Thamesfield Limited

Thamesfield at Home

Inspection report

Wargrave Road, Henley On Thames
Oxfordshire RG9 2LX
Tel: 01491 418100

Date of inspection visit: 20 October 2015
Date of publication: 10/12/2015

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

Overall summary

The inspection took place on 20 October 2015 and was announced, namely the provider was given 48 hours' notice of our intended visit. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The service had last been inspected on 11 November 2013. The service met all our regulatory standards at that time.

Thamesfield at Home is a domiciliary care service based within an apartment complex. It is a part of a retirement village comprising privately owned apartments and a care home in Henley on Thames. There were 18 people using the service at the time of our inspection.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with the staff that supported them. Staff were trained in safeguarding procedures, that is ways of protecting people who use care services from abuse. Staff members were confident that if they reported any concerns about people's safety, health or welfare to the team lead or to the registered manager, these would be acted upon immediately.

Summary of findings

There was a sufficient number of staff to support people safely and effectively. Thorough recruitment practices and appropriate pre-employment checks ensured that staff were of a suitable character to care for people. Each staff member had undergone a comprehensive induction and took part in on-going training to enhance their skills and qualifications. Staff were also supported regularly through supervisions and spot check observations were carried out on their practices.

If their assessed needs and care plan required this, people were prompted by staff to take their medicines. They were also supported to see health care professionals when needed, and received appropriate healthcare to maintain their well-being.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made on behalf of a person who lacks capacity, are made in the person's best interests. People were able to make decisions concerning everyday aspects of their lives themselves, which helped them maintain their independence.

People described staff as kind and responsive to their needs. They were confident that their privacy and dignity were respected at all times. People told us that they had developed positive relationships with staff.

Care plans were reviewed regularly on a monthly basis and, if people's needs changed, these reviews were used to amend care provisions accordingly. Staff were familiar with the contents of people's care plans and knowledgeable about people's individual needs, backgrounds and personalities. Risk assessments were in place; they provided information about how to reduce various kinds of risk to people.

The service had a complaints policy in place. People who used the service were made aware of the complaints procedure. They told us they knew how to make a complaint and who to complaint to, should such a need arise.

We saw that staff were provided with supervisions and appraisals regularly and they felt supported by management to perform their role.

People were given opportunity to contribute to enhancing the service they received by providing feedback on its functioning at residents' meetings. There were appropriate quality assurance procedures in place to check the quality of care people received.

Summary of findings

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 is safe.

People told us they felt safe with the care and support provided by the service.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to keep people safe and to meet their needs.

Staff were trained to recognise any kind of abuse and they knew how to report their concerns.

Good

Is the service effective?
The service is effective.

Members of staff received the training they required in order to provide effective care for people who used the service.

Staff were aware of their responsibilities regarding the Mental Capacity Act.

People were supported to access a variety of healthcare services to maintain their health and well-being.

Good

Is the service caring?
The service is caring.

Members of staff understood the importance of promoting people's privacy and dignity.People made positive comments on the caring attitude and approach of staff. They indicated their privacy and dignity were respected.

Good

Is the service responsive?
The service is responsive.

People were involved both in planning and reviewing their care and support.

Care plans were reviewed monthly to enable members of staff to provide care and support according to people's needs.

People were aware of the service's complaints procedure and processes and were confident they would be listened to.

Good

Is the service well-led?
The service is well led.

Staff felt supported to do their work, and people who used the service were provided with the opportunity to speak to the registered manager at any time.

There were systems in place for assessing and monitoring the quality of the service provided.

The registered manager and staff had a clear and consistent view as to the service they wished to provide, namely a quality care service fully satisfying people.

Good

Thamesfield at Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 October 2015. Two inspectors carried out this inspection.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had returned the PIR.

We looked at the PIR and all the information we had gathered about the service. This included any relevant information received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

During our inspcetion we spoke with three people using the service. We also spoke with the registered manager, regional manager, domiciliary care service (DCS) lead and two care staff members.

During our inspection we examined a sample of records including six people's care plans, four staff recruitment and induction records, training and supervision records, complaints records and audits.

Good

Is the service safe?

Our findings

The people we spoke with were confident that the service they were using was safe. One person told us, “I do feel safe. I live on the ground floor but never had anything bad happen. The staff are always there for me.” None of the people we spoke with had any concerns about the way they were treated or supported. One person said, “I don’t think I’d like to be anywhere else.”

People were protected from actual abuse and any risk of abuse. Staff had an understanding of abuse and were able to describe the course of action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed that staff had received training in this area. The management team were fully aware of their responsibilities for reporting incidents and safeguarding concerns.

Appropriate risk assessments were in use to keep people safe. They had been prepared to assess any kind of risk both to people who received the service as well as to care workers who supported them. The assessments were comprehensive, they included environmental risk and any risk relating to the health and support needs of each person. Each risk assessment contained information about action to be taken to minimise the chance of harm occurring.

