

Thyme Care 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

Thyme Care provides personal care to people who live in their own homes in the Penzance, St Ives and Hayle areas of Cornwall. At the time of our inspection the team of 23 care staff was providing support to approximately 73 predominantly elderly people.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for by Thyme Care. Their comments included; "I do feel safe," and "They (care staff) are so caring and kind, they look after me very well." People's relatives echoed this and said, "I am reassured that my father is receiving care from carers who really do care. If they thought dad wasn't safe they would let me know." Another commented, "My dad trusts (carer staff's name) in particular. This gives me reassurance as I know he is being cared for by staff who care."

People told us they had "never" experienced a missed care visit. The management team told us "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will." The service had robust and effective procedures in place to ensure that all planned care visits were provided.

People told us that their visits were on time but there were 'rare occasions' when care staff could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that care staff lateness were due to needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us that Thyme Care headquarters would "usually" phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. We found staff consistently provided the care visits of the correct visit length. People told us their staff never rushed them and staff stayed for the correct duration of their visit.

The registered manager was confident about the action to take if they had any safeguarding concerns and had liaised with the safeguarding teams as appropriate. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

People said staff were well trained and understood how to meet their specific care needs. Training records showed staff had been provided with all the necessary training which had been refreshed regularly. Staff told us they had 'lots of training' and found the training to be beneficial to their role.

The service's systems for the induction of new members of staff were effective and fully complied with the

requirements of the Care Certificate. Training was provided in accordance with the 15 fundamental standards. The service had commissioned a training academy to provide the induction and further training courses to their staff team. Staff said they were encouraged to attend training to develop their skills, and their career.

Staff received regular supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support.

People were supported by stable and consistent staff teams who knew people well and had received training specific to their needs. People told us they were introduced to new staff before they supported them in their home. People confirmed they had consistent carers to support them and had built up positive relationships with staff.

Thyme care identified that some people only saw their care staff as they had no family or friends that lived nearby. Thyme care recognised the social isolation that some people felt. Thyme care responded by introducing a coffee morning where care staff offered to collect people and bring them to the office for a coffee and lunch. The registered manager said "This is why we do this job, we are passionate about what we do." People told us they really enjoyed this social gathering and wanted to attend future coffee mornings.

People's care plans were detailed, personalised and provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All of the care plans we reviewed were up to date and accurately reflected each person's individual needs and wishes. The service's risk assessment procedures were designed to enable people to take risks while providing appropriate protection.

The service's visit schedules were well organised and at the time of our inspection there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

Thyme Care was a family business whose directors provided effective leadership and support to the staff team. Staff told us their managers were; "understanding", "approachable", and "quite motivating". While people told us the service was "well managed".

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff understood both the provider's and local authority's procedures for the reporting of suspected abuse.

The risk management procedures were robust and designed to protect both people and their staff from harm.

There were sufficient staff available to provide all planned care visits and the service's staff recruitment procedures were robust.

### Is the service effective?

Good ●

The service was effective. Staff were well trained and there were appropriate procedures in place for the induction of new members of staff.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

The service's visit schedules included appropriate travel time between care visits and records demonstrated care staff normally arrived on time

### Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and understood people's individual care needs.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Staff supported and encouraged people to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive. People's care plans were detailed, personalised and provided staff with clear guidance on how to

meet people's care needs.

People's care plans included personalised goals and staff supported and encouraged people to engage with their hobbies and interests.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

**Is the service well-led?**

**Good** ●

The service was well led. There was a positive culture in the service, the management team provided strong leadership and led by example.

The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were shared with the whole staff team.

Quality assurance systems were appropriate and designed to drive improvements in the quality of care provided by the service.

# Thyme Care Limited

## **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 checked 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.

This inspection took place on 27 April 2016 and was announced 24 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection team consisted of one inspector. The service was previously inspected on 6 September 2013 when it was found to be fully compliant with the regulations.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people who used the service, four relatives, three members of care staff, administrator, the registered manager and two senior carers. We also inspected a range of records. These included three care plans, five staff files, training records, meeting minutes and the services policies and procedures.

