

Thames Homecare Service Ltd

Thames Homecare Service Ltd - Southwark

Inspection report

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Date of inspection visit:
08 January 2020
13 January 2020

Date of publication:
19 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The agency is registered to provide services for younger and older adults with a range of needs including physical disabilities, autism and dementia.

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, 87 people were receiving personal care.

People's experience of using this service

The service provided both reablement care and conventional home care. Reablement care is given to people who are usually receiving care for the first time, after being unwell or in hospital, and supports them to regain as much of their independence as possible. People's feedback for both kinds of service were good and people spoke positively of the support their received from staff. One person told us, "They are excellent. I see the same carer every day, and she is always on time. I am very satisfied... I know that they are good."

People's medicines were not always safely managed. The assistance people required was not always correctly recorded, and we found several significant mistakes in the recording of support given with medicines which had not been identified when the records were audited.

People's risks were assessed and documented and staff understood how to mitigate them. However, some risk assessments did not contain enough detail to ensure people's safety, particularly when being assisted with movement or transfers by two members of staff.

People were not supported to have maximum choice and control of their lives and did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The service had failed to ensure that consent was appropriately sought and received according to people's capacity to consent to receiving care. When relatives advised they had power of attorney for people, this had not been checked.

There were systems of quality assurance and audits in place but they had not identified the issues we identified during the inspection. The registered managers had failed to advise us of every significant incident.

People and their relatives told us that when things went wrong they were comfortable in contacting the office and confident they would be listened to. People who had raised concerns in the past said their concerns had been dealt with appropriately.

People told us they felt safe and they were cared for by regular staff who were well-trained and understood how to protect them from abuse. Staff knew how to report any concerns and how to escalate concerns outside of the agency.

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 07 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service registered with us.

Enforcement

We have identified breaches in relation to the safe management of medicines, assessing and managing risk, safe recruitment, gaining consent for care and notifying us of allegations of abuse or neglect at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Thames Homecare Service Ltd - Southwark

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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.

What we did before the inspection

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

used all of this information to plan our inspection.

During the inspection

We spoke with the two registered managers and three care workers. We spoke with 13 people and three relatives of people using the service. We reviewed a range of records, including 10 people's care records and medicines records. We looked at four staff files and various records relating to the running of the service, including safeguarding and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures. We received feedback from one professional.

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 for this newly registered service. This key question has been rated requires improvement.

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

- Staff completed medicine administration records (MAR) each time they administered medicines, but these were not always being completed correctly. We looked at six sets of audited MAR charts. One person was being supported to take medicines from a monitored dosage system (MDS), storage cases with compartments divided into days of the week, but the count of the number of tablets that should be in each section varied in different sections of the chart. Three people's records had been altered with correction fluid, and all the records we looked at had gaps, unsigned alterations or other significant errors. There were regular audits of medicines records, but these had failed to identify the issues we found, many of which had been repeated over several months.
- Where people had been assessed as only requiring prompting to take their medicines, staff were recording this in the daily care notes rather than a MAR chart; although in line with local policy, this was not always effective. We saw the audited daily care records for one person who was being supported in this way and the notes for several visits did not mention medicines at all. This omission had not been identified when the care records were audited.
- The support people required with their medicines was not always correctly assessed and recorded. For example, we saw a medicines assessment where the box indicating the person needed 'prompting' was ticked, but underneath it was noted 'self medicates' and in another section of assessment it was recorded that the person's family was supporting them with medicines. Another person's plan said to 'prompt and supervise' their medicines in one place but in another the 'administer' box was ticked. There was no record of which medicines the person should be taking.
- People were supported with their medicines by staff who had been trained in the safe administration of medicine and whose competency had been assessed. However, as described above, staff were not always following procedures correctly.

Failure to ensure proper and safe management of medicines places people at risk of serious harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed before the service started, and then regularly reviewed, but the assessments were not always sufficiently detailed to ensure people's safety and they did not always assess every potential risk. Most of the risk assessments we looked at contained only very basic instructions, such as noting that two carers were required, but did not describe what specific risks the person faced or how to

reduce them. For example, two of the moving and handling risk assessments we looked at were for people who had very limited movement or were paralysed on one side following a stroke, but this had not been considered in the risk assessment. Another person's referral document noted that they were at risk of self-harm and described this, but their risk assessment noted they were at 'low risk' of 'challenging behaviour' and gave no further details. Although staff we spoke with knew how to safely support the people they worked with regularly, the lack of clear instructions put people at risk when being supported by new or covering staff.

Failure to properly assess risks puts people at risk of serious harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information about the equipment people used was not being recorded in sufficient detail to ensure people's ongoing safety. The make and model of the equipment was not noted, and although there was a space for the serial number and next due servicing date of the equipment, this was blank on all of the forms we looked at. There was no record of who supplied the equipment or who was responsible for maintaining it. The lack of information could cause delays in arranging for the servicing or repair of people's equipment, putting people at risk.

