

Thames Homecare Service Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 October 2016, and was announced. We gave the manager of Thames Homecare Ltd 48 hours' notice of the inspection. We did this because we needed to be sure that the manager and some office staff would be present to talk with.

Thames Homecare Ltd is a domiciliary care service. The agency office is located in Sheffield. The agency is registered to provide personal care to people in their own homes throughout Sheffield. At the time of our inspection, the service was providing personal care for 35 people. There were approximately 40 staff employed by the agency.

There was a registered manager in post on the day of our inspection. It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. 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.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Our check of medicine records identified that medicines were not always safely managed and recorded. This meant that people accessing the service might not be protected against the risks associated with the unsafe management of medicines.

Risk assessments that were present in the care plans did not provide detailed person specific information to mitigate the risks.

There was no evidence of best interest decisions when people lacked the capacity to consent to specific decisions, meaning that decisions were made for people without appropriate legal processes being followed.

There were some systems in place to assess and monitor the quality of service provided. However, these were not effective to ensure the care provided was monitored and managed safely, and to ensure the service achieved compliance with the regulations.

All staff members we spoke with knew how to keep people safe and were able to recognise the different types of abuse and how to respond to any concerns.

Robust recruitment processes and systems were in place to ensure staff members were safe to work with vulnerable people. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Our inspection confirmed staff had received training in how to keep people safe. The staff we spoke with showed they understood their role in safeguarding people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported.

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.
People were not protected by the systems for the management of medicines.
Recruitment systems were in place to minimise the risk of unsuitable staff being employed.
Risks to individuals were not managed and updated in order to keep people safe from avoidable harm.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Relevant induction and training was provided for staff to ensure they had the skills required for their role.
Induction, training and supervision gave staff the knowledge and support they needed to satisfactorily support the people who used the service.
There was no evidence of best interest decisions being made when people lacked the capacity to consent to specific decisions. This meant decisions were made for people without appropriate legal processes being followed.

Requires Improvement ●

Is the service caring?

The service was always caring.
People told us they the service was caring.
When we spoke to people, they told us they were treated with dignity and respect.
People were always involved in making choices or maintaining their independence.

Good ●

Is the service responsive?

The service was not always responsive.
There was a system in place to tell people how to make a complaint and how it would be managed.
Care plans did not always reflect people's needs and wishes, or actions staff needed to take to meet people's needs.
People who used the service were encouraged and supported to engage with activities and events within their local community.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

People, their friends and relatives, and staff told us the manager was approachable and responsive.

There were some systems in place to assess and monitor the quality of service provided. However some of these were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.

People reported that communication from the office was good.

Requires Improvement 

Thames Homecare Service Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2016. The inspection team was made up of two Adult Social Care Inspectors.

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. The PIR is an opportunity for the service to tell us what they do well and improvements they plan to make. The provider had submitted a PIR prior to our inspection and we used this information when planning this inspection.

Prior to the inspection, we reviewed information we held about the service. We looked at the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. CQC require a notification every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

During the inspection we spoke to six people over the phone supported by the agency and one relative about the service they received. We visited the office and spoke with the registered manager, four care staff and one registered nurse. We reviewed records relating to the running of the agency, which included four staff files, staff training records, audits, complaints records and written policies and procedures.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe with the care staff who supported them. Comments we received included, "I feel safe, I can ask for things .It makes a big difference to me", "All my needs are met. I couldn't ask for a better company" , "The care is Absolutely fabulous", "They are light years better than the previous company I used" and "I have one regular care worker [Name of care worker] is brilliant and [Name of registered manager] is an absolute star."