# Is the service safe?

## Our findings

Everyone we spoke with told us they felt safe while receiving care and support from Thyme Care staff. People's comments included; "I do feel safe," and "They (care staff) are so caring and kind, they look after me very well." People's relatives echoed this and said, "I am reassured that my father is receiving care from carers who really do care. If they thought dad wasn't safe they would let me know." Another commented, "My dad trusts (care staff's name) in particular. This gives me reassurance as I know he is being cared for by staff who care."

The registered provider and senior carer had recently completed a comprehensive safeguarding training course. The learning from this course had been shared with the staff team in a formal training setting. We found staff fully understood their role in protecting people from avoidable harm. All staff were able to explain how they would respond to any incident of suspected abuse. Staff said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The registered manager had a sound knowledge of safeguarding and had raised issues with the Local Authority when concerns had been identified. We reviewed the services safeguarding policy and found it had been recently updated to reflect changes in the local authorities safeguarding procedures.

People's care plans included risk assessment documentation. These assessments had been completed as part of the care assessment process and provided staff with guidance on how to protect both the person and themselves from each identified risk. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents, incidents or near misses had occurred these had been reported to the service's managers and documented in the service's accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The administrator organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. Initial assessments were carried out by local authority commissioners and a member from the management team who then decided whether they could meet the person's needs. The registered manager told us they turned down care packages for people where they felt they did not have the capacity to meet them and gave us of an example when this had happened.

People told us they had "never" experienced a missed care visit. The management team told us "Missed visits are not an option. People in the community are vulnerable and we must and do visit when we say we will."

People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us that their visits were on time but there were 'rare occasions' when care staff

could be late for their planned visits. However people, and relatives, did not have a concern regarding this as they understood that care staff lateness were due to needing to provide extra support to a person in an emergency or travel issues, especially in holiday seasons. People told us that Thyme Care headquarters would "usually" phone them if a care worker was going to be late which gave them reassurance that their visit would still continue. The registered manager told us that if the care worker was going to be late for over an hour they would identify another carer to attend the home visit, and this could be a member of the management team. The registered manager said that she and the registered provider undertook some home visits. They would also complete home visits if a member of staff called in to work at short notice due to ill health.

There was an on call system so that care staff had access to a member of the management team at all times. Staff felt the on call system worked well and commented "They are only a phone call away for any query." Currently the service was providing support to people in the community from 7am to 10pm.

Care staff told us they received their rotas on a Friday. The rotas were divided into geographically areas this allowed care staff to have less distance to travel between people they supported. This is particularly important in towns such as St Ives, when during the holiday season, travel in the area is more difficult. Care staff, people and relatives, were pleased with this arrangement as it also meant that the care staff provided consistent support to people due to the care workers being allocated to work in particular geographical area.

Recruitment processes for new members of care staff were robust. References had been reviewed and necessary Disclosure and Baring Service checks had been complete before new members of staff provided care visits.

All staff were provided with photographic identification badges to enable people to confirm the identity of care staff who they did not know. However, people said new care workers were normally introduced by a member of staff who they already knew. People told us, "I know them all. They always introduce new people."

The service had appropriate infection control procedures in place and personal protective equipment was available to staff from the services office. Staff told us, "We pick up gloves and aprons from the office when we need them."

Staff had received training on how to support people to manage their medicines. The service generally supported people with medicines by prompting or reminding people to take their medicines. People confirmed that staff supported them to do this. The registered manager stated the care workers do not administer medication.

We saw there were systems in place to enable staff to collect items of shopping for the people they supported. Staff felt the systems were robust, as did the people they supported and their relatives. We reviewed care documentation and risk assessments which confirmed appropriate systems were in place and consent had been gained by all parties



# Is the service effective?

## Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included; "I am impressed by the amount of training they are always doing", and, "The staff are very knowledgeable."

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The registered manager told us, "We have a really motivated staff team; they know the people well."

Newly employed staff had a period of induction to the service. This induction consisted of training, followed by shadowing and observing the care provided by an experienced member of care staff. The registered manager told us new staff members would not visit people on their own until they had assessed the staff member as being competent in their role, and the staff member felt confident to work on their own.

