

Thames Homecare Service Ltd

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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 

Overall summary

This announced inspection took place on 7 January 2015. Thames Homecare Service Ltd registered with the CQC in June 2014. The provider had previously operated the same service under the name of Thames Homecare Ltd. Our last inspection of Thames Homecare Ltd took place in July 2013. The service met the regulations inspected at that time.

Thames Homecare Service Ltd provides personal care and support to people in their own homes. At the time of this inspection 106 people were using the service, most of

whom had been referred to it by a local authority. Many of these people have used the service for over a year. The service has a registered manager who has been in post since the service registered with CQC under its previous name. 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.

Summary of findings

The service was safe. People told us they received their support visits consistently and always received the care they needed. Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable. People received the support they required with their medicines.

People told us they received care from competent staff who had the skills and knowledge to carry out their work role. Many of the staff employed by the service were experienced and had worked there for over one year and prior to the change of name. Records confirmed that staff received appropriate training and support to carry out their duties and meet people's needs effectively. The service supported people to have appropriate food and drink and to receive the healthcare they needed to keep as well as possible.

People described the staff who supported them as caring and respectful. People were able to make choices about how they were cared for and said the staff who supported them knew them well. The service had identified people's needs and preferences in order to plan and deliver their care. People said the service met their needs and encouraged them to be as independent as possible. People were asked for their views of the service and said they knew how to make a complaint about the service if they needed to.

A local authority commissioner and people who use the service told us they considered the service to be well managed. Staff told us the service was open to their ideas and we saw that changes were made to improve the service. The service made regular 'spot checks' on the care that people received to ensure the quality of the service.

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 was safe. The service was reliable and people consistently received their planned support visits. The service assessed and managed risks to people and took action to prevent accidents and keep people as healthy as possible.

The service followed robust recruitment procedures which ensured people were supported by suitable staff. People received appropriate support to receive their medicines safely as prescribed.

Good



Is the service effective?

The service was effective. Staff received training and support which enabled them to meet people's needs. People were asked for their consent to the support they received. Staff understood their responsibilities in relation to the key principles of the Mental Capacity Act 2005.

People received the support they required to eat and drink and to access healthcare professionals.

Good



Is the service caring?

The service was caring. People and their relatives told us staff were kind, caring and respectful. The service ensured that people received care from regular staff and people told us they got to know the staff who supported them.

People said they had been asked about their preferences and choices and were involved in planning their care and support.

Good



Is the service responsive?

The service was responsive. The care people received was planned and delivered with their involvement.

People were asked for their views of the service through questionnaires and when their care was reviewed. People were aware of how to make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led. People and staff told us the management team were open to their ideas and suggestions. Staff understood the organisation's key values and put them into practice when working with people.

The service undertook 'spot checks' to ensure the quality of the care and support people received. When necessary, action was taken to improve people's experience of the service.

Good



Thames Homecare Service Ltd

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.

We reviewed the information we had received about Thames Homecare Services Ltd and used this to plan the inspection. The provider was given 48 hours' notice before

we visited the service because we needed to be sure that managers were available on site and we could access information about the service. The inspection was carried out by one inspector on 7 January 2015.

During the inspection we reviewed seven people's care records. We read six staff records. We interviewed the registered manager and two other members of the management team. Records on staff training and the operation of the service were reviewed. During the inspection we spoke to a local authority commissioner.

After the inspection we spoke to two people and four relatives about the service. We also asked five members of staff and three social workers for their views.

Is the service safe?

Our findings

People told us the service consistently delivered their care as planned and there were always enough staff available to safely meet their needs. A person's relative said, "We have had the service for two years, four times a day, the staff are very reliable. Whatever the weather they get here on time." The provider made appropriate arrangements to ensure the continuity of the service. On the day of the inspection, the service organised taxis to transport staff to people's homes so they could provide support on the day of a planned bus strike. Staff said arrangements were always made for people's support visits to be covered when they were sick or on leave. A social worker told us several of their clients were supported by the service and there had been no problems with missed or late visits.

People were protected from the risk of receiving support from unsuitable staff. The service put into practice robust recruitment procedures. For example, records showed the service had asked job applicants to complete forms with details of their work history, qualifications and health. Managers had then interviewed applicants to clarify their skills and knowledge. The service had taken up references from applicants' previous employers and carried out criminal records checks. Staff told us they had not started to support people until the service had obtained all the appropriate information to confirm they were suitable to work with the people who use the service.

