Thames Homecare Service Ltd

Thames Homecare Service Ltd

Inspection report

2 Burngreave Road
Sheffield
South Yorkshire
S3 9DD

Tel: 01143216488
Website: www.thameshomecare.co.uk

Date of inspection visit:
18 January 2018
19 January 2018

Date of publication:
22 March 2018

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

We carried out this inspection on 18 and 19 January 2018. This inspection was announced, which meant the registered provider was given 48 hours' notice of our inspection visit. This was because the location provides a small domiciliary care service and we needed to be sure that someone would be available to meet with us.

We checked progress the registered provider had made following our inspection on 31 October 2016 when we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were Regulation 9, Person centred care; Regulation 11, Need for consent; Regulation 12, Safe care and treatment; and Regulation 17, Good Governance.

Following the last inspection, we asked the registered provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good. We found improvements had been made and the service was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The agency office is located in Sheffield. At the time of our inspection the service was providing personal care for 50 people and there were 47staff employed by the agency.

There was a registered manager in post. 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.

The care records we looked at included risk assessments, which identified any risks to the person. They had been devised to help minimise the risks, while promoting the person's independence as far as possible

Effective systems were in place to make sure people received their medicines as prescribed.

All staff we spoke with understood what it meant to protect people from abuse and what actions to take if they suspected someone was being abused.

The service employed enough staff to ensure people's needs were met. The registered provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

The registered manager, general manager, and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and what this meant in practice.

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

Staff were supported through face to face training, regular supervisions, appraisals and team meetings to help them carry out their roles effectively.

People were encouraged and supported to eat and drink meals of their choice where there was an assessed need in this area identified on the person's care record.

Care records showed people received appropriate input from health and social care professionals, such as speech and language therapists, to ensure they received the care and support they needed.

Positive and supportive relationships had been developed between people and staff. People told us they were treated with dignity and respect.

People received personalised care. Care records reflected people's current needs and preferences. We saw these were regularly reviewed with the person.

The service had a complaints procedure and people told us they were aware of how to make a complaint if they needed to. There had been no formal complaints recorded at the service in the previous 12 months. People and their relatives confirmed they had no reason to complain.

Feedback on the service was encouraged by completing questionnaires with people every three months and through weekly meetings with staff.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. Some of these needed further development to include local guidance specific to the service.

People and staff told us the registered manager was supportive and approachable.

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.

Risks to people had been identified and plans put in place to keep these risks to a minimum.

We found systems were in place to make sure people received their medicines safely.

There were policies and procedures in place for staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and people had consented to the support provided by Thames Homecare.

People were supported by staff who had the knowledge and skills necessary to carry out their roles. Staff were suitably trained and received regular supervisions and appraisals.

People were supported to maintain good health, and to access health and social care services when required.

Is the service caring?

Good

The service was caring.

People and their relatives told us the staff were kind and caring. They all spoke positively about the support they received and told us they would recommend the service to anyone needing this type of support.

Staff told us they enjoyed their jobs and they knew the people they supported well.

Staff understood the importance of treating people with dignity and respect, and the need to promote people's independence.

Is the service responsive?

Good

The service was responsive.

People's care records reflected the person's current health and social care needs. We saw these were regularly reviewed.

The service had a readily available complaints procedure. Feedback on the service was encouraged through regular questionnaires and weekly staff meetings.

Is the service well-led?

Good

The service was well-led.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance. Some of these needed further development to include local guidance specific to the service.

Staff were clear about their roles and responsibilities. They told us they felt supported by the registered manager.

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 was planned to check 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 gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 18 January 2018 and ended on 19 January 2018. It included one visit to a person who received support at their home on 19 January 2018 to ask their opinions of the service and to check their care records. We telephoned 20 people who received support and managed to speak with six people receiving a service, or their relatives, to obtain their views. We visited the office location on 18 January 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team was made up of one adult social care inspector, one adult social care assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. The provider completed the PIR. We used this information to help with the planning for this inspection and to support our judgements.

