

RV Extra Care Limited

Thamesfield at Home

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

This was a first comprehensive inspection which took place on 18 December 2017 and was announced. We gave the manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office to assist us.

Thamesfield at Home is a domiciliary care agency (DCA) based within an apartment complex, in Henley on Thames. The DCA provides personal care and support to people in their own homes. It provides a service to older people, people physical disability, sensory impairments, dementia and younger adults. The Care Quality Commission (CQC) only inspects the service being received by people provided with the regulated activity 'personal care'; help with tasks related to personal hygiene and eating. Not everyone using the service receives the regulated activity. Where they do we also take into account any wider social care provided. At the time of our inspection the service was providing personal care to five people.

The service did not have a registered manager as required. A registered manager is a person who has registered with the CQC 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. While the recruitment was ongoing, the interim management team supported us during the inspection. It consisted of two registered managers from two other locations by the same provider, the regional manager, and the director.

People felt safe while supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Staff training records indicated which training was considered mandatory by the provider. Most of the staff were up to date with their mandatory training. The manager had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had not always received ongoing support via regular supervision and appraisals. However, they felt supported and maintained great team work. The manager had started improving this by carrying out supervisions with staff according to a new schedule.

People were supported by sufficient numbers of staff to meet their individual needs. People were informed about the changes to and timings of their visits. The provider had an appropriate recruitment procedure to follow before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

People were treated with respect and their privacy, and dignity were promoted. People said their support workers were good and supported them in the way they wanted. Staff were responsive to the needs of the people and enabled them to improve and/or maintain their independence with personal care. People's health and wellbeing were monitored and appropriate action was taken when required to address concerns.

Risks to people's personal safety were assessed and plans were in place to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required.

People received support that was individualised to their specific needs. Their needs and support plans were kept under review and amended as changes occurred. People's rights to make their own decisions, where possible, were protected and staff were aware of their responsibilities to ensure people's rights were promoted.

Staff felt they worked well together and supported each other, which benefitted people. Staff felt management worked with them as a team and they had good communication. The service had quality assurance systems put in place to monitor the running of the service and the quality of the service being delivered. The management team was aware of the challenges and improvements to make and action was being taken to address these. They continuously looked at ways to improve the service. They praised the staff team for their dedication and hard work and appreciated their contribution to ensure people received the best care and support.

We have made a recommendation about the Accessible Information Standard and for the provider to ensure their records were in line with the guidance.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff knew the correct procedures to follow if they thought someone was being abused. People felt safe and would report any concerns to staff.

There were sufficient numbers of staff to keep people safe and meet their needs at the right time. Medicines management was in line with the provider's procedures.

The provider followed their recruitment process to employ fit and appropriate staff.

Good ●

Is the service effective?

The service was effective. People benefitted from a staff team that had the knowledge and skills to support them.

Staff could quickly identify any changes in a person's condition. Staff communicated with relatives and other professionals to make sure people's health was monitored and any issues responded to. People were supported to eat and drink appropriately to maintain their health.

Staff and management acted within the requirements of the Mental Capacity Act 2005. People were protected and supported appropriately when they needed help with making decisions.

Good ●

Is the service caring?

The staff were caring. People were treated with kindness and respect. People told us they were very happy with the staff and support they provided.

Staff ensured people's diverse physical, emotional and spiritual needs were met in a caring.

People's privacy and dignity was respected. People were encouraged and supported to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive. Staff supported people with their

Good ●

needs and wishes. Visits were carried out at the time specified in the care plan.

Staff were knowledgeable about people's daily needs and how to provide support. Support plans recorded people's likes, dislikes and preferences.

People knew how to make a complaint if they wanted to or share concerns with staff. There was an appropriate complaints system.

Is the service well-led?

The service was well-led. The service had systems to monitor the quality of the service and make improvements. The provider took actions to address any issues so it would not have negative affect on people's lives and the service.

Staff were working to ensure people were comfortable and happy. Staff felt supported and happy working at the service.

The service was interested and committed to listen to all people's comments that would help improve the quality of the service.

Good ●

Thamesfield at Home

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.'

