

Redeemed Care Agency Ltd

# Home Instead Thurrock

## 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

Home Instead Thurrock is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. The service provides support to older people, people living with dementia, young adults and people with a physical disability. At the time of our inspection, eight people were receiving personal care. 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 received safe care from staff who knew them well. There was a safeguarding policy in place and the nominated individual and staff knew how to identify and report any concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited and pre employment checks carried out.

Staff supported people with their medicines. People told us they received their medicines on time.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions and spot check meetings for staff were carried out and staff told us they felt supported by the nominated individual to perform their role.

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.

The service carried out an assessment of each person's needs and how they liked to be cared for and care plans included guidance for staff on how to meet those needs.

Staff had access to personal protective equipment (PPE) and there were effective infection prevention and control measures in place.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet.

The nominated individual sought support and liaised with other health and social care professionals when needed. As a result, staff safely and effectively met people's needs.

Most people, relatives and staff spoke positively about the management; One person said, "They mean very well, if I ask them to do something, they do it without question." There were systems in place to monitor,

maintain and improve the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Home Instead Thurrock

## 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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the nominated individual told us they were in the process of applying to become the registered manager.

#### 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 nominated individual would be in the office to support the inspection.

Inspection activity started on 18 August 2022 and ended on 24 August 2022. We visited the location's office on 22 August 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 June 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people using the service, one relative and six staff including the nominated individual; the nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicine records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service.

# 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 of 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

- The nominated individual understood their legal responsibilities to protect people and share important information with the local authority and the CQC.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member said, "I would report my concerns to nominated individual [name], I'd raise it again if nothing had been done, then raise concerns with the organisation, and contact the local authority."
- People told us they felt safe, one person said, "I feel safe, they [staff] are the same girls, all very nice." Another person told us, "I feel safe with them [staff] definitely, they are lovely."

Using medicines safely

- Medicines were managed safely. Staff received training in safe medicine management and were assessed as competent before administering medication.
- People told us they received their medicines when they needed them and on time.
- Medicine records were audited regularly by the nominated individual, and where any concerns were identified action was taken with the staff member.
- We saw a person recently had a medication review with the GP due to the nominated individual identifying regular refusals of some of their medication.

Assessing risk, safety monitoring and management

- Risks associated with people's care and environments had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised.
- The nominated individual had been working with the local fire service to carry out safety checks of people's homes and fitted smoke alarms for additional safety.
- Staff had received appropriate training to enable them to use equipment confidently. One staff member said, "I have received training on how to use a rotunda transfer aid and sliding sheets."

Staffing and recruitment

- Recruitment procedures were robust and appropriate checks were carried out including obtaining references and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People told us calls had not been missed and if staff were running late, they would be contacted. One person said, "They [staff] are always here, time can be a bit out, they will call me if they are running late, but that is rare." Another person said, "It's never happened, I've

had no missed or late calls."

#### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. People confirmed staff were following correct infection control procedures, one person told us, "Yes they, [staff] always wear it when they come to me."
- One staff member said, "I test twice weekly, every person I see, I always replace my PPE. It is always available for us."

#### Learning lessons when things go wrong

- The nominated individual had a system in place to monitor accident, incidents, complaints and compliments. There had been no significant accidents or incidents. However, we saw a complaint raised regarding food safety had been followed up with additional training being provided to staff and staff had 1:1 supervision to discuss any learning points.

# 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 were assessed prior to their care and support commencing with the service. One relative told us, "[Name] is living with dementia, I am very involved, they [staff] came to house and we had a long meeting."
- Care plans gave clear information around how care and support should be delivered. For example, when carrying out personal hygiene for one person their care plan detailed what bowls and wash cloths to use for upper and lower body, and where everything was kept as guidance for staff.
- People's support needs were regularly reviewed to ensure care continued to be delivered as required. One relative told us, "I use the app to view [persons] daily care notes, I am in regular contact either by email or message with [nominated individual] and I am often at [persons] home so will see the carers as well and talk to them about [persons] care needs."

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included a thorough induction and shadowing more experienced staff until they felt confident in their role.
- We saw new members of staff had been supported in completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received supervision and told us they felt valued and well supported. Staff told us, "As a member of staff I feel very valued and supported I only need to ask, and I know the support is there. Another said, "[Name of nominated individual] has personally thanked me on a number of occasions for my support and hard work within the company."