Risk assessments were undertaken before a service was provided. We saw the registered manager visited the person in their home and completed a risk assessment to identify any concerns about the environment or risks from delivering the service. These included any access problems or equipment needed to help support the person. However, some of the care plans and risk assessments were lacking in details. There was no record of any specific risk, and guidance for staff on what action needed to be taken to protect them. For example, there was no care plan in place for staff to follow when moving and re-positioning people. These were moving and handling tasks that required assessment and care planning to ensure staff undertook these manoeuvres safely. The providers risk assessment policy stated that risk assessments, where relevant, should be "Suitable and sufficient assessments" and consider the following areas; pressure areas, falls and nutrition. However, we found the service was not assessing risk in accordance with their own policy. For example, the provider's policy on diabetes stated, "All service users are screened for malnutrition. The MUST tool is used for this purpose." MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition) or obese. It also includes management guidelines, which can be used to develop a care plan. People were weighed regularly to help monitor their health. However, none of the care plans we looked at contained a MUST assessment. This meant that there was no accurate record to detail the risks had been assessed, and measures put in place to reduce risks to the lowest acceptable level.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risk assessments had not always been completed or reviewed to keep people safe.

The provider had safeguarding policies and procedures in place to guide staff members. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. The registered manager was aware of the local authority's safeguarding adults procedure. We looked at safeguarding information we had received from local authorities regarding suspected abuse of people using Thames Homecare Services Ltd. Records showed that the provider had notified CQC and the local authority of any concerns. However there were no systems in place to record, analyse and learn from incidents or accidents. It is important to have a process of monitoring and evaluating when something goes wrong to ensure that lessons are learnt and communicated to support the improvement of the service.

Staff we spoke with had a good understanding of how to identify abuse and how to act on any suspicion of abuse to help keep people safe. They were able to describe the type of abuse they might find in a community setting and the signs of abuse. They all told us the steps they would take if they suspected abuse. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. We found that staff had received training in the subject during their induction period, followed by periodic refresher courses. Staff also knew the principles of whistleblowing, the duty by a staff member to raise concerns about unsafe work practices or lack of care by other care staff and professionals. They assured us they knew the whistleblowing process and would not hesitate to report any concerns.

Recruitment records showed that an effective recruitment and selection process was in place. We looked at four staff files and found appropriate checks had been taken before the staff commenced working for the service. Applicants were required to complete an application form that detailed their employment history and relevant experience. Employment was only offered on the receipt of two written satisfactory references (one being from their previous employer) and a satisfactory check had been received from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. These employment checks help employers make safer recruitment decisions. This enabled the employers to make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

We checked to see how people's medicines were managed. The service had a medicine policy, which outlined the safe handling of medicines. The policy stated that a "separate medicines plan of care would be updated and reviewed for each person." While people's files contained information about the medicines they received, not all of the files contained a medicines care plan. We looked at three people's care records to check staff were putting their knowledge into practice and administering medicines safely.

We found gaps and inconsistencies in the way medicine administration was recorded. For example, one person's care plan we found there was no instruction for staff on how to administer medicines. The plan stated, "Does the client need assistance with medication – Yes". However, the records we looked at did not include any further written information to guide staff on the assistance that was required.

We looked at the records of people requiring topical creams. One person's care plan stated, "Use cream". We checked records and found there was no written information to guide staff in relation to where the cream should be applied, any side effects or any contra-indications. Another care plan stated that the person was prescribed medicines to be given 'as required' (PRN); however there was no guidance for staff on how the person should be supported with these.

Medicine administration records are important because they record when staff either administer or prompt people to take their medicines." Records showed us staff had been trained in how to administer medicines safely.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff were all able to describe confidently to us what they would do in an emergency such as if they found a person had fallen or could not get an answer at the door. This demonstrated the service had systems in place, which staff were aware of, to deal with emergencies as they arose.

At the time of the inspection, the agency did not have a clear system for checking that staff had arrived or left locations safely. We spoke to the registered manager about this and they showed us an electronic system that was in the process of being implemented using mobile phone technology. This electronic system would help to ensure the agency could monitor people's care delivery better and ensure staff welfare when working independently.

Personal protective equipment was provided to all staff, which enabled them to carry out their caring duties safely. Supplies were stored in the office and in people's homes.

We saw that staff had been issued with an identity badge and told to carry them with them at all times so they could prove they worked for the agency. One person told us, "The care workers always wear an ID badge and uniform and they callout on arrival." Another person told us, "I have been using the service for two months now and the staff always wear a uniform and an ID badge. I have a regular care worker and they always come at regular times."