People told us they were supported in a safe way. Care records showed that risks in relation to people's health were identified and acted on promptly. For example, staff had recently noticed some reddening to a person's skin which may have indicated that the person was developing a pressure ulcer. The service had contacted the district nurse to ask them to assess the situation and give advice on reducing the risks to the person's health. Staff showed us their systems for closely monitoring such referrals. This meant that, when it was necessary, the service could chase up such referrals to ensure people received support to keep them safe.

People's safety was promoted by ensuring they could access help in an emergency. We noted that people's records included information on how staff assisted them to use emergency call alarms by making sure they were easily in reach.

Staff we spoke with had a good understanding of how to deal with emergencies. For example, a member of staff told us, "The office always give us good advice when we ring them about what to do if someone is unwell. But we are trained that in certain situations, when it is serious, we should call an ambulance straight away."

The service had learnt from incidents which had occurred to improve people's safety. For example, we saw that procedures had recently been revised and staff had received additional training in relation to how people should be supported whilst they were unwell. This followed an incident where staff had supported a person to have a drink whilst they were awaiting for an ambulance which was inappropriate in the circumstances. Staff we spoke with were aware of this issue and told us they would always seek further advice from the ambulance service if a similar situation arose.

Care records included appropriate information about how staff should keep people safe. For example, there were guidelines for staff about how to reduce the risk of people having accidents and falls when they used equipment such as hoists when supporting them to move. People's relatives told us staff consistently followed these guidelines. Risks to people were reassessed regularly and, when necessary, changes were made to people's support arrangements to ensure they were safe. During the inspection we observed that office staff were in communication with local authority social workers and commissioners in relation to the assessment of people's needs and amendments to their planned support. For example, the service reported to the local authority that a person's mobility had reduced and arrangements were made to adjust their support arrangements to safely meet their needs.

People were protected from the risk of abuse and neglect. Staff were able to explain to us how they would recognise the signs of different types of abuse and neglect. They knew how to report adult safeguarding concerns and understood their responsibility to use whistleblowing procedures. A member of staff told us, "I have had a lot of training on this and understand my responsibility to always put the people who use the service first and take steps myself to contact the local authority or police myself if people were unsafe."

People told us that staff were trustworthy and they had no concerns about the safety of their money or their possessions. Staff told us they followed the service's

Is the service safe?

financial procedures and made sure all financial transactions were documented. Care records showed the service had taken action to protect people from the risk of abuse and neglect. For example, the service had worked in partnership with the local authority to develop and deliver plans to keep people safe.

People and their relatives told us they received appropriate support to receive their medicines safely as prescribed. Care records showed people's needs in relation to the management of their medicines were assessed by the service. Some people's records showed they managed their

medicines independently, whereas other people received 'prompting' from staff to take their medicines. A person told us, "When the staff come they ask me if I have taken my medicines or not. Usually I have taken them already, but if I haven't then I take them. The staff write down that I have taken it." A member of staff said, "We have medication administration record (MAR) sheets to complete when we support people with their medicines. This means that if I go in to see a person in the afternoon I can see straight away from the MAR chart that they have had their morning medicines."

Is the service effective?

Our findings

People told us they were supported by staff who were competent and capable of carrying out their duties. A person's relative said, "I have found the staff to be very good. They understand how to care for [my relative] very well." Another person's relative said, "The staff are excellent at caring for [my relative] – they help with washing, dressing and all aspects of their care. I have great confidence in them." Staff records showed the service had ensured staff had the necessary knowledge and skills to carry out their duties. For example, new staff had completed the 'Skills for Care' induction programme. This programme ensures staff working in adult social care can demonstrate their understanding of how to provide people with high quality care and support.

Staff told us they received on-going training and were reminded to attend refresher training on topics such as health and safety and safeguarding adults. Records showed the service tracked each employee's training requirements and ensured they had attended appropriate courses. Staff confirmed they received training which helped them to carry out their duties effectively. A member of staff told us, "A few months ago I refreshed my manual handling training. We get reminders and phone calls about our training and get what we need." Another member of staff said, "We all get a lot of training and support which helps us do the job. Team meetings are used to discuss our training and how to support people as well."