Before the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. A notification must be

sent to the Care Quality Commission every time a significant incident has taken place. For example, where a person who uses the service suffers a serious injury.

Before the inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service. They told us they had no current concerns about the service.

During the inspection site visit we met with the registered manager and six members of staff as well as looking at written records, which included five people's care records, six staff files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 31 October 2016 when we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because people's risk assessments did not contain sufficient guidance for staff. During this inspection we found improvements had been made in this area.

We looked at five people's care records and each one contained completed risk assessments where any risks to the person had been identified. We saw these assessments also included guidance for staff on how to reduce the risk. For example, one person's assessment identified they were at risk of choking. There was guidance for staff to cut the person's food into small pieces and also for their food to be served at the correct temperature. We saw another risk assessment for a person requiring support with bathing. Language used was person centred, 'Carer to gently aid [name of person] onto the bath seat, once [name of person] is sat comfortably gently swing their legs out of the bath.'

We checked progress the registered provider had made following our inspection on 31 October 2016 when we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person centred care. This was because people's care records did not contain clear guidance in relation to the safe administration of medicines. During this inspection we found improvements had been made in this area.

We saw care records did contain assessments of people's needs with regard to medicines where the person had been assessed as needing support in this area. We saw these people had a Medication Administration Record (MAR). This should be signed and dated every time a person is supported to take their medicines or record a reason why any medicine is declined. We saw MARs were appropriately completed after medicines were administered and these were also audited each month by the registered manager. Some people were prescribed topical medicines such as creams or ointments and this was recorded on their MAR. We saw these people also had body maps on their care records which were marked to show staff where the topical medicine needed to be applied. We found some people were prescribed medicines to be taken as and when required, known as PRN medicine. For example, medicines to alleviate agitation or to manage people's pain. We saw there was guidance for staff on when the person may need to take their PRN medicines. This meant people's medicines were managed safely and people were supported to take their medicines as prescribed.

People and their relatives told us they felt the service they received was safe. Comments included, "I feel very safe with them [staff]. I have no worries at all," "I am safe with them [staff], definitely" and "I feel absolutely safe."

Prior to this inspection we checked with local authority whether they had received any safeguarding concerns about Thames Homecare. They confirmed they hadn't. The registered manager told us if any concerns were raised they would be recorded alongside any actions taken and lessons learnt.

We saw the service had a safeguarding policy and a whistleblowing policy. Whistleblowing is one way in

which a worker can report concerns, by telling their manager or someone they trust. All the staff we spoke with had an understanding of different types of abuse and were able to tell us how they would recognise abuse and what they would do if they suspected abuse had taken place. Staff told us they were confident any safeguarding concerns they raised would be acted upon and taken seriously by management. We saw certificates on staff files confirming they had completed safeguarding training. This meant staff were aware of how to report any unsafe practice.

We looked at the files for four members of staff who had been recruited in the previous 12 months and two files relating to staff employed over one year ago. We saw they contained all the information required to evidence the service followed safe recruitment practices. For example, a copy of the person's job application form and interview responses. If successful there should be acceptable references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character.

We checked whether Thames Homecare had enough staff to safely meet people's care and support needs. The amount of care a person needed to support them to live at home was assessed by the local authority or clinical commissioning group. The registered manager told us they could authorise temporary increases in care for up to six weeks if needed, and they would contact the local authority or clinical commissioning group if they felt additional hours were needed permanently to safely support a person.

People told us they always knew which members of care staff were coming to support them and they regularly saw the same care staff. Comments included, "We have a list of people [staff] so we know who is coming," " The girls [staff] tell me if someone else will be coming," "I see the same people [staff] all the time," "Generally I have the same ones [staff], sometimes different at the weekends but they are all good" and "Generally [have the same staff], unless it is their day off, but I know them all who come anyway." People also confirmed the care staff arrived when expected and stayed for the allocated time. Comments included, "They are never rushed and they do everything I need doing," "They always stay for the full time" and "Usually they are on time, unless they are held up at a previous call. They never rush away."