Failure to ensure the ongoing safety of equipment puts people at risk of serious harm. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff visited the same people regularly and so were able to routinely monitor their safety on a day to day basis. They told us they were confident in reporting any safety concerns to the office and that they would be dealt with appropriately.

Staffing and recruitment

- Safer employment checks had not always been fully completed before care staff began work. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, staff files we looked at did not have a complete employment history, including explanations of any gaps. References had not always been verified.

Failure to ensure persons employed were of good character was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had enough staff to meet people's needs and to cope with changes to the services required. Electronic call monitoring (ECM) was in place, and the records were routinely reviewed by the management team. People told us their care workers usually arrived on time and staff told us they had enough travel time between visits. One person said, "I always see the same carers, that is why I feel safe. They are on time and there has never been a missed call."

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the signs of abuse and how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood their responsibilities to raise their concerns with management and how to escalate them further if necessary.

- There were safeguarding policies and procedures in place, and staff were following them. For example, staff who assisted people by shopping for them kept records and receipts to help protect them from financial abuse.

Preventing and controlling infection

- People were supported by staff who had been trained in infection control. Staff correctly described for us when and how to use personal protective equipment (PPE) such as gloves and aprons. They confirmed there was a plentiful supply of PPE.

Learning lessons when things go wrong

- The service had a culture of learning from its mistakes and near-misses. Good records were kept and these were reviewed by the registered managers. Learning from incidents was shared with staff through staff meetings and individual supervisions.

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 requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- It was not always clear if people had given their consent to receive care. Some people's consent forms were signed by a relative, but there was no indication that the person lacked capacity to make decisions about their care or were unable to sign for themselves. One form had been signed by a person's former spouse but their contact details were not recorded anywhere as the person's representative. Another person's referral document from the local authority stated that they 'lacked capacity' but they had signed their care plan to indicate they gave consent and there was no indication that the service had assessed their capacity to make that decision.
- The service noted if a relative or representative told them that they had lasting power of attorney (LPA), but failed to note of what kind and did not see evidence of this. LPA can apply to health and welfare, or property and financial affairs, or both. Failure to ensure that a relative or representative was authorised to make decisions on a person's behalf could result in them receiving care they did not want or make them vulnerable to financial abuse.

Failing to ensure that care and treatment was provided with the consent of the relevant person is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had a working knowledge of the MCA and how it applied to the people they supported. One said, "If people can't make decisions about their care then the care plan would tell you." Staff confirmed they sought

consent before supporting people.

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

- People's needs and choices were assessed prior to receiving support or as soon as possible afterwards. The forms used were broadly in line with standards, guidance and the law but some aspects of the forms reduced their effectiveness, for example by having limited space for details or not asking for enough information, or by asking for the same information in multiple places, increasing the likelihood of error.
- Staff were kept up to date with best practice through training, staff meetings and supervisions.

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

- The service was working particularly closely with the local authority's reablement team. Reablement care is given to people who need temporary support, usually after being unwell or in hospital, and supports them to regain as much of their independence as possible. We could see from people's records and the service's monitoring statistics that people were being effectively supported to regain some or all of their independence.
- Staff were engaged in the reablement ethos and found it rewarding. One told us, "It's rewarding... you feel like you're doing something for people, I'm satisfied when I see people change and get better."
- The service worked with other organisations and services to promote people's routine health and wellbeing. Care plans and records showed effective liaison with other health and social care professionals and services.
- Staff were aware of the signs and symptoms of common threats to people's wellbeing, such as dehydration and urinary tract infections. Care staff told us that when they called the office to report concerns about people's health then timely contact was made with district nurses or GPs and we could see this reflected in people's records.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Following their induction staff shadowed more experienced members of staff.
- During their induction period, staff received additional training in reablement to ensure they were able to meet people's needs.
- Staff we spoke with were experienced and confident, and most told us they felt supported in their role and had regular supervision and appraisal with their supervisor. There were regular spot checks of care workers.

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

- People's needs around eating and drinking were assessed and documented, including their preferences and special diets. For example, we saw one person was on a low-potassium diet and another required their food to be puréed due to the risk of choking.

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 with kindness by staff who cared for their wellbeing. A person told us, "They are like one of my family. Overall, I am in heaven. I have quite a laugh with them. I know all about their families. We are so friendly together." A relative said, "Yes, they treat him well and they do have a chat. They are on really good terms."
- Staff told us they enjoyed their work and spoke of the people they supported with warmth and kindness. They told us, "When you see people happy, you see that you put smile on their faces, you feel happy. Some people say I'm always smiling, I say yes, I feel happy that I'm doing this work" and "At some point, all of us will need care, so I care for people in the way I would want to be cared for."
- People's diverse needs, including religion, culture and language, were assessed and included in their support plan appropriately. People's protected characteristics under the Equality Act were identified and any related needs were assessed. One person told us, "My carer knows about my sexual orientation, but that is no issue." When possible, people were matched with staff who were able to speak their language and understood their cultural needs.

