

# Thorough Care Corporation Ltd

## 268 Ashingdon Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

About the service:

268 Ashingdon Road is a domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection 12 people were using the service.

People's experience of using this service:

People told us they felt safe using the service and valued the fact that they were supported by regular care staff who knew them well. People said they never had a missed call, staff arrived on time and stayed for the full length of the arranged visit and provided support in the way they wanted. People told us that the registered provider who was currently managing the service was helpful and approachable. People told us they had no complaints, were happy with the service they received and would recommend the service to other people.

Risks to people had been assessed with guidance for staff to follow. However, improvements were required in terms of risk recording to make sure people's care records were up to date and reflected people's current needs. Medicines were managed safely by staff who had been trained and assessed as competent. Staff had access to protective clothing to prevent the spread of infection. Sufficient staff were employed who had been safely recruited.

Staff received training, supervision and regular observations of their practice to ensure staff had the knowledge and skills to care for people effectively. People received support to have enough to eat and drink that met their needs and preferences. Staff knew people well and reported any health concerns to the registered provider who made appropriate referrals.

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

People told us staff were kind and caring and treated them with dignity and respect. Staff were gentle and compassionate when providing care and support and listened to people. Independence was supported and encouraged.

Improvements had been made to how information about people was collected to help staff get to know people and how they wanted their care and support delivered. There were systems in place to respond appropriately to complaints. Staff had received training in end of life care and feedback from people showed that people and their families received kind and compassionate care.

The registered provider was managing the service whilst a new manager was completing their induction and going through the registration process. Improvements had been made to ensure robust quality assurance mechanisms were in place to monitor the safety and quality of the service. The registered provider had a good level of oversight of their service as often worked out in the field providing care and support to people

and overseeing staff practice. They were pro-active at seeking the opinion of people and staff to drive improvements and ensure people were happy with the service they received.

Rating at last inspection: Requires Improvement. (Last report published June 2018).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor 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)

## 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 not always safe.

There was an inconsistent approach to risk management which potentially placed people at risk of harm but risk was minimised as people were supported by regular staff who knew them well. Medicines were managed safely, and safe recruitment processes were in place. People were protected from the risk of infection and lessons were learned when things went wrong.

**Requires Improvement** ●

### Is the service effective?

The service had improved to good.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service remained good.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service had improved to good.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service had improved to Good.

Details are in our Well-Led findings below

**Good** ●

# 268 Ashingdon Road

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team was made up of one inspector.

#### Service and service type:

268 Ashingdon Road is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults including people with palliative care needs, physical disabilities and people living with dementia.

The service had recently recruited a manager who was going through the process of registering with the Care Quality Commission. In the interim the service was being managed by the registered provider who had previously been registered as the manager. The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an announced inspection as this was a small service and we had to be sure someone would be at the office when we visited. Inspection activity started on 24 May 2019 and ended on 3 June 2019. We visited the office location on 24 May 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our

inspection.

On 24th May 2019 we visited the office premises and spoke with the registered provider. We looked at four people's care records including their medication records and daily notes. We looked at four staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits. on 3rd June 2019 we phoned four people who used the service to ask for their views. We also interviewed four staff members. We also contacted organisations that commission services from the provider including one local authority and a clinical commissioning group to ask for feedback.

After the inspection we made further requests for information which was provided by the registered provider.

# Is the service safe?

## Our findings

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

Requires improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were assessed with written guidance in place for staff to follow to keep people safe. However, we found assessments were sometimes generic, lacked detail and were not reviewed in a meaningful way when things changed. For example, one person had a risk assessment for falls which had been marked as reviewed. However, the assessment had not been changed to reflect the person had fallen or they needed a Zimmer frame to walk with. The risk of harm to people due to poor recording practices was minimised because people were usually supported by regular staff who knew them well. However, there was the potential for risk of harm if people were supported by new staff who were not familiar with people's needs.
- Staff told us that the provider kept them informed when things changed for people, so they had the most up to date information to keep people safe. A staff member said, "[named provider] keeps in touch with us if we have a problem she is always there for us; her communication skills are good and we are always kept up to date."
- At our previous inspection we found that risks associated with people's home premises had not been formally assessed and recorded. This had been partially addressed by the provider as they had introduced a new style of assessment which was far more detailed and identified any risks to people and staff within the home environment. However, we found three examples where the new style of assessment had not been used. The provider told us they had recently stopped using the new style paperwork as thought they were collecting too much information.

We recommend that the provider review their risk assessment and care recording processes to ensure a safe and consistent approach to risk management.