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. Thyme Care had fully integrated the new Care Certificate into their staff induction process. Staff received training in all of the 15 fundamental standards of care during their probationary period. Two people had recently commenced work at Thyme care and their records confirmed they had completed the Care Certificate successfully. The service had commissioned a training academy to provide the induction and further training courses to their staff team. All staff were encouraged and supported to complete the level two care diploma once they had successfully completed their induction.

Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults, medicines and, dementia. Staff told us; "The training is very good" and "We have lots of training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example end of life care. Staff said they were encouraged to attend further training to strengthen their skills and knowledge.

Staff received regular supervisions and annual performance appraisals. In addition 'spot checks' by managers were used regularly to confirm each member of staff was providing appropriate standards of care and support. Team meetings were held regularly. The minutes of these meetings showed they had provided staff with an opportunity to share information about people's care needs and discuss any changes within the organisation.

The service's staff visit schedules included appropriate amounts of travel time between consecutive care visits. Staff told us they had enough travel time between visits and commented, "There is enough travel time" and, "They take into account our family commitments so we don't have to change our shifts." People said their staff were, "On time" and if they were going to be late they were usually informed of this by the service headquarters. People told us; "I get a rota in advance so I know whose coming."

We reviewed daily care records. We found care staff normally arrived on time and provided the full planned care visit. People told us; "They're here for the time they are meant to be," and "They are very good, they give me all the time I need."

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Managers and staff understood the requirements of this act and what this meant on a day to day basis when seeking people's consent to their care.

We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that staff always asked for permission before providing care or support. People's comments in relation to consent included; "They always ask what I want doing and the same when they leave." Relatives echoed these comments. Staff recognised the importance of gaining consent before providing care and told us, "I ask to check what the person wants me to do, just in case they want something done slightly different."

People were supported to maintain a healthy lifestyle where this was part of their support plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the foods they wished to purchase were respected. People told us staff escorted them to the shops to purchase their food items. One person said "I get reassurance with carers being with me, just knowing I have help if I need it means a great deal to me."

People's care plans included guidance for staff on the support each person needed in relation to food and drinks. For example that people should be given choices by asking them what they would like to eat and drink. Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks. Where staff prepared meals these records included details of how much food the person had eaten. People told us, "They always check with me what I want to eat and drink and when it's given to me it's hot and fresh."

Records showed Thyme Care worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by health professionals. The management team had detailed knowledge of people's health needs and regularly contacted professionals to check and confirm that guidance provided was correct. For example to check that the right equipment was in place at a person's home.

## Is the service caring?

### Our findings

People were positive about the staff that supported them and said they were treated with consideration and respect. Everyone we spoke with complimented Thyme Care staff on the caring and compassionate manner in which they provided support. People told us, "I couldn't wish for a better bunch" , "They are very good, very caring and always respectful" , "They are lovely, they do everything I want. I can't complain really about any of them" and "They are lovely, I can't find fault with them." Relatives told us, "The carers all genuinely care, they always come in with a smile on their face" and "The staff are so patient they never rush, they genuinely care."

Staff spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop further. Staff and managers knew people well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. Staff told us they enjoyed their role and aimed to care for people as they would for their own relatives. Staff comments included; "I love this job, I love the people I work with, I get pleasure from it and I hope they do too."

Visit schedules and records showed that people were regularly supported by the same care staff. People said they knew and got on well with their care workers. A relative commented how important it was for their father to have the same care staff to lessen their anxiety. The relative said this had been acknowledged by the service and the same care staff visited. This reassured their father and the relative who felt their wishes had been listened too and respected. Staff recognised the importance of their role in the social networks of the people they supported and told us, "I see the same people each day, that way you really get to know the person and have a good chat with them about how they really are."

Thyme care identified that some people only saw their care staff as they had no family or friends that lived nearby. Thyme care recognised the social isolation that some people felt. Thyme care responded by introducing a coffee morning where care staff offered to collect people and bring them to the office for a coffee and lunch. The registered manager said "This is why we do this job, we are passionate about what we do." People told us they really enjoyed this social gathering and wanted to attend future coffee mornings.