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The staffing rota showed that there were a sufficient number of staff available to meet the needs of the people who used the service. Staff spoken with told us that ordinarily they were given sufficient time to travel to and carry out their duties in a caring and effective manner. All the people we spoke with told us that they could rely on care staff to turn up on time and stay the correct amount of time.

Is the service effective?

Our findings

We asked people using the service whether the staff that supported them had the knowledge, skills and training to care for them. One person said, "I am very satisfied with the quality of support, I would recommend the service."

We saw the provider included MCA and DoLS training in its arrangements for staff induction and safeguarding training. Training records we looked at confirmed that all staff had received this training. Staff we spoke with were able to describe the main principles behind the MCA 2005. We saw policies and procedures on these subjects were in place. Records we looked at showed that assessments had not always been undertaken regarding people's capacity to consent to care and treatment, or record 'best interest' decisions. For example, one person's health assessment said they had "severe memory problems." However assessments had not been undertaken regarding the persons capacity to consent to care and treatment and was not supported through a clearly recorded 'best interests' process following an assessment of the person's capacity to consent or refuse their care and support, and then consultation with the person's authorised decision maker.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities.) because the provider had not completed mental capacity assessments or best interest meetings were appropriate.

We saw the company used a training matrix which identified any shortfalls in essential staff training, or when update sessions were due. Staff training records showed that staff had the necessary training to meet the needs of people they supported. Staff we spoke with told us they had undertaken a structured induction when they joined the agency. All the staff we spoke with said their managers were good at making sure staff had the relevant training. They said the induction and on-going training they had was useful and helped them feel confident to support the people who used the service. Staff we spoke with also told us that they had a nurse and the registered manager who supported people through the induction period. The registered manager told us that staff were observed by senior care workers to assess their competence to work independently. All the staff we spoke with said they felt they worked in a supportive team and the registered manager was good.

We looked at training records and found all staff had completed mandatory training before commencing employment. It is a mandatory requirement of the service that all staff work in a safe manner. Mandatory training gives everyone the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

We found that the service had policies on supervisions and appraisals. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Staff told us supervisions were provided regularly and they could talk to the registered manager and one member of staff told us, "I absolutely love working here; the registered manager is so professional and so supportive." We found supervisions were completed in line with the providers own policy.

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. Then they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff helped them with meals and made sure they had a drink so that their nutrition and hydration needs were met. Care plans identified when support with meals was required. One person told us "They always ask what I want and they have even cooked me some Somalian food, which I really enjoyed." People told us they had access to health care professionals and visits from care workers did not hinder or restrict these.

Is the service caring?

Our findings

We asked people who used the service if they felt staff members were caring. One person told us, "I am very satisfied with the quality of support, they are light years better than the service I used to use and I would definitely recommend them." Another person told us, "I am definitely treated with dignity and respect." Other comments we received included, "I am very, very happy with the service I am receiving", "All my needs are met, it's the best care company I have ever been with" and "They are absolutely fabulous." Comments we received from staff members included, "We have to look after people how they want to be looked after", "I always try to put myself in the shoes of [person who uses the service]" and "I love doing my job; it makes me feel good when people are happy with their support."

Staff we spoke with knew the people they cared for really well. We asked staff what is important in terms of interacting with the people who used the service and what they value. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the physical tasks they undertook.

Staff also described good relationships with the people they supported regularly. One staff member said, "People demand your respect. Staff have to be friendly and show that they are here for them." Staff explained how they supported people who used the service to live as independently as possible. They told us, "We have to make sure we don't rush people", "I absolutely love my job, I like to help people and I am willing them on to success", "We are support workers and we are there to support people in the way they want supporting" and "I always think about myself and if I ever needed care how I would want to be cared for."

We asked the registered manager how they supported people's human rights. The registered manager told us that the service supported inclusion and tackled discrimination. The registered manager said, "We signpost people to organisations that can help and support them and offer advice. We identify people's individual needs and areas in which they require support, whether this is support with personal care or to maintain their home."

People and their relatives were aware of and had access to advocacy services that were able to support and speak on behalf of people if required. The job of an Advocate is to ensure that people are central to the decision making process. No one at the service used advocacy at the time of inspection.

People told us that care workers respected their privacy and they had never heard care workers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people's rights.