- People said they felt safe using the service. A relative told us, "I feel absolutely feel safe with them in my home and very confident [named family member] is in safe hands; we have been lucky and privileged to have one particular carer, I feel very confident with him dealing with things; he doesn't hesitate to correct other staff if he doesn't think things are being done correctly; he watches and says to them 'make sure you do that properly'."
- Systems were in place to monitor people's care visits. The provider completed random spot checks to make sure staff had arrived. In addition, people's daily notes were collected and audited by the provider each month to check people had received their calls on time and for correct duration.
- The provider told us, and people confirmed that there had been no incidents of missed visits and that staff arrived on time and stayed for the correct length of time. A person told us, "They [staff] come on time and stay until everything is done and I am happy." Another person reported, "They [care staff] are very punctual I sometimes think they live upstairs because they are always on time." People told us they were happy with

their care call times and said if staff were ever going to be late they would always get a phone call to let them know.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding and knew the signs to look for that people might be being abused and how to report concerns.
- The provider had a system in place to manage any safeguarding alerts. They understood their responsibilities to protect people from the risk of abuse and reported any concerns to the appropriate authorities.
- There were systems and processes in place for reporting accidents and incidents and staff were aware of the procedures. At the time of inspection there had been none to report.

Staffing and recruitment

- People were supported by regular carers which provided continuity of care. Comments from people showed that having regular care staff was valued and impacted positively on the care and support they or their family member received. A relative told us, "It's good for [named family member] to have the same carers; they are suffering with pain so it's important care staff know them and are sensitive to their needs."
- Sufficient staff had been recruited to meet the needs of people who used the service. Most people had two care staff to support them and told us there were always enough staff. The provider was trained and available to provide more cover if required.
- Safe recruitment processes were in place which including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults. One local authority had raised concerns about the quality of employee references. This issue had now been addressed and all staff references had been checked and verified.

Using medicines safely

- Systems were in place manage people's medicines safely. People had medicine administration records (MAR) which had been signed by staff to show that people had been given their medicines. Any gaps on the MAR were explored during the audit process to make sure people received their medicines as prescribed.
- Only Staff who were trained and assessed as competent administered medicines. Staff told us, and records confirmed checks on their competency to administer medicines were undertaken by the provider.
- Regular audits of medicines were carried out to check people were receiving their medicines safely. Staff completed a stock count sheet every time they administered medicines and was double checked by the provider to make sure people had not missed a dose.

Preventing and controlling infection

- Staff received training in infection control and had access to protective clothing to prevent the spread of infection.
- People told us that staff wore gloves and aprons when appropriate, for example, when giving personal care or preparing food.

Learning lessons when things go wrong

- The provider had responded positively to concerns raised at the last inspection and had organised a new training provider to ensure staff had the necessary skills to support people safely.
- In response to feedback from a local authority the provider had redesigned the staff rota. This made it easier to find out where care staff were working to carry out unannounced spot checks.

# 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

Good:  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

- When people joined the service they had an initial assessment which covered their physical and mental health, strengths and abilities, social and cultural needs. The information collected was used to write the person's care plan.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were also identified as part of the assessment.
- At our previous inspection we made a recommendation about the quality of assessments and care plans as they lacked enough guidance for staff on how to effectively meet people's needs. In response to our recommendation the provider changed their assessment and care planning process. At this inspection we found the new style assessment and care plan addressed our previous concerns. However, the new approach had not been consistently applied which meant three out of twelve people still had the 'old style' assessment and care plan.

We discussed our findings with the registered provider who agreed to review the three care plans to ensure a consistent approach across the service for care and support planning.

Staff support: induction, training, skills and experience

- New staff received an induction based on the care certificate which represents best practice when inducting staff into the adult social care. As part of the induction new staff shadowed more experienced staff to learn about the job role and people's needs and preferences. A staff member told us, "I shadowed [named registered provider] for a week when I started; they worked alongside me helping me understand what people needed and to check I was doing a good job."
- People told us staff were competent and did a good job. A relative told us, "They are absolutely magnificent, I have no complaints whatsoever."
- Staff were given training before they started work and yearly refresher training. At our previous inspection we found that training in moving and positioning was delivered online. This did not represent best practice. At this inspection we found the necessary improvements had been made. Training was now provided which was a mixture of online and face to face for the practical aspects such as moving and positioning and medication.
- At our previous inspection we also identified staff were not receiving formal supervision or observations of practice. We made a recommendation that the service review its systems and processes for supporting and monitoring staff performance. At this inspection we found the provider had responded positively to our recommendation and staff now received formal supervision, observations of their practice and an annual appraisal. This helped support staff in their roles and identify any learning needs.
- The provider kept a schedule of staff training and supervision to ensure staff received the training and

support needed at regular intervals. We looked at the schedule which showed staff had received regular supervisions and observations of their practice and that staff training was up to date.