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

- People were supported to eat and drink in line with their care plans. We saw from daily notes and care plan prompts of what individual people's preferences were, how staff supported people with eating and drinking. For example, one person had a supplement drink daily as their appetite fluctuated and they did not always want a meal.
- One staff told us, "People's dietary needs are entered into their care plan, I find out as much as I can at the consultation, talking to the clients, talk to family members." Another said, "The person I support tells me what they like and do not like. I always ask. Everything is in their care plan."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to health and social care professionals to ensure people received the support they needed.
- The nominated individual told us, "At the consultation period, we find out what a person's care requirements and outcomes are. We come back and write a personalised care plan for them. We identify if they require a district nurse for pressure sores or speech and language therapist input (SALT) dependent on the individual client's needs. This is to achieve optimum health."
- We saw the service worked in partnership with relatives to ensure care visits were flexible to accommodate relatives taking their loved ones to their healthcare appointments.

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 MCA 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

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- Where we identified people who lacked capacity, the nominated individual had taken steps to obtain Lasting Power of Attorney (LPA) details from their relative. This allows an individual(s) to make Best Interests decisions for and on behalf of a person who lacks capacity to make their own decisions.
- Staff completed MCA training and encouraged and supported people to make their own decisions. Staff told us, "I protect people who are vulnerable, I support the person to do what they can for themselves. Always assume they have capacity and anything I do must be in their best interest." Another said, "I involve all my clients with their choices I talk everything through with them."

# 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 told us that staff always treated them well and they felt respected. One person told us, "The staff are very respectful, I like their company, its quite nice."
- People were supported by staff who had got to know them well. One person told us, "I have mostly the same four staff, two at a time, the same every week." Another person told us, "I see the same two staff, they are respectful to me, we have a chat and a laugh."
- The nominated individual told us, "We do not discriminate, when we recruit or take on a new care package, we recruit on our care givers values, we ask, what makes them want to do care. It has nothing to do with gender, sexual orientation. We respect everyone's beliefs, including cultural for both staff and people. We recently received referral for one client, who specifically asked for a gender preference of staff due to cultural traditions."
- Staff spoke positively about their roles and the people they care for. One member of staff told us, "The one thing I really like about working here, is working alongside the same clients and being able to truly build a relationship with them. It's not just an in and out job, the trust they build in us, getting to know our face and me being able to see if they are having a down day. My own personal goal is to make sure people are happy, cared for and comfortable, show dignity, promote their independence and ensure a safe environment."

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

- People told us they were involved in decisions about their care. One person said, "Two ladies [staff] came to my home, we had a chat, I told them what I wanted, and we took it from there." Another person told us, "Yes, they [staff] came to talk about what I would like, my daughter was with me, although my daughter deals with it mostly. I'm happy for her to do it."
- People's care plans included details of people's involvement preferences and choices.
- The nominated individual told us, "People and their relatives who hold Lasting Power of Attorney (LPA) or Power of Attorney (POA) are able to access their care plans, they can view notes, visit times, next visits up to seven days ahead. Look at the care plan and suggest changes if needed. We always ask for information from families and use the feedback to put in their care plans."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to respect people's privacy and dignity. One said, "Before I enter [persons] bedroom I knock on the door, and when [person] is using the commode, I leave the room to give [person] some privacy." Another said, "I ask permission before I do something, I ask what people like as everyone has different preferences. I talk to people about what I'm doing, encourage their independence. I close the curtains and shut the door when carrying out personal care."

- People were able to choose their gender preference of staff. One person said, "I am happy with either male or female. It's mostly female but at times one is a male carer, they are also very nice."
- People were supported to maintain their independence and to regain their confidence. One staff member told us, "One person I support, had lost their confidence to go outside, I supported them bit by bit to walk outside, we walked with the persons walker slowly, planned our route and would wait until road was clear. This person's confidence and independence has improved over time."