Staff also told us there was enough of them to meet people's care and support needs. Comments included, "There are enough staff that work here. Sometimes our time is short but this is no fault of our own, it is very rare we are late and it has never happened to me. I know it has happened to a colleague who was 5 minutes late due to traffic but she called the office and they notified the client who was happy," "'There is definitely enough time to do everything, it takes as long as it takes. I am never late to my calls, but I know what to do if I was" and "There are definitely enough staff and staff are very happy. We encourage each other and we all really like working here."

Staff told us they were provided with personal protective equipment, such as gloves and aprons to use when supporting people in line with infection control procedures. People we spoke with confirmed this. One person told us, "They wear gloves when they are making my lunch and make sure everything is tidy and clean afterwards."

Good

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 31 October 2016 when we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent. This was because the registered provider had not completed mental capacity assessments or evidenced decisions were made in the person's best interest where appropriate. During this inspection we found improvements had been made in this area.

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. For people living in their own home, this would be authorised via an application to the Court of Protection.

Staff told us they had received training about the MCA and certificates on their files confirmed this to be the case. Care staff we spoke with understood the importance of the MCA in protecting people and the importance of involving people in making decisions. One member of care staff told us, "Choice is maintained wherever possible especially for people who lack capacity or have dementia or mental illness. It is about getting to know clients and understanding their needs and what they are capable of doing." One person told us, "They [staff] are very polite and always ask me if it is ok [before they do anything]."

People had been involved in making choices and decisions about the care and support they received. All of the care records we looked at contained signed consent to care and treatment records to evidence people had been consulted and had agreed to their support plan.

All staff we spoke with confirmed they had an induction to the service and received regular refresher training to keep up to date with any changes or developments to practice. One member of staff told us, "I had a good induction, this was my first care role and after I felt confident to do my job properly. We have regular refresher training to keep up to date." Staff told us training included; understanding safeguarding, medicines management, and safe manual handling techniques.

Staff told us all training was provided face to face. The registered manager delivered training as well as employing a part time trainer. Part of the trainer's role was to ensure new care staff completed 'The Care Certificate'. This is an identified set of 15 standards which health and social care staff should adhere to in their daily working life. Care staff need to complete all 15 standards in full before they can be awarded their certificate. We saw certificates of completion of this training on care staff files.

Staff told us they received regular supervisions and appraisals. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is usually an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We saw records of these meetings on staff files.

One member of staff told us, "I have supervisions regularly and appraisals every six months or so. Even though we have supervisions I know that I can have a meeting with my manager whenever I want to should I have any issues."

The registered manager and care staff also told us about 'Key Performance Indicator (KPI) Self Evaluation' forms. These were a way for care staff to reflect and focus on their practice in a specific area such as; time-keeping, infection control, and respect, privacy and dignity. Staff told us they found completing these KPI forms useful. One member of care staff told us, "It helps to see on one page everything that is expected of us and helps us see if we need support on anything in between supervisions and appraisals." Care staff also told us they had regular spot checks of their practice and they found this was another useful way to learn and develop their skills. We saw records of completed KPI forms and spot checks on staff files.

People we spoke with confirmed they thought the staff were well trained. Comments included, "[Staff are well trained,] very much so, they [staff] look after me very well" and "I do think they [staff] are very well trained."

This meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people effectively.

Some people in receipt of a service from Thames Homecare were assessed as needing support with eating and drinking. We saw this was identified on their care records alongside any specific dietary requirements, for either cultural or health reasons. One person told us, "They do some meals for me. I tell them what I fancy [to eat] at the time." A member of care staff said, "We do make client's meals and I always leave drinks whenever I go, but it is important to promote independence and let clients do things for themselves, as long as clients are comfortable. I always encourage people to eat as much as they can and give people a choice."