Staff told us their managers were supportive and they could easily ask them for advice and support both during office hours and outside normal working hours. A member of staff told us, "When we are worried about something and ring the office we get what we need." Staff records included a record of one-to-one supervision. These showed that staff had the regular opportunity to discuss with their supervisor how to meet people's needs and their own training needs. The service undertook an annual appraisal of each member of staff's work competencies to check that people were supported by staff with appropriate skills. Plans were made for staff to develop their skills in caring for people. Staff told us they received support to obtain recognised qualifications in care work. Staff records included information on the qualifications staff had obtained. All staff were either completing or had completed their Level 2 Diploma in Health and Social Care.

People told us they were asked for their consent in relation to their care and support. A person said, "I was asked how I wanted things to be done and that is what happens." Staff told us how they ensured that people consented to the support they were given. A member of staff said, "I ask the person as we go along if everything is alright and they are happy with what I am doing." Records showed staff had received training in the key principles of the Mental Capacity Act 2005. Staff we spoke with were able to explain to us how they put these principles into practice. For example, they understood that they should presume people had the mental capacity to make decisions and support them to do so. A member of staff said they made it easier for a person to decide what they wanted to wear by showing them a range of clothes to choose from.

People told us they received the support they required in relation to their nutrition and hydration. Records showed the service had assessed people's needs in relation to the support they required with eating and drinking. For example, some people's assessments stated they required support with the preparation of all their meals and drinks. Their records included information on how the service had planned and delivered this support. For example, support plans explained how the person's meals were prepared and any support they needed with eating and drinking. A relative said, "The staff help [my relative] with all their meals, they ask them what they want and make sure they have a drink placed near them, so they don't get thirsty when they leave." People's preferences and cultural needs in relation to their diet were noted. For example, a person's records stated, "[Person's name] does not eat pork." People and their relatives told us that staff always prepared people's meals in line with their wishes. Staff told us they had received training in preparing people's meals safely and understood the importance of washing their hands and serving meals at the correct temperature. Staff said they had been trained to recognise when a person may be at nutritional risk and in these circumstances made a report to their managers. Care records showed the service had followed up such concerns by contacting people's relatives and social workers in order that their health and nutritional needs could be assessed by their GP.

People told us the service helped keep people as healthy as possible. Care records included the service's assessment of the person's needs which documented any health needs they had and the support they received with them. A

Is the service effective?

person said, “[My relative] has quite a few health problems and is sometimes panicky and breathless, the staff know what to do about this and when to ask me to call the doctor.”

Is the service caring?

Our findings

People told us all the staff who provided their support were caring and kind. They told us they were supported by a small number of staff who were familiar to them and covered for each other during periods of absence. They said this made them feel comfortable with the staff when they supported them with their personal care. Another person told us, “I get the same person every week. They are a very nice person – kind and gentle. That is important because they help me with my shower – we have got used to each other.” People said staff were respectful towards them and were always polite and friendly. A member of staff told us, “I have been trained to always remember we should treat people as we would wish to be treated. I always start with introducing myself and asking the person what they would like me to call them. We go on from there – I want them to know I will listen to them and do what they want.”

People told us they were encouraged by staff to be as independent as possible. A relative said, “The staff are aware of the things [my relative] can do themselves. For example, when helping them to wash the staff make sure [my relative] does what they can on their own.” A member of staff said, “We are expected to always ask people to do things for themselves and to encourage them to do that because it is important as it helps people to be confident about what they can do.”

Relatives we spoke with said they had sometimes observed staff interacting with people during support visits. A relative said, “There is a lot of warmth and humour when the staff are chatting and supporting [person’s name]. They look forward to them coming to help them.” A person who uses the service told us, “They get the job done in a nice way, they are pleasant people.”

People told us they were involved in making decisions about their care. Most of the people who used the service were referred to it by the local authority who had assessed their needs and had then commissioned Thames Homecare Services Ltd to provide their care and support. Records showed the local authority sent the service information about the person’s needs and brief details of how these should be met in terms of the number of support visits, duration of visits and the support to be provided at each visit. Once the service had received such a referral they arranged to meet face to face with the person to gain more information about them.