Is the service responsive?

Our findings

People we spoke with said their care needs were initially assessed by the registered manager at Thames care (Sheffield) and they were involved in discussions when planning their care. We asked one person whether they knew what was contained in their care plan. They told us, "I am fully involved in my care planning." Another person told us, "My carer looks through the care plan to see what needs doing and then asks me if there are any other tasks that need doing."

We checked six people's care records during visits to their home, and two people's care records during the office visit. We found the plans contained some guidance for care workers on the support needed, and people's preferences regarding how support was to be provided. However we found in all the care plans we reviewed there was no clear guidance in relation to medicines. We also found people had assistive equipment in place which was not referenced in their moving and handling care plans and there was insufficient detail in the method staff were to follow when moving and positioning people.

We talked to the registered manager about this and they told us they were currently reviewing the care plans.

This is a breach of Regulation 9 (1) (3) (b) and (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service were encouraged and supported to engage with activities and events outside of their own home. For example, a staff member we spoke with said, "I support [Name of the person] to do what activities they choose the activity day, they choose what they want to do beforehand, but they usually choose shopping."

The service had a complaints policy and procedure in place. The provider's records showed that they had received one complaint in the last two months. We reviewed the recent complaint to check they had been resolved to the satisfaction of the complainant. All information regarding the complaint had been documented; although we could not see an outcome to show what the service had done was satisfactory for the complainant. The registered manager said they would add this further information on going forward.

The registered manager told us in the event a person was not satisfied with the outcome of the complaints procedure the registered manager would visit the person to try to resolve the matter. We asked people who used the service how easy people found the complaints process to use. One person told us, "I would contact the registered manager if I needed to complain, but I have never needed to complain yet."

Is the service well-led?

Our findings

We checked to see if the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering. At the time of our inspection the service had a registered manager in post that was registered with the Care Quality Commission, as required as a condition of provider's registration. 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 registered manager carried out a series of audits throughout the year to assess and monitor the quality of care that people experienced. These included audits of practice in relation to medicine, care documentation, complaints and accidents and incidents. We found that the auditing systems were not robust and did not enable the registered provider to monitor and address quality issues or address risks. However, we identified that they were not sufficiently robust to identify the issues we found during this inspection. For example, the lack of information in care plans, risk assessments and best interest decisions. The registered manager acknowledged that there were gaps and inconsistencies and that there was work to do to ensure these records reflected the standards expected within the service. Our findings demonstrated the service was not meeting the requirements of the regulations in relation to assessing and monitoring the quality of service provision.

The lack of robust and regular auditing meant that the service had no effective systems in place to continually monitor the service provided to ensure people received safe and effective care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they felt well supported to undertake their roles. Comments we received included, "The registered manager is very good with us, they help us and always make sure we get the training we need" and "The registered manager is so supportive and very professional." All staff members we spoke with said the registered manager was very approachable. A person using the service told us "[The registered manager] is an absolute star."

The provider had a system in place for formally seeking feedback from people using the service, relatives and other professionals. We looked at the most recent surveys and found that all feedback was positive. Recent comments included, "Thank you for making it easier for us as a family and taking care of my [relative]." The registered manager told us that they telephoned all the people using the service on a weekly basis just to make sure everything was ok.

Staff confirmed team meetings were taking place and we saw evidence of team meetings minutes that included attendees and topics covered. Staff gave positive feedback about the management and told us they felt confident to voice their opinions and to raise concerns with their registered manager.

There was a policy and procedures file covering all aspects of the service available to staff. We were told that staff were expected to read this as part of their induction. All of the policies and procedures were up to date which meant they were an accurate reflection of changes in current practice and legislation. For example we looked at policies around recruitment and selection, moving and handling and accident and incident reporting.

The registered manager was aware of the provider's obligations for submitting notifications in line with the

Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed they had. The service continually reflected on their practice and sought to make improvements for the people they supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not contain clear guidance in relation to the safe administration of medicines
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Provider did not complete MCA or evidence decisions were made in best interest of the service user
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments did not contain sufficient guidance for staff
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was in the process of developing auditing systems but they had not yet implemented a robust system