People told us their care staff always responded to small changes in their care needs and one person commented, "Some days I am a bit slower, but the carers never rush me, they are so patient." Another told us that when they had been unwell the care staff arranged an extra home visit to them later that day to check on how they were managing. The person told us, "This is how much they care, they go above and beyond." The provision of this unplanned care visit, demonstrated the commitment of both staff and managers to meeting people's care needs.

Staff explained that if a person was not feeling well they always reported this information to the service managers. Staff told us they were able to request additional time to meet people's increased needs and that when this was necessary managers would contact their other clients to inform them of any delay.

People told us they were treated with respect and their privacy was upheld. People's care plans described how they wanted and needed to be supported in order to protect their dignity. People preferences in relation to the gender of their care workers were respected during the visit planning process. People told us they were asked if they wanted a male or female care worker and their wishes were respected. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

People told us their care workers were "extremely respectful" and said; "They have the right attitude. They are always respectful." People described the actions staff consistently took to protect their privacy and dignity while providing personal care. Relatives confirmed staff routinely protected people's privacy and dignity while providing care. While staff in their conversations with us demonstrated an awareness of how important it was to protect a person's privacy and dignity.

We saw letters of thanks to Thyme Care staff from people and their relatives. All spoke highly of the kindness and compassion that care staff showed to them. One stated "I would like to say thank you for all your kindness and care. You all have been so lovely and helpful when (person's name) was so very ill, he loved you all."

## Is the service responsive?

### Our findings

People and their relatives were involved in the development and review of their care plans. People told us, "I've got a care plan. I've a copy in my house. I signed it." Relatives told us they had seen, and been involved in the development of their family members care plan. They were in agreement with the support identified for their family member.

Staff told us people's care plans were "useful", "very thorough" and available in each of the homes they visited. Staff comments in relation to care plans included; "They explain things in good detail", "If you read the care plan you know what to do" and, "They are in all of the houses I go to and tell you everything you need to know". Senior carers told us, "I write the care plans, they are all up to date and I review them every three months or when something changes."

All of the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plans included details of their preferences in relation to how their care should be provided. For example, one person's care plan provided staff with clear detailed instructions on how to support a person to go shopping. It went into great detail including what side of the pavement the person and the care worker should walk to lessen the person's anxiety. This showed that the care plan was specific to the person's individual needs.

People's care plans were developed from information provided by the commissioners of care and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment an interim care plan was developed and agreed with the person. Staff then provided care and support in accordance with the interim care plan. The interim care plan was a few weeks later reviewed in light of experiences of both the person and their care staff. The initial care plan was updated and expanded to ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was then signed by the person to formally record their consent to the care as described.

Each care plan included specific objectives that had been developed collaboratively with the person in need of support. For example, for people who had several visits in a day, each care plan was written for that time period. So one was written for the person's morning routine, the next for lunch and the last one for the evening routine. They specified not only what caring interventions were needed but if household tasks were also needed to be completed and by who. For example, the person may need assistance from care staff to encourage the person to retain or develop independent life skills. This enabled staff to tailor the care they provided towards supporting the person to achieve their identified goals.

Each care plan included details of the person's background, life history, likes and interests as well information about their medical history. This information helped staff to understand how people's background affected who they are today and provided useful tips for staff on topics of conversation the person might enjoy. People told us, "They [care staff] know everything about me, likes, everything."

Daily records were completed by staff at the end of each care visit. These recorded the arrival and departure times of each member of staff and included details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were signed by staff and our comparison of these records with the agreed timing of visits between commissioners and people, found that information recorded was accurate. Daily care records were regularly returned to the service's offices and appropriately audited.

People described how staff provided support and encouragement for them to do things independently and engage with their local communities. For example care plans gave the person choices in how to spend their time stating 'if (person's name) does not want to go out staff can spend social time with (person's name).' A person told us that if they did not want to go out then staff would stay with them and keep them company. The daily records then gave an account of how time was spent with the person and how the person responded to the differing activities both in and out of their home.