Staff supported people to access health and social care professionals as required and we saw this was recorded on the person's care record on a 'Professional Discussion' form. We saw on some people's care records these forms were blank. It was unclear to us whether this was because there was no support required in this area or staff had not updated the form. We spoke with the registered manager about this and he agreed blank forms did not need to go on people's care records until they needed to be completed.

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included, " They [staff] are good carers and they do everything I need, I only have to ask," "They [staff] are marvellous, very kind and caring," "I only have to say and they [staff] listen to me all the time," " They [staff] are lovely, kind people" and "They [staff] are very kind, nothing is too much trouble for them."

We asked people and their relatives if they thought staff treated them with dignity and respected their privacy. Everyone we spoke with confirmed this was the case. Comments from people included, "They are very respectful when they help me shower and let me do as much as I can for myself," "They [staff] do treat me very well. They are lovely ladies," "I have male carers, so I like that for my dignity" and "They look after me very well."

Staff we spoke with understood what it meant to treat people with dignity and respect and what this is meant in practice. Comments included, "When I deliver personal care I always ensure to cover clients with a towel and close the door. I make sure people are aware of what I am doing and what I am going to do next. It is important that clients are comfortable. We also have consistency of who we work with as it's not nice for people to have to change," "I support clients in whatever needs they have, I enjoy doing this. I prepare meals and drinks, I ask clients what they would like and make sure they can choose. I want clients to be happy" and "Staff always go beyond what we are supposed to. I always say to carers to listen to people and make sure you make a difference."

The registered manager told us they always gave people new to the service a week's trial with their proposed care staff. This was to make sure the person was comfortable with the care staff coming into their home. The registered manager could only think of two occasions where they had to change the member of care staff. In both cases this was due a language barrier rather than the standard of care provided.

We did not see or hear staff discussing any personal information openly. Staff we spoke with understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. On staff files we saw each member of staff had signed a 'code of conduct' statement. This included guidance on maintaining people's privacy, promoting people's independence and a policy on confidentiality.

All staff we spoke with were positive about their jobs and the people they supported. They spoke with a passion and commitment to always providing the highest standards of care and support they possibly could. They clearly knew the people they supported well and spoke about them with fondness.

Every person we spoke with told us they would recommend Thames Homecare to anyone needing this type of support. Comments included, "I would [recommend Thames Homecare] because it is an excellent service," "Without a doubt [I would recommend Thames Homecare] because they are a good service for people" and "I would recommend them [Thames Homecare] to people, they [staff] are very good."

Good

Is the service responsive?

Our findings

We saw the workforce reflected the communities they served. The service covered geographical areas in Sheffield where significant numbers of people who lived there were from Black and Minority Ethnic (BME) communities. The registered manager told us English was not the first language for all the staff he employed, in many cases it was Somali. The registered manager gave us examples of care staff being able to communicate effectively with the people they supported who spoke little or no English. The registered manager told us the trainer was going to deliver training in 'English for care workers'. This is training aimed at increasing care staff's confidence and competency in completing the daily logs.

We saw people's care records included a care and support needs assessment and a support plan on how to best meet the person's identified needs in areas of daily living such as; eating and drinking, practical support, and medicines. If no support was required in any areas this was also recorded. The registered manager told us he met with every new person referred to the service to complete their needs assessment, support plan and any risk assessments. We saw support plans were written in the first person and gave some information about the person's social history and their likes and dislikes.

We saw at the top of the person's support plan it gave the name of the person's regular care workers and the statement, 'Our company policy is to keep a regular carer for our client. [list of names of the person's allocated care workers]. If someone will cover for any reason we will introduce the [new] care worker'.

