

Thorncliffe Home Care Limited

Thorncliffe Home Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Thorncliffe Homecare is a domiciliary care agency that was providing personal care to around 90 older people at the time of the inspection.

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.

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

People confirmed they received good care and staff were caring and considerate.

People felt safe using the service. Staff knew about the provider's safeguarding and whistle blowing procedures including how to report concerns.

Staff were punctual and reliable. The provider followed safe recruitment processes when recruiting new staff.

Medicines were managed safely. Incidents and accidents were thoroughly investigated.

Staff were well supported and received the training they needed. Staff supported people to have enough to eat and drink in line with their needs and wishes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been assessed to identify their care needs and preferences. The assessment was used to develop personalised care plans. People knew how to raise concerns and felt able to do so if required.

The provider had a structured approach to quality assurance which included checks of people's care. People and staff said the service was managed well and management were approachable. People and staff could share their views about the service and these were listened to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

This service was registered with us on 29 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Thorncliffe Home Care

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

One inspector carried out this inspection.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 September 2019 and ended on 10 October 2019. We visited the office location on 10 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and eight relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and staff told us the service was safe. One person commented, "They make sure I am safe."
- The provider had policies and procedures for dealing with safeguarding concerns. There had been no safeguarding concerns raised since the service registered in May 2019.
- Staff knew how to report safeguarding and whistle blowing concerns. They said they wouldn't hesitate to raise concerns if required. One staff member said, "I haven't used it [whistle blowing procedure] but I would if I needed to."

Assessing risk, safety monitoring and management

- Risk assessments were completed to make sure people and staff were safe. This included standard assessments of people's living environment and other specific assessments depending on people's individual needs.
- There were up-to-date procedures to ensure people continued to receive care in emergency situations.

Staffing and recruitment

- People had consistent and reliable staff; they were usually punctual and stayed for the full length of the call. One relative told us, "I am very happy with them. They [care staff] are very reliable, I have the same ones every day."
- The provider followed safe recruitment practices when recruiting new staff.

Using medicines safely

- Staff supported people to take their medicines when they were due; accurate records were maintained to show what support people had received.
- Staff completed medicines management training and had their competency checked.
- Management checked staff followed the agreed medicines management procedures.

Preventing and controlling infection

- Staff were provided with infection control training and followed good infection control practices.

Learning lessons when things go wrong

- There were systems to log and investigate incidents and accidents to help keep people safe. There had been no incidents involving people since the service was registered.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been fully assessed; this included reviewing their care needs and preferences, as well as any cultural, religious or social wishes they had.

Staff support: induction, training, skills and experience

- Staff received good support and the training they required. One staff member said, "I am 100% supported."
- Staff training, supervisions and appraisals were up to date.

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

- People's eating and drinking support needs were recorded in their care plans for staff to follow. This included their food likes and dislikes and any specific guidance from health professionals.
- People gave positive feedback about the support they received with eating and drinking. One person said, "They are alright, they make my breakfast and an evening meal."

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

- People were supported to access health care services if required; care records provided details of all health professionals involved with each person's care.

Adapting service, design, decoration to meet people's needs

- The service was flexible to people's needs. Changes were implemented quickly to meet these changes. One relative said, "Care needs to be increased now and again. When we ring up they are very accommodating."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff supported people to make daily living choices and decisions.
- People's and relative's feedback reflected this. One relative told us, "They have a good understanding of [family member's] needs. They have [family member's] best interests at heart." They went on to describe how staff would leave drinks and snacks out as a visual prompt for their family member to eat and drink.

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 received good care from caring and considerate staff. People and relatives told us, "It is absolutely brilliant for [family member] and a lifeline for us" and "The carers are brilliant, they look after me as if I was one of their own."
- There were warm and caring relationships between people and staff. People and relatives likened the care staff to an extended family. One person said, "They [carers] are excellent, they are like part of the family." A relative commented, "I like that [family member] has a laugh, a carry on and a chat [with the carers]."

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

- Staff involved people in deciding how they received their care. One person commented, "I am asked for my views, I keep them right [about what I want them to do]."
- Care plans included prompts for staff to ensure people received the care they wanted and were involved as much as possible.
- The service user guide contained information about to access independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and staff promoted their independence. People told us, "They treat me very well, they are very respectful. We have a laugh together."
- Staff showed a good understanding of the importance of respecting people's dignity. They described how they adapted their care to meet achieve this. They described how they would always explain what was happening, seek consent and offer appropriate reassurance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Care and support plans were detailed and personalised. They included step by step guidance about how people wanted their care provided during each call.
- Care plans were reviewed regularly to reflect people's current circumstances.
- Care plans contained people's wishes for their future care needs.

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.

- Information could be made available in different formats to suit people's needs. This was not currently required.

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 social needs were discussed during the initial assessment to identify the support they needed in these areas.
- People described how they valued the social relationships they had developed with staff.

Improving care quality in response to complaints or concerns

- The provider had a structured approach to dealing with complaints; previous complaints had been investigated in line with this procedure. Relatives told us the provider had taken on board their views and made the necessary improvements. One relative commented, "With any issues, everything has been ironed out."
- Although people and relatives gave only positive feedback; they knew how to raise concerns if required. One person said, "I am totally satisfied."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service's philosophy was focused on supporting people to be as independent as possible.
- The provider and registered manager prioritised people's needs. One person had specific requirements due to their health condition. Their relative told us the provider ensured these were met.

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

- The registered manager proactively submitted notifications following significant events at the service.
- The registered manager was very supportive and approachable. Feedback from people, relatives and staff confirmed this. One staff member told us, "I am very supported, [management] are very approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff had opportunities to give feedback about the home.
- Quality reviews with people allowed people to discuss their care. People usually gave positive feedback and had the opportunity to discuss changes to their care.
- Information was shared with staff through staff meetings, a newsletter or given to staff when they collected their rotas each week.

Continuous learning and improving care

- The provider had a structured approach to quality assurance; this was effective in identifying areas for improvement.
- The owner of the service was actively involved in its running and quality assurance.

Working in partnership with others

- The provider worked with local commissioners to promote good outcomes for people.