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

- Where it was part of an assessed need staff supported people to have enough to eat and drink which met their needs and preferences. People told us food was prepared nicely and they were always offered a choice of hot and cold drinks. A person told us, "They [staff] do all my meals; they are cooked well and nicely presented; they do a good job and I get to choose what I want; they always offer me a drink and leave me with a drink when they go."
- If people were identified at risk of malnutrition or dehydration then food and fluid charts were kept to record what people ate and drank. This information was shared with the relevant health professionals to help people maintain their health.

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

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well.
- The service worked in partnership with health professionals such as GP's, district nurses and the palliative care team to support people maintain their health and wellbeing.
- The provider also made connections with therapy services such as speech and language therapy and occupational therapy. For example, where a person was experiencing pain due to postural difficulties the provider made a referral for an occupational therapist who organised a sleep system to support the person and minimise their pain.

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.
- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- Staff knew how to help people make their own decisions. A staff member told us, "We will give people different options and let them decide."
- People told us they had control over their lives and were supported to make their own decisions. A person told us, "They [staff] will always ask my permission before doing anything."

# 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

Good:  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 and relatives told us staff were kind and caring. A person told us, "They are very caring, nothing is too much trouble or too hard for them to help. They are gentle and kind nice people."
- Comments from people showed that staff were kind and compassionate when providing support. A person told us, "The carers are very sensitive to people's pain and distress; they are very gentle; I'm very grateful."
- Regular care staff supported people. This meant staff got to know people well and build positive relationships. A relative told us, "The important thing is generally getting the same little team who know my [family member] very well which means no confusion and distress. The main carer is brilliant and manages to get a smile out of [family member] every morning when they start."

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

- At our previous inspection we found there was a lack of guidance for staff regarding people's communication needs. We made a recommendation about this. At this inspection we found the new style assessment process included gathering information about people's communication abilities which was then written into people's care plans. This helped staff support people to be involved in and communicate decisions about their care.
- People told us they were included in decisions about their care and staff listened to them and they received support in the way they wanted.

Respecting and promoting people's privacy, dignity, and independence

- Staff showed positive values and knew the importance of treating people with dignity and respect. Feedback from people and relatives confirmed that people's dignity and privacy was protected. A person told us, "Care staff very respectful of my privacy and dignity; I can't find fault with any of them; I have always had females as this is what I wanted."
- Staff knew how to help people be as independent as possible. A staff member told us, "We encourage people to do what they can and only step in when they need help."
- People and relatives confirmed that staff promoted their independence. A relative told us, "[named carer] helped [named family member] keep moving as long as they could; I couldn't believe how extra helpful they were; I found it very helpful and caring; they kept [named family member] going for longer than they might have otherwise."

## Is the service responsive?

### Our findings

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

Good:  People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our previous inspection we found care plans were not person centred which means they did not contain personalised information about people such as their likes, dislikes, wishes and preferred routines. This information helps care staff provide support the way people want. At this inspection we found the provider had followed our recommendation and addressed this issue. Nine out of twelve people now had the new style care plans which were written in a personalised way and included information on people's life history, interests, and preferences. The provider assured us that the three care plans which were still written in the old style would be reviewed immediately to ensure all people had a person-centred care plan.
- Staff understood the importance of providing care that was tailored to each person's needs. A staff member told us, "We talk to people, get to know them and do things the way they want." People confirmed they received person-centred care. One person told us, "They [care staff] always do everything I want; they know me well too, they know I like strong tea and a bit of toast at breakfast." Another said, "They [care staff] listen to me and do things how I like, they always ask me what I want and don't leave until I am happy."
- Feedback from people demonstrated the service was flexible and responsive to people's individual needs. For example, a relative told us, "They [carers] will ring me to let me know when they are on their way; this is helpful as I can give my [family member] pain relief before they come which makes it more comfortable for them to be washed."

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage complaints and information on how to make a complaint was provided to people. At the time of inspection there were no open complaints.
- People told us they knew how to make a complaint but had never had to. Everyone we spoke with was very happy with the service they were receiving.
- People told us if they had any issues they would talk to the registered provider who listened to them and took appropriate action to address any 'niggles.' A person told us, "[named registered provider] is always checking that I am happy and telling me if I have any problems at all to contact them straight away."