This inspection took place on 18 December 2017. It was carried out by two inspectors and was announced. We gave the provider prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. On the day of inspection we visited the office to speak to the manager and to review the records. We also visited two people with their agreement in their own homes.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We contacted community professionals for feedback. We received feedback from one professional.

We did not review the Provider Information Return (PIR) as the provider did not receive a request to submit one due to recent registration changes. 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.

During the inspection we spoke with two people who use the service. We spoke with the manager, the regional manager and the director. We asked for feedback from six staff. We looked at records relating to the management of the service including three people's care plans and associated records. We reviewed recruitment records, staff training records, quality assurance records, the compliments/complaints log and accident/incident records.

Is the service safe?

Our findings

People felt safe in their homes and liked the staff who supported them. People could speak with staff if they were worried. Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. Staff had a good understanding when to report concerns, accidents and/or incidents to senior staff. The provider had a whistleblowing policy to ensure staff were aware of how to raise concerns. The manager understood their responsibilities in regards to safeguarding people who use the service and reporting to external professionals accordingly.

The provider assessed the risks to people's personal safety and put plans in place to minimise these risks. Risk assessments included information about people's needs and skills, and provided good details for staff. As part of the care plan, the service carried out an environmental safety assessment to ensure the person, their family and staff were safe. However, we saw some specific risk assessments did not provide sufficient information to ensure the person was safe. For example, one person had a history of falls. However, there was little information for staff on reducing the risk of falls. Another assessment indicated the person needed to use a bath mat. The information was insufficient to ensure staff knew how to support the person during this part of their personal care. In one of the files we found four different documents containing information about the needs or care. It was repetitive and difficult to ascertain which document reflected the most current information. In another file, we found information was clear describing person's support and care needs in detail. The manager explained the duplication was due to recent changes and work was in progress to update all files. Without accurate information there could be a risk staff were unaware of how best to support the person to ensure their safety and wellbeing. After the inspection, the manager took action and provided us with updated assessments.

The provider had recruitment procedures in place to ensure suitable staff were employed. They included a health check and a 'Disclosure and Barring Service' check to confirm candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Additionally, interviews were designed to establish if candidates had the appropriate attitude and values.

The provider determined the number of staff required according to the needs of the people using the service. The senior staff would allocate the staff daily to visit people according to the monthly rota. The manager felt the staff team worked well together and they helped each other out when needed.

Peoples' medicines were managed and administered safely by staff who adhered to medicines policies and procedures. Staff did not administer medicines to people unless they were trained to do so. Staff helped people order the medicine and prompted to take it according to the care plan. Staff reviewed medicines record sheets and identified any errors. However, it was not always clear if the identified issues were addressed. The manager agreed and provided us with an updated form to ensure the information was captured to show issues were addressed properly.

There was a system for recording accidents and incidents. Appropriate actions had been taken when incidents happened. The manager said if something happened it would be on the team meeting agenda to

discuss it and think of ways to prevent it. The provider had continuity plans to ensure the service could continue in the event of an emergency. There was an out of hours information sheet for staff to contact senior staff should they need help and advice. Staff could also contact the registered manager of another of the provider's services for advice.

Staff were provided with and used personal protective equipment to prevent the spread of infection. People confirmed staff definitely used the equipment while supporting them. One person said they would be informed if there was an illness going round to ensure they took precaution and stayed safe.

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled and able to meet their needs. We received complimentary comments from people about the support they valued most. Staff ensured the personal care people received was effective and resulted in a good quality of life.

We reviewed the latest training matrix provided to us which recorded mandatory training. Not all staff had up to date training. For example, eight staff out of 13 did not have up to date moving and handling training, three staff did not have up to date dementia care training, and five did not have Deprivation of Liberty, dignity and respecting individuals training. The manager told us all missing training for each member of staff had been booked via the online training programme. The manager also booked moving and handling training for January 2018 to ensure staff supported people safely. Each member of staff had a certain period of time to complete it. It was also part of the action plan to ensure all staff were up to date with their knowledge and skills. There had been no identified negative impact on people or their care at this time. When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own. New staff were introduced to people before they started supporting them.