Recruitment checks were completed to ensure that staff were of a suitable character to care for people. The recruitment involved written applications handed in by applicants, and holding face to face interviews. The checks included an identification check, evidence of their right to work in the UK, a health check, taking up references and a Disclosure and Barring Service (DBS) check. The DBS check includes criminal record check and check on the list of individuals barred from working with vulnerable adults.

The number of staff available on each shift was sufficient to provide support and to keep all people safe. Staffing levels were determined by the number of people using the service and their needs. People told us, “Staff are always on time when I need them”. At night there were two members of staff on duty to provide support as needed. Staff confirmed that staffing levels were appropriate.

People were satisfied with the support they received regarding administration of their medicines. Assessments had been completed with regard to whether people were able to administer their medicines independently or needed support. People’s records included instructions for staff to follow on prompting or administering medicines. In order to identify and avoid medication errors, Medication Administration Records (MARs) were checked on a daily basis by the team lead or senior member of staff and any concerns were reported to the registered manager. The registered manager confirmed that they had begun to conduct audits of completed MAR documents on a monthly basis. As a consequence, people were protected against the risk of unsafe medicine practices. Medication stock was checked weekly to make sure that there were enough medicines in stock and to reduce waste.

People were able to use a bell call system in unforeseen emergency situations such as falls or urgent needs of medical help. Staff always made sure that people had access to call bells before leaving their apartments. The call bells were tested on a weekly basis to ensure they worked correctly in case of an emergency.

We reviewed the incident/accident log and noted that all incidents were appropriately documented. The team lead and the registered manager reviewed the logs in to identify any regular patterns of incidents/accidents. As a result the risk of a recurrence of an incident was reduced for people using the service.

The provider had a robust disciplinary policy. Records showed the service had dealt appropriately with matters according to the provider's policies using wide range of formal and informal disciplinary actions.

Good

Is the service effective?

Our findings

People indicated they were pleased with the service they received from the provider. One person said, "I'm happy to be here, it does answer it all".

People stated that care workers were well trained and competent in their work. Records showed staff had completed induction training when they started work. This included an initial induction on the organisation's policies and procedures, mandatory training programme as required by the provider, and working with experienced staff to learn from them and gain an understanding of their role. The staff said that if they still did not feel confident enough, the registered manager would give them extra support of a member of staff who worked at the service for a longer period of time.

Records confirmed that staff received training in the following areas: moving and positioning, medication awareness, food hygiene, fire awareness, safeguarding, whistleblowing and the Mental Capacity Act 2005. The personnel files of four members of staff contained records of the training they had completed. This confirmed that a rolling programme of training was in place to ensure that all members of staff were kept up to date with current practice. Staff were also enabled to attain recognised qualifications in health and social care.

The Mental Capacity Act 2005 (MCA) sets out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. Staff we spoke with had received training and understood the requirements of the MCA and respected the decisions people were able to make.

Consent was an integral part of care, all people who use the service told us that they were asked if they were happy with particular aspects of care before they were provided with it. Records showed people had been involved and consulted about various decisions concerning their care. Any decision of such kind had to be authorised and confirmed by people. This ensured that people's right to be involved in decisions about their own care was continually upheld and respected.

People who had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place were aware of its consequences, and making that decision had involved local medical professionals and family members where appropriate. A DNACPR is an advanced decision not to attempt cardiopulmonary resuscitation in the event of cardiac arrest. Anyone with a DNACPR in place had this reviewed regularly. This example showed that people were involved in regularly monitoring their needs and making prompt changes where required.

People were supported to maintain their health and well-being. They were always asked if they needed any medical advice from the doctor during his routine weekly visits. Staff supported people to liaise with healthcare professionals when they became unwell by contacting the relevant healthcare professionals listed in the care plan such as the GP or the community nurse.

People were supported to access food and drink of their choice. The support varied depending on people's individual choices and circumstances. Some people preferred meals provided by the agency whilst others catered for themselves. People we spoke with were pleased with the support they received. One person told us, "Care staff always leave water and snacks for me".

All members of staff were supported through regular supervision meetings with their line manager. We asked two care workers about their supervision and appraisal meetings and they spoke highly of the opportunities they were provided with to contribute to the improvement of the service.

We were shown records of appraisals which confirmed that work related issues like competencies or areas for development were discussed. Moreover, the registered manager carried out spot checks, where a care woker's practice was observed and then the areas to improve and areas for praise were identified . As a result, both formal supervision and practical supervision were used as means to improve staff skills and knowledge necessary to perform their duties to a good standard.

Good

Is the service caring?

Our findings

People told us that members of staff treated them with respect and consideration. One person remarked, “They are very caring”. Another person said, “The staff are very nice, accommodating. They treat residents with respect”.

People told us that they had developed good relationships with staff who understood their needs, preferences and goals. People felt they received regular and consistent care, no matter how complex their needs were. One person told us that staff were always focused on them, listened and valued their opinion.

Staff understood the importance of promoting people’s privacy and dignity. One care worker told us that she was in the habit of chatting to people and asking them what they needed her to do. She remarked that it was of crucial importance to her to spend time with people, talk to them, listen to them and treat them with proper dignity and respect.