End of life care and support

- The service provided care and support for people with palliative care needs which was funded by the local clinical commissioning group (CCG). Feedback from the CCG about the service was positive. They told us they had never had any issues with the service and everyone was happy with the care they were receiving with no complaints or concerns to report.
- Staff had received training in end of life care and felt supported by the registered provider if they needed additional help or guidance. The provider was a registered nurse and visited people regularly to monitor their health and wellbeing. If people's health deteriorated this was reported back to the palliative care team.

- We saw several compliments from people's relatives demonstrating the kind and compassionate support provided from staff. Comments included; "My family and I would like to thank you for the sensitive care given to [family member] during their illness, they died very peacefully." And, "You were all so kind and attentive during a very difficult time."
- At our previous inspection we found people's wishes regarding their preferred place of death or other aspects such as funeral arrangements had not been explored or documented. We made a recommendation about recording people's end of life preferences. At this inspection we found some evidence of conversations around people's end of life wishes having taken place. The provider told us they had conversations with people, but these conversations were not always documented in their care records. We found the inconsistencies in recording had not impacted on people as they lived with family members who were aware of their wishes. The provider assured us they would review their current practice to ensure people's wishes were consistently documented if this was people's choice.

## 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider promoted the values of honesty and learning from mistakes and understood the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.
- The provider's vision for the service was to provide a quality service that met people's needs in the way they wanted. Feedback from people showed that these values were shared and put into practice by staff.
- People spoke highly of the service and provider. A person told us, "[named provider] is a good manager, they keep in touch and come to see me and rings regularly to make sure everything is ok." Another said, "This particular lot are good, I've had other agencies in the past, so I do have a comparison."
- People and relatives told us the provider was helpful and approachable and they could always reach them by phone if needed. A relative told us, "[named provider] is a very good manager, very approachable and very responsive."
- Staff were positive about working at the service and spoke well of the provider. Comments from staff included; "[named provider] is very supportive, they give us what we need and is very helpful." And, "[named provider] is a very good manager, always available to talk to us,"

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

- At the time of inspection a new manager had just been recruited who was going through the registration process. Therefore, the provider who was previously the registered manager was currently managing the service.
- Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered provider understood their legal obligations and notified us of events, outcomes for people and any action taken.
- The provider was 'hands-on' and visible within the service. They regularly visited people and provided care and support. These visits were used to check that people were happy with the service they received and also to monitor staff performance.
- At our previous inspection we found improvements were needed to monitor the safety and quality of the service, including auditing processes and the ways in which the knowledge and skills of staff could be fully and reliably monitored. At this inspection we found improved quality assurance mechanisms were in place. Regular checks on medicine records, people's care records and staff knowledge and performance were completed.
- The provider demonstrated a commitment to improving care quality by employing an independent

external auditor whose role was to visit people in person and obtain their feedback, check their care records and any equipment. The provider told us, "Because I see people every day I wanted them to feel like they could speak freely and share any concerns with an independent person." After each independent audit was completed an action plan summary was generated. The provider then completed their own action plan to confirm when each point raised had been addressed.

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

- The provider engaged with people who used the service to ask for their opinion on the service to drive improvements. Face to face meetings, telephone calls and surveys were all used to obtain people's feedback. A person told us, "[named provider] always says you must tell me if anyone is doing anything wrong please ring me and tell me. I have her mobile number; she will check in with me to see if everything ok and we happy; she always asks me how things are."
- We looked at the responses from the latest customer survey and found the results were very positive. Comments included; "You know they are very excellent and very flexible I have never thought there are carers who can be so flexible like this these, they are angels on earth." And, "The service is beyond what I expected when they started [named family member] had pressure ulcers, they are now all gone, they [staff] know their job."
- Staff were also included in the running of the service through regular staff meetings. Minutes of meetings showed these were used constructively to discuss best practice and staff roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a range of external agencies such as the palliative care team, district nurses, the CCG and local authorities and was receptive to feedback on the service. This was used constructively to continuously improve.
- Care call monitoring and random spot checks were regularly carried out to assess and improve the overall quality of care and support. A staff member told us, "[named provider] comes out to us every few months unannounced to do spots checks; she makes sure we are wearing our badges and uniform and delivering care to the clients properly; once a month we have a meeting at office to discuss any problems."
- For their own professional development the provider had kept up their nursing registration. They attended specialist training and workshops and subscribed to professional journals to keep up to date with best practice.