Staff did not always attend regular supervisions (one to one meetings) with their line manager. Although all staff could contact the office, the manager agreed the supervisions were not carried out as regularly as they should have been, especially since the previous manager had left. The manager said they always kept in touch with staff but not all of these conversations were recorded. However, they were trying to improve things. The manager and senior staff compiled a new planner for the year to ensure all staff received regular support and supervision. The manager praised the staff team and their communication ensuring people received excellent care and support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People agreed staff respected their wishes. Staff knew it was important to communicate with people and ensured they always had a choice and the right to make decisions about their care and support. The manager demonstrated a good understanding of mental capacity considerations and presuming capacity to ensure people could make their own decisions. They felt if they were unsure about any situation related to capacity or decision making, the manager was supported to address it ensuring decisions were made in people's best interest. Families and professionals would be involved as necessary. We saw in two files where family members have signed the records although they had no legal right to do that. We noted this to the manager who took action and rectified the errors. They showed us a new form where the person agreed for the family member to be involved and sign if necessary paperwork related to the care plan.

The staff were aware of people's dietary needs and preferences. Some people needed support with eating

and drinking as part of their care. The level of support each person needed was identified in their support plan. For example, if someone needed encouragement with drinking and having a balanced diet, there was guidance available for staff. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet.

Staff made sure people's health and care needs were met in a consistent way. They communicated with each other and the senior staff reporting any changes or issues. If needed, health or social care professionals were involved. Each person had individual needs assessments that identified their health and care needs. The provider communicated with GPs, local authority, community nurses and families for guidance and support. The manager said the staff were very good at monitoring people's health and wellbeing. Staff would report any changes immediately. People were checked during the visits to make sure they were supported effectively and changes were identified quickly.

Is the service caring?

Our findings

The provider delivered care and support that was caring and person-centred and had a positive effect on people. People told us they enjoyed staff's company and the chats they had, as well as the care support provided as part of the visit. People and staff knew each other well and had well established relationships. Staff made sure people were comfortable and relaxed in their own homes and able to share any concerns with staff should they need to. People told us staff knew them well and provided good support, "I couldn't want for more" and, "Yes I am happy and I have no concerns."

People agreed their dignity was respected by staff at all times. They told us they were happy with the care they received. People felt they were treated with kindness and compassion in their care. People appeared happy and contented. People received care and support from staff who had got to know them well. The manager was very complimentary about the staff's conduct towards people. They said, "I've seen they are compassionate, very gentle and very patient."

People's care was not rushed, enabling staff to spend quality time with them. People said the staff took their time to complete all the tasks and provide the support that was needed. Staff knew people's individual communication skills, abilities and preferences. People's diverse physical, emotional and spiritual needs were met. People's records included information about their personal circumstances, protected characteristics and how they wished to be supported. Staff used these support plans to individualised care and support.

People were encouraged to be as independent as possible. People felt they mattered and were supported to live an independent life as much as possible. Staff said people were encouraged to be as independent as possible and, "freely choose" to do things. Staff understood this was an important aspect of people's lives. For example, one person fell quite ill and had to leave their home. When they were back, staff perseverance and encouragement helped them get back on their feet and live an independent life. People and staff carried out some tasks together but people did a lot for themselves to maintain their independence. Staff were there to help if someone needed assistance.

Any private and confidential information relating to the care and treatment of people was kept in their preferred place. This information was also kept securely in the office. Staff were aware of confidentiality with regard to information sharing.

Is the service responsive?

Our findings

People received the care and support they needed at the time specified in the care plan. People were informed when the staff were running late or changes had to be made regarding staff attending the visit. They felt the communication between them and the staff was good. When staff visited, people said staff would make sure they were comfortable and happy before they left.

We looked at whether the service ensured people had access to information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records indicated whether people had disabilities or sensory impairments. There was guidance on communicating with people in a manner they could understand in care plans, for example, when they speak to the person. However, the manager was not fully aware of the Accessible Information Standard and its requirements. They could not be sure all information presented was in a format people would be able to read and understand.

We recommend the manager reviews current guidance and best practice about the Accessible Information Standard.

Staff continually checked and monitored any changes in people's needs to ensure they received the right support. People could share their issues or concerns with staff or call the office. They felt all staff were approachable, polite and supportive when they spoke to them. The care and support provided at each visit was recorded. There was information about people's physical health, emotional wellbeing and how they spent their day. Staff monitored people's health and wellbeing responding to any changes and enabling them to make timely referrals to appropriate professionals.

