards for long service.

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; continuous learning and improving care

- Effective quality assurance processes were in place. Regular audits were completed which identified issues and areas for improvement.
- Where issues were identified, these were explored and resolved. Actions were then implemented and relayed to staff, to support learning and continuous improvement. One staff member told us, "We try to grow and learn all the time, we listen to feedback and deliver a positive, caring service."
- The provider understood the duty of candour and were open and honest when things went wrong. The provider held reflection meetings to discuss staff responsibilities following any incidents.
- The management team understood their regulatory requirements. Statutory notifications were submitted to CQC when appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider engaged well with staff and people who used the service. Feedback was sought using surveys. The results were analysed, and actions implemented in response.
- Staff told us they felt supported in their roles. Staff comments included, "I can go into the office and speak to management or office staff at any time I need to, and they are always very helpful to me" and, "The on call team are only a phone call away and are fantastic at solving any issues."
- The management team were pro-active in engaging with other organisations, including setting up a local

registered managers' network, and attending training and workshops to share learning and drive improvements.