# 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

- People's care plans were person centred and reflective of their needs. They considered all aspects of people's care, including preferred name, health, mobility, personal care and nutrition and hydration.
- People and their relatives were involved in the development of their care plans. People and relatives were encouraged to provide information and feedback so this could be used to update care plans.
- The nominated individual told us, "During our reviews, we ensure that our client's needs, and beliefs are taken into consideration. When we write their care plans it is about the person. We ask for a this is me document to be completed, this captures who they are and what matters to them. Care staff also complete this as well to match them to clients where a common interest has been identified."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing them and recording in their care plans for staff to be aware of how to support each individual.
- The nominated individual told us, "When we carry out our assessments, we discuss any specific communication preferences. We are able to provide documentation in large print, braille and the care coordinator is trained on Makaton (a communication aid that uses signs, symbols and speech)."
- People told us staff communicated well, one person said, "They [staff] have got to know me and what I like, I tell them stories and we have a laugh."

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

- Staff told us they spent time chatting with people and got to know their relatives. One staff member said, "I like to get to [person] earlier, we have a chat, it's nice for them."
- The service also provides companionship care visits, whereby staff take people out into the community, shopping, cafes or trips to the pub.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint or raise any concerns and who to. One relative said, "I have a copy of the complaints procedure, although I have not had cause to complain yet."

- The nominated individual had a system in place to record and monitor complaints to ensure action was taken to address people's or relative's concerns.

#### End of life care and support

- The service was not supporting anyone at the end of their life. However, the nominated individual told us they would liaise with the appropriate healthcare professionals should it arise.
- Staff we spoke to had not received end of life training. However, the nominated individual had booked the care coordinator on an end of life certified course for the end of the year to enable them to deliver training to the staff team.

# 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

- The nominated individual had a clear vision of the key values of the service, they told us, "We provide high quality care that meets client's needs. We support clients in a dignified way. We have a mantra, we are all leaders, we lead effectively in the community. We want to change the face of ageing, just because you are getting older, does not mean you are unable to achieve a good quality of life."
- There was a positive culture at the service. People, relatives and staff had confidence in the management team and spoke highly of the nominated individual. One person told us, "I have met the manager, she is a nice lady, I have no complaints about the way I'm am being looked after." A relative told us, "I feel as the company is quite small, I'm lucky that [person] is having the best care. Things are good at the moment."
- Compliments about the service were received. One relative had written, "From the first contact, we were treated with kindness, understanding, and respect. We had the pleasure of working with staff who both went above and beyond to help in any way they could." A staff member said, "My managers are very nice people and very helpful they help me with any questions I have or if I need help with anything. I do have a good relationship with them."
- People were supported by staff to achieve good outcomes. For example, improving their health and well-being.

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; Continuous learning and improving care

- The nominated individual had acknowledged when things had gone wrong and they were open and honest with people and relatives. For example, where a complaint had been received the nominated individual followed up on the concerns, they had shared information to their staff and followed up with additional training. This had then been communicated back to the relative who was happy with progress made.

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

- The nominated individual understood their responsibility to notify the CQC of incidents or safeguarding concerns at the service.
- Systems and processes were in place to monitor the quality of the service through audits such as, medicine audits, call times and scheduled visits and care records and risk assessments.
- Staff were clear about their roles and understood regulatory requirements to provide safe care to people.

One staff member told us, "In my eyes it's about the person we are caring. Everything is tailor made to that person, So, they get the right care and treatment individual to them."

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

- The nominated individual was in regular contact with people using the service and their relatives to ensure the care being provided was meeting their needs. The nominated individual also gathered feedback in the form of emails, online surveys regarding the overall quality and experience of care people received.
- Staff felt supported by the nominated individual. They had the opportunity to raise concerns by attending staff meetings and 1:1 supervision.
- The nominated individual had systems in place for staff to share information and worked alongside staff to gain feedback on the care they were providing. One staff member said, "I shadowed [nominated individual], on a few occasions so I would know how to support the person safely and understands the needs of the client. This also included a night shift." A relative told us, "[Nominated individual] is very hands on and heavily involved with all aspects of care [name] receives. We speak regularly."

Working in partnership with others

- The service works closely with relatives, the local fire service to improve people's safety at home, health care professionals and the local authority to ensure people receive the right care, treatment and support that is individual to them.
- The service was working hard to improve links with the local community such as day centres and local churches. Future plans for the service were to introduce a community café where people using the service and people from the local community could come together.