People were involved in the care planning process. People's needs had been assessed and care plans were in place. Relatives were encouraged to support people to plan their care if needed. They also respected people's wishes when people chose to manage their care themselves. The staff were responsive to requests and suggestions, and people's needs and wishes. One person said, "I always know if I need anything, someone will come". Support plans included practical information on maintaining the person's health and wellbeing, emotional support, their daily routines and communication needs. People received support that was individualised to their personal preferences, needs and cultural identities, for example, to follow their faith or a particular dress code. Staff used these plans as an important source of information to make sure the support they provided was personalised to each individual. People felt staff knew them well and support was provided as they wished.

The service and staff sought feedback from people about the support and care provided. They asked and checked people during visits and encouraged people to contact them if people wanted more support or to raise any concerns. People felt staff always checked they were alright and comfortable. People's needs were reviewed regularly and as required. Staff shared any necessary information about people with each other

daily. Staff used a communication book and diary to record important information and any actions to take that would help manage risks associated with people's care and support. Staff and people also received regular bulletins to share any information relevant to the service. This ensured important events and actions were not missed and there would not be a negative effect on people's care and support.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been no complaints since the new registration in August 2017. People's concerns and complaints were encouraged, investigated and responded to in good time. Staff knew it was important to encourage people to raise any concerns with them by "...letting them know they are listened to". They knew how to report concerns to the senior staff in a timely manner.

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The service did not have a registered manager at the time of our inspection. The last manager left two months before this inspection. The provider was in the process of recruiting a new manager. During our inspection we were supported by another of the provider's registered managers who was overseeing the service. They also received help and support from the staff team, the regional manager, and the director. The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

People were complimentary about the care and support and felt their care during visits was managed well. The service's aims and objectives were to provide people with person centred, high quality support and care. The manager and staff ensured people, and what was important to them, were at the centre of their work. After talking to people we could see they were respected, consulted and involved in line with the aims and objectives of the service. The service promoted a positive culture and wanted to ensure staff felt the management was available, approachable and supportive.

The manager put in place quality assurance systems to monitor and assess the quality of service being delivered. These included audits of the files, medicine records, improved staff spot checks and observations, provider visits and supervision. They also had an action plan reviewed by the regional manager and was working through the list of actions to complete it. Even though the service went through significant changes, this did not affect people's care and support, and the way staff worked as a team. People felt the staff were always checking if everything was alright. There were no missed visits and people confirmed staff arrived on time.

The provider has planned to send out a survey to people and staff in early January 2018 thus they could not provide us with any feedback at this point. The provider sought feedback from people and their relatives to help them monitor the quality of service they provided and pick up any issues or prevent incidents. People's experience of care was monitored through daily visits, care reviews, and regular contact with people and their relatives. The manager took appropriate disciplinary action if they needed to address poor performance.

The manager reviewed reported incidents and accidents related to falls, health and any errors made when providing care. All the information was recorded and actions taken to address any concerns. The manager said they were introducing an electronic system to record incidents and accidents to ensure all information was captured properly. This would also help ensure appropriate action was taken and recorded.

Staff attended team meetings. The records showed the staff team discussed various topics related to the service, such as registration changes and ensured people were supported appropriately. The team worked well together. The manager and staff were interested and motivated to make sure people were well looked after and able to live their lives the way they chose.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met the desired outcomes for people. Staff worked together as a team and motivated each other to provide people with the support and care they wanted. They understood their duty of care and their responsibility to alert the senior staff if they identified any concerns in the quality of care provided. Staff felt there were opportunities to discuss issues or ask for advice. Staff felt they were supported and listened to by the management when they made suggestions or shared ideas.

The management team encouraged open and transparent communication in the service. They worked with people, relatives, staff and other health and social care professionals to ensure best practice was maintained. The provider valued how staff worked well together as a team. The manager said, "Yes, it is a very positive team here, family feel here. They are very responsive, friendly and supportive." People were very happy with the support and care they received. They felt the service was managed well and they would recommend it to their family and friends.