Details of the service's complaints processes were included within people care plans. People told us they understood how to report any concerns or complaints about the service. People reported they had never wished to make a complaint. Some said they had raised a 'niggle' and when they did the managers were happy to listen and address their worry.

Thyme Care regularly received compliments and thank you cards from people who used the service and their relatives. One recently received card read, "I would like to say a big thank you to all the lovely staff that came to help me."

## Is the service well-led?

### Our findings

People and their relatives told us of the consistent high standards of care and support they received from Thyme Care. People said, "I can't talk highly enough about them" "Nothing to improve" and "I wouldn't change them."

Relatives were positive about the support their family member received, as well as the support they received from Thyme care. Some comments included, "They are very good, they listen." A relative who does not live in Cornwall stated, "Communication is very good, and I know they will call me with any queries or worries they may have about dad." Another commented how supportive Thyme Care had been to ensure that their parent continued to receive support whilst their parent's financial affairs were being sorted out. The relative commented, "They weren't going to dump us, it was such a relief."

People, relatives and staff told us they were involved in developing and running the service at an individual and organisational level. Their views were sought out and acted upon. Staff told us they felt able to approach management with ideas and suggestions and were confident they would be listened to. The registered manager acknowledged that it was "imperative" to get views from people, relatives and staff in how the service was ran so that any improvements would be identified and considered so that the service could continually improve. For example, due to care staff identifying peoples social isolation Thyme care introduced a coffee morning as outlined in the caring section of this report.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us, "I think we are a really good company." The service's commitment to ensuring people's care needs were met was demonstrated by the service's response to a person's health needs changing, as outlined in the caring section of this report. This demonstrated how the service's caring and reactive approach ensured people received effective care in a timely manner.

Staff told us the management team were approachable and they felt well supported by their line managers. A staff member told us, "The reason I stay is because we have good managers and good directors." Staff said they had sufficient time to undertake their home visits and also time to travel between people's homes. Staff felt supported by the on call system which meant staff and people could access advice and support at any time. One commented, "The managers are always available and approachable. I love the company I would not want to work anywhere else. They value their staff."

The registered manager valued their staff. Staff turnover was low and they believed this was because they respected their staff and valued their skills and commitment to their work. They met with all their care staff at least weekly when they came to collect their rotas. This allowed managers to check with care staff how they were and if there were any issues they wished to discuss.

Staff meetings were held regularly. Staff told us these were useful and gave them an opportunity to exchange any ideas for the development of the service. One commented, "They take good care of staff and

people." Another said, "I love working there. It's a great team."

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider and manager showed effective leadership. People told us the service was organised and well managed. Their comments included; "I think it's very well managed". Staff reported the registered manager, registered provider and senior carer's were; "understanding", "approachable", "motivating" and, "really good." Staff felt that as the registered manager and registered provider still undertook care visits in the community themselves this gave them a better understanding of their role and how they needed support, for example phoning them after a difficult visit to check how they are.

The registered provider, registered manager and senior carers had a strong and positive working relationship and told us they, "Support each other and recognise each other's strength." The organisation received support from their director, finance and administrator to help with the running of the organisation. They commissioned an external training company to provide mandatory and bespoke training for their staff. This meant they were able to keep up to date on developments in the field.

There were systems in place to monitor the quality of the service provided to people. People had been asked for their views on the service via a questionnaire. Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received.

People told us managers regularly completed "unexpected" spot checks on their care staff. Their comments included, "Yes, '[the manager] comes and checks how we are providing care and that our records are accurate", "The manager comes round sometimes. A senior comes round unexpectedly." In addition surveys were completed to gather feedback on people's initial experiences of care and to discuss any changes the person would like to their care plan.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent staff.

People told us the service always responded promptly to any questions or enquiries they made. People said; "There is always someone available. I have left messages, they always action them" and, "I have the office telephone number. Someone always answers". Thyme care had effective systems in place for ensuring information reported to office staff was acted on appropriately. All information reported to the office was recorded on the service's digital care planning system with details of the actions staff had taken in response to the information provided. This included details of cancelled or rescheduled care visits.