We saw care records also contained a summary breakdown of the times of each calls and the tasks to be undertaken during each time period. There were two copies of people's care records. One was held in the office and the other in the person's home. This meant all staff had access to the person's current care and support needs. The service had recently introduced the use of an electronic system where care staff used an app on their mobile phone to scan a bar code held on people's care records to record the time they arrived at a person's house and the time they left. This meant staff at the office had access to real time information of where every member of care staff was. To date the system had shown care staff were reliable with no missed calls recorded.

We saw people's care records were reviewed every six months or sooner if their needs changed. We saw people and/or their relatives had signed to confirm they were involved in these reviews. Comments from people included, "I do have a care plan and it is reviewed regularly. They did an assessment when I first started with them" and "I do have one [care record], I'm sure they have looked at it."

People were asked for their views on the service and any suggestions for improvement approximately every three months. We saw completed questionnaires on people's care records. Most of the responses we saw for questionnaires completed in the previous year were rated as 'excellent' or 'very satisfied'. No one had rated below 'satisfactory.'

We asked people if they felt they would be able to complain if they had any concerns. People told us, "I would feel able [to complain], but have never needed to. I have no concerns at all," "I have never needed to

[complain] as they are brilliant," "We would feel able to [complain], but never needed to" and "I have no need to speak to them [office staff], but if my [relative] calls the office with any query they sort it straight away."

The service had a complaints procedure. We saw this was available to people in their 'Service User's Guide'. The registered manager told us they had not received any complaints in the previous 12 months. Our conversations we people and staff confirmed this to be the case.

Good

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 31 October 2016 when we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance. This was because the registered provider had not implemented robust quality monitoring systems.

Quality monitoring and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We saw the registered manager had introduced audit systems for MARS and daily communication logs. We saw he had timetable in place so every completed MAR was reviewed monthly alongside the person's communication logs. For those people who did not need support with medicines their communication logs were audited every three months. We saw evidence these audits were undertaken regularly on people's care records. Where any issues had been identified these were recorded and fed back to the member of staff. For example, reminders to use the 24 hour clock when recording times.

People told us the service was well-led. Comments included, "People in the office are always helpful" and "I would say it is [well-led]. I have never had a problem with them [staff]." Every member of staff we spoke with told us they felt supported by the registered manager. Comments from staff included, "I feel supported by the manager and I am happy here," "The service is very well run, he [registered manager] does a fantastic job, I am very satisfied. I have worked in care since [date] and this is one of the best places I have worked. We do something for everyone and we are very respectful of people's culture and beliefs" and "He [registered manager] is very approachable, always available and friendly. I always feel appreciated and I am very comfortable with how things are run."

The registered manager told us he held a team meeting every Tuesday morning. These meetings focussed on a different theme each week, such as infection control. In addition the registered manager used these meetings to highlight 'good practice of the week' and 'staff member of the week'. All staff we spoke with told us they found these meetings useful and they were also an opportunity for them to discuss any issues they had.

We saw the service had a comprehensive set of policies and procedures covering all aspects of service delivery. These were produced by a private care company with local guidance to be added by individual services. We saw they were up to date and due for review later in the year. We saw these were electronically stored and paper copies had been printed out for staff to access at the office. In addition we saw key policies and procedures were also included in the staff handbook, where staff needed to sign to say they had read and understood them. Staff confirmed they knew how to access these documents. One member of staff told us, 'I know how to access these [policies and procedures], they are kept in the office and I can get them if needed.'

We saw the safeguarding procedure and whistleblowing procedure needed updating to add local contacts names and contact details. We discussed this with the registered manager who agreed he would add the

specific local guidance where required.

The registered manager confirmed they were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be completed and sent to CQC would be submitted. Registered providers are also required to display the ratings of their CQC inspections in a prominent place and on their website. We saw the ratings from the last CQC inspection were displayed in the office, however they were not displayed on the registered provider's website. We spoke to the registered manager about this who confirmed the website would be updated to reflect their current ratings.