People told us the service asked them for their views on how they should be supported. People we spoke with confirmed their views were respected. A person told us that, in relation to their care and support, “Yes they asked me what I wanted and did what I asked.” People told us they had received relevant information about the service, such as the telephone numbers of the office.

Is the service responsive?

Our findings

People told us the service provided them with support which was responsive to their diverse needs. For example, a person's relative told us, "Because [person's name] has medical conditions which mean they are very frail, the staff have to be very careful when supporting them and use a hoist to help them move. It has all gone very well and I have no worries about the care." People's records included individualised care plans to ensure they had suitable support. Specific information was included about how the service delivered the person's care. For example, there were details of people's mental health needs and any problems they had with their memory. Care plans took people's diverse needs into account. For example, a person's care plan stated, "[Person's name] can sometimes be confused, assist them to choose their clothes."

Staff told us they were required to keep records to confirm people's support had been delivered as planned. These records were kept in the person's home but we saw some examples of such records which had been brought back to the service's office. They demonstrated that staff had responded to people's needs appropriately. For example, a member of staff had written, in relation to a person's morning support visit, "[Person's name] is fine, assisted

them with their catheter, emptied it and ensured it was well connected. Prepared lunch and made a cup of tea." A social worker told us the service was flexible and always involved people in the planning of their care and support.

The service obtained information from people on their experience of the service. People were asked for their views of the service. We saw that the provider had sent people a questionnaire to complete in December 2014. We viewed 30 completed questionnaires. People had been asked about all aspects of the service and had been positive about the support they had received and the skills and attitude of staff. In addition, when people's care was reviewed they were asked for their views about it. For example, a person's care records noted that they had said at a recent review of their support that they wanted the time of their evening visit to be changed. The registered manager told us that the service was in the process of arranging this.

People told us they knew how to make a complaint about the service if they needed to. They said it was easy to make contact with the service and said they would not hesitate to do so if they had a concern or complaint. The service had not received any recent complaints. We saw evidence that the service had worked appropriately in partnership with commissioning local authorities to respond to previous complaints.

Is the service well-led?

Our findings

People and staff told us the service was well led. A person's relative told us, "I think the service is well run and the people who use the service are their top priority." A local authority commissioner told us they contracted the service because in their experience it provided support to people which was effective and reliable.

Staff told us they were encouraged to express their views at team meetings and the managers of the organisation were approachable and committed to improving the service. A member of staff who had worked for the service for several years told us, "I would say they [the managers] are all very professional. They do what needs to be done to make this a good organisation" Members of staff told us they felt comfortable about giving their views at meetings and their managers listened to them. The provider's vision and values, which included information on treating people with dignity and respect, were set out in a staff handbook. Staff told us they had read this handbook during their induction to the service and managers had explained to them what standards of conduct were expected.

People and staff told us the manager and the provider of the service were readily available and involved in the day to day operation of the service. People had made written compliments about the service. A social worker had stated, "I visited [person's name] today and they wanted me to let you know they are very happy with the service provided. They looked better than I have ever seen them." A person's relative had written, "In the short time [my relative] received a service she became very fond of [the staff who provided support]. They showed much kindness."

The service had a system of unannounced 'spot checks' to ensure people received high quality care. These were carried out quarterly and a report of each check was kept in

the person's care records. The report included a review of the person's care plan to ensure it was still appropriate in terms of meeting the person's needs. People's views of the service were documented. In addition, there was a check that the staff providing the support had delivered the care as planned and followed the organisation's procedures. For example, records of support visits were looked at to ensure they were accurate and up to date. We saw evidence that appropriate follow up action was taken through staff supervision and training if any improvement was required in relation to the record keeping skills of staff. Additionally, if people's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so they received appropriate support.

Good management was evident in relation to the way the service operated. We found that care records and staff records were up to date and included the appropriate information. A local authority commissioner told us that the service had taken new work in a phased way which ensured that people had a good experience of the service. The registered manager told us they were careful to decline new referrals from commissioners if they did not have staff resources available to ensure people experienced a safe and reliable service. The management team kept informed about relevant local and national developments in health and social care through attendance at provider forums and membership of trade associations. The registered manager was undertaking advanced training in the management of medicines to enhance his leadership skills in relationship to this topic. Appropriate action was being taken to develop the service.

We saw that the management team were revising the service's care and support procedures and were using new guidance for providers published by the CQC to ensure the service continued to improve and develop.