People were visited on a weekly basis by the team lead who was gathering information about people’s routine, their likes and dislikes. The information was later incorporated into care plans and discussed with staff who were made aware of people’s preferences and respected these. For example, some people preferred to be called by their first names and staff complied with that. Staff were familiar with the content of people’s care plans understood their history and needs. The staff we spoke with were able to give good examples of how they would notice any change in people’s health and well-being, how they would record it and report it to the registered manager.

Care plans were focused on people’s preferences and choices concerning the way they wanted their care to be given was respected. Care plans were detailed and covered every aspect of a person’s life and the care they required. As part of their care, people were supported to make decisions about their personal appearance, such as their choice of clothing. They were provided with any aid they needed to support their independence and mobility. For example, when the number of a person’s falls had increased, the service had created an appropriate care plan and risk assessment. The person had then been able to adequately adapt her apartment which had resulted in a significant reduction of the number of falls.

People were provided with a copy of the service user guide. This document contained comprehensive information about the service, what people would be provided with, why and how their views and opinions would be sought, and how to report their concerns or make a complaint. It also included key contact details, and terms and conditions of service delivery. Moreover, the guide informed about the service’s visions and values. Contact details of other local health and social care organisations people might want to contact were also given in the guide.

Staff were aware of their responsibilities in confidentiality and preserving information security. Care workers knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. The team lead and registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely.

Good

Is the service responsive?

Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. Initial assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. People told us they knew such plans were in use and the plans had been confirmed and agreed with them.

People told us they had been involved in discussions about care and in the review process, and the records confirmed this. Care plans were reviewed on a monthly basis and changes were made to the support if needed. Staff told us they were kept fully informed about any changes in the support people required. This was achieved either by face to face discussions with the team lead, by handovers or via the communication book.

People were regularly provided with the services of a physiotherapist and a hairdresser. Their spiritual needs were fulfilled by regular visits of a pastor.

Both people who used the service and their relatives were encouraged to express their views about the agency by completing a survey. The survey reports of were reviewed by the registered manager and regional manager. Where necessary, survey reports were audited as a complaint. The complaint procedure was then followed leading to a positive outcome.One person informed us that besides group meetings, people who use the service could speak alone with a staff member of their choice if they preferred to.

People were aware of the service's complaints procedure and processes, and were confident they would be listened to. The service's complaints process was included in information given to people when they started receiving care. We were told by people that they had no complaints or concerns about the service. One person said, " I lived here 10 years and I just love it. I have no complaints at all." When asked about what they would do if any concerns arose over the service, another person told us, "I would go to the matron with my complaints and concerns. They would listen to me, they are very caring".

We looked at the way the service managed and responded to concerns and complaints. Only one complaint had been received in the last twelve months. This had been managed, an appropriate action was taken and the complaint was resolved within two working days. The team lead told us they reflected on complaints and incidents to see what they could learn from them in order to improve the service they offered to people.

Good

Is the service well-led?

Our findings

People were complimentary about the management of the service. Communication with the management was good and enabled people to develop positive relationships with them. One person told us, “The place is very well-managed”.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own apartments. They had an ‘open door’ policy, whereby they encouraged people who used the service, and staff, to share their views about the service. Both people and staff were welcome to speak with the management team at any time.

Communication among people, their families and staff was encouraged in an open way. The registered manager told us they wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said that the registered manager and team lead were very approachable and would resolve any concerns raised by staff.

Staff worked together well, and as a team they focused on ensuring that each person’s needs were met. They knew precisely what kind of support each person needed and cooperated by sharing that information. They felt their strong team spirit made them work effectively. One care worker told us, “I like it so much because of the staff”. Not only did staff enjoy their work, but they also received regular support from their manager. One member of staff told us, “The matron praises our good work which is appreciated. We always have opportunity to talk to her”. The staff felt valued, which contributed significantly to the high morale of the whole team.

The members of staff we spoke with had a clear and consistent understanding of the provider’s vision, values and view about the quality of the service provided. Their common goal was delivering a service that was safe and providing care by trained staff who understood and knew how to look after people.

Staff told us they sincerely enjoyed working for the service. They had been given full job descriptions, their contracts of employment outlined their roles, responsibilities and duty of care. There were clear lines of accountability and responsibility within the service’s defined organisational structure.

The registered manager and team lead were responsible for monitoring the performance of care workers by carrying out spot checks. These checks involved visiting people who used the service to check that care workers arrived on time, were dressed appropriately, followed correct procedures and were competent to manage medicines safely. Records of these checks were part of care workers’ files.

The provider’s quality assurance system included regular checks that ensured staff kept accurate records of the care they delivered. The regional manager conducted audits based on the Care Quality Commission's approach. The audits helped to identify good practice, as well as helped to identify areas for improvement. If any problematic issues were identified, they were fed into an action plan. Such a plan detailed tasks to be undertaken and included the deadline and the name of a person responsible for completing those tasks. To make sure that all issues were resolved and the best practice was followed, this would be checked up on the next visit of the regional manager.