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

- Care staff enabled people to make decisions about their day to day care, such as what to wear and what to eat. One staff member told us, "You are there for them, but they have the power and it will be how they want to be."
- Everyone we spoke with confirmed that they were treated with respect. They told us that staff respected their privacy. Staff described for us different ways they promoted people's privacy and dignity, such as leaving people on their own to attend to their personal care and only returning when requested to assist the person with transfers.
- People's support plans were intended to support them to regain or maintain their independence at home. Staff spoke in detail about how they supported people, including those living with dementia, to remain independent. People told us they were encouraged to be as independent as possible.

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 requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care staff had a good understanding of the needs and preferences of the people they supported, and read care plans before they visited people for the first time. One said, "I have an image of the person before I go to assist them." A person told us, "They always know what to do." Detailed reablement support plans were received from the team prior to the start of services.
- We saw some conventional care plans which were written in detail, in a person-centred way, with lots of information about people's preferred routine including important details like oral and denture care. However, some care plans we saw were not as detailed or did not reflect the knowledge care staff had of the people they supported. For example, one person's referral stated activities they enjoyed but the service's care plan recorded their only hobby as 'sleeping'. This meant that new or covering staff would take longer to be familiar with people's needs and know their preferences.
- People and their relatives who were familiar with the care plans confirmed that they were involved in the development of their care plan and that they took part in reviews routinely or when their needs changed.

We recommend that the provider review and update their conventional homecare support plans to ensure they reflect people's needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed in line with the AIS and recorded in their support plans. Staff described for us the different ways they communicated with people, such as speaking clearly and facing the person when they have hearing loss.

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

- People's care visits were planned in accordance with their social needs, for example, by scheduling morning visits at an earlier time so that people were able to attend day centres.
- Staff supported people to access the community and take part in activities where it was part of their

agreed plan of care.

Improving care quality in response to complaints or concerns

- The service ensured that people and their relatives were aware of the complaints procedure. Some people we spoke with had made complaints in the past, which they told us were resolved quickly and to their satisfaction. People who had not complained were confident that if they called the office to raise a concern that it would be dealt with. One person told us, "My son did complain, and the company responded well."
- Complaints and concerns were recorded and records were analysed for trends. Where complaints were upheld, appropriate action was taken.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their lives. Policies and procedures were in place and staff had been trained in end of life care. People's end of life wishes and preferences were part of each person's assessment, and had been recorded if the person had wished to discuss them.

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 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.

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

- The registered manager did not always report incidents correctly to the CQC. We saw from the complaint records and a person's file that there had been two allegations of neglect that had not been reported to us. Although these were unsubstantiated, we should have been informed when the allegation was first made.

Failure to notify us was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. CQC is considering what further action they need to take against the provider for this failure to send notifications in a timely manner.

- There was a system of quality assurance checks and audits in place, but these had failed to identify the breaches of the regulations and other issues we found during the inspection. The provider had failed to identify the recurrent shortfalls and errors in medicines recording and the deficiencies in risk assessment and care planning. The registered managers told us they would review how the auditing failures had occurred and would take appropriate action.

Failure to ensure that there were systems and processes in place to effectively assess, monitor and improve the quality and safety of the services provided is breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff told us the office team communicated well when there were changes or issues with the service, such as when the care worker was running late or people cancelled their calls.

- Feedback from people and their relatives described good outcomes. We received particularly positive feedback from people receiving reablement services. A person told us, "They have really helped me to recover my independence."

- Care staff told us that their working conditions were good. Those who had ever had questions about their pay or other employment queries told us their queries were resolved quickly.

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

- There were regular, well-attended staff and management meetings and detailed records were kept. These included discussions of good practice and ways the service could improve. A staff member told us, "Thames Homecare is dedicated to giving quality care and looking after the staff as well."
- The service sought feedback from people about the quality of their care. This included regular quality checks with people and their relatives, annual satisfaction surveys, audits of all the service's records and analysis of incidents and complaints to identify any concerning trends.
- The service had a strong culture of learning and invested in training and developing staff. Staff spoke to us enthusiastically about the training and support they received. One said, "When we do the training, they call us and ask us what we have gained from the training, they will ask us so many things, they want us to know more, we gain a lot."
- The service sought feedback from staff and they told us they would always be confident in asking for support from the senior team. One staff member told us, "Of all the agencies I've worked, they are fantastic. They are especially good at supporting you in the field."

Working in partnership with others

- The service worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals, such as district nurses and occupational therapists.
- The service worked particularly closely with the local authority as the sole provider of the borough's reablement services and as one of their homecare providers. We saw feedback from reablement commissioners generally praising the service and how smoothly they had taken over the provision of reablement. A commissioner of conventional care told us, "[They] really focus delivering a high standard of care... They are easy to get hold of, and communicate effectively with me and my colleagues."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not provided with the consent of the relevant person.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate risks to the health and safety of people and had failed to always ensure the proper and safe management of medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that there were systems and processes in place to effectively assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment processes were not established or operated effectively to ensure persons employed for the purpose of carrying on a regulated activity were of good character.

