

Thornton Homecare Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thornton Homecare Ltd is a domiciliary care service providing personal care for people living in their own homes. At the time of inspection 62 people were receiving support from the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

We identified an issue where the recruitment process followed for one new member of staff had not been sufficiently robust. The provider reviewed and updated their procedures following our inspection. New medicine administration records had been recently introduced to meet The National Institute for Health and Care Excellence guidance. Improvement was planned to systems for checking staff competency regarding medicine administration. People told us they felt safe and were supported by staff who understood the risks associated with their care. There were enough staff to meet people's needs safely. Staff had the time to ensure people's needs were met safely, and in a way that suited them. Staff were trained and very well supported to meet people's assessed needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were knowledgeable about their role. The service contacted other health professionals appropriately and in a timely manner.

People had their dignity and privacy respected and their independence promoted. Staff were respectful when they spoke with, and about, people. People praised staff and the service they received from them. Support was person-centred. People were involved in their care plan reviews and were supported to make choices about their care. Where complaints had been received these were responded to in a timely manner.

The provider had put new systems in place to effectively monitor the service and bring about further improvement. People told us that the manager was approachable and responsive, and staff felt supported. People were able to feedback their views of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Thornton Homecare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection. An Expert by Experience also spoke with people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. These registered managers had ceased working at the service a few weeks before our inspection. A new manager was in post, they had submitted a registration application.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started and ended on 2 October 2019. We visited the office location on 2 October 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke on the telephone with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the manager, compliance manager, care co-ordinator and care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at records around the management of the service such as accidents and incidents, complaints and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

Recruitment and staffing

- Staff informed us that recruitment checks were carried out prior to them supporting people.
- We saw that the providers recruitment process included checks to determine whether staff were safe to work with people. In one instance, a member of staff had commenced work before all of their recruitment checks had been completed. Measures had been put in place by the provider to ensure they only worked alongside other staff until all checks had been received. Whilst the circumstances of this individual staff member meant there was a reduced risk of them being unsuitable to work with people, the process followed was not in line with robust recruitment practice.
- People told us staff always turned up for their visits however some people told us they were not always informed when staff were going to be late. People confirmed they were never rushed with their calls even if the care staff were running late.
- There were enough staff to meet people's needs. One care staff told us, "When I first started staffing was a problem, but now it's pretty good."

Using medicines safely

- Staff had received medication training and checks were carried out to ensure staff were safe to administer medicines. There were some improvements required to evidence how these checks were completed.
- We saw that where staff supported people to take their medicine the records of this were not in line with The National Institute for Health and Care Excellence guidance (NICE). This issue had also been identified by the provider. We were shown evidence that for the two weeks prior to our inspection, new formats had been introduced. Whilst these needed to be embedded into practice, staff told us they found the new format much improved.
- People had no concerns about how their medicines were managed by staff. Not all the people using the service required support with their medicines. One person told us, "I take my own tablets, but the carers always ask me if I have had them when they come, and they write it in the book to say I have."

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe using the service and when care staff were in their home. One person told us, "The thing that makes me feel safe is that I know the girls will always come." A relative told us, "Yes I do feel my mother is safe she has consistency in her carers, so she feels that she can really trust them all."
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns.

Assessing risk, safety monitoring and management

- Staff were able to tell us how they supported people safely and understood people's risks. One person used a standing frame and told us that the carers supported them well and ensured they remained safe.
- Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Some assessments had not been recently reviewed, however there was no evidence that people's needs had significantly changed.

Preventing and controlling infection

- Staff were able to tell us how they ensured good infection control standards and advised personal protective equipment was always available to them. People and relatives confirmed this. Examples included care staff washing their hands on arriving at the person's house and again before leaving.

Learning lessons when things go wrong

- Accidents and incidents were dealt with appropriately as and when they occurred, and staff were aware of how to report these. Systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found people's needs were assessed so the provider could be sure they could support people as they would want.
- One person told us, "I have never had a problem with the carers knowing what to do they either ask me or read the care plan before they do anything for me."

Staff support: induction, training, skills and experience

- An induction was in place to support new staff. This included training in the office and then shadowing more experienced staff.
- Staff confirmed they received the training they needed, but some commented that some of the training could be more in-depth. This had already been recognised by the provider and additional training was scheduled.
- People informed us that they felt staff had the right skills and knowledge to support them. One relative told us, "I feel that every carer who has ever been to our house has been properly trained to do [name] needs."

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

- Not all the people who used the service required support with eating and drinking. Where people did require support, staff were able to describe how they ensured people were provided with food in line with their dietary requirements.
- One person told us, "Helping me get something to eat is one of the main reasons the girls come, my daughter does the shopping and the carers get me what I want. It works pretty well for me and I also get to see a happy face as well."

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

- People were supported by staff who were aware of their healthcare needs.
- Staff worked closely with health and social care professionals to ensure people's changing needs were addressed, and people received the support they needed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives confirmed staff gained people's consent before supporting them.
- Staff were able to describe how they sought peoples consent and offered choices to people during their care.
- One care staff provided an example of a person that often looked uncomfortable in bed and often declined staff assistance to be made comfortable. They told us, "He does not like to be repositioned, 9 times out of 10 he will say no when we ask him, but we still always ask."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the caring nature of staff. One person told us, "Even when we had a load of snow once, the carers battled through to make sure I was ok, that's dedication." A relative told us, "Having carers is new to us but whoever has been to visit my husband has been so kind and treated him and me with the utmost respect."
- People had a regular group of staff who supported them, and this had helped people feel happy with the support they received. One person told us, "I have the same girls virtually all the time, one comes Monday to Friday and then I have two others who alternate the weekends."
- Staff demonstrated an understanding of people's care needs and told us the importance of respecting diversity and people's religious beliefs.
- Staff spoke with kindness about the people they supported. They told us they enjoyed their role and had got to know people well.

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

- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care. One person told us, "I don't always have a shower every day but whatever I decide the girls [staff] support my choices."
- Regular reviews ensured people's views were sought and acted upon. One person told us, "My care plan is reviewed about every 6-12 months or if anything changes with what I need."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with described how they promoted people's dignity. This was confirmed by the people we spoke to. One person told us, "While I am in the shower and when I am getting dry the girls [staff] make sure I am kept covered when needed. I always wash what I can myself, I feel this helps me to maintain my independence."
- Staff were able to tell us how they maintained people's independence wherever possible.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care that was person centred and responsive to their needs.
- People's care records included information about their preferences and wishes to ensure support was provided in the way the person valued.
- Work was underway to transfer existing care plans onto a new format that was more personal to the individual.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and recorded in their care plans.
- The manager was fully aware of the AIS and told us that although no-one currently required any alternative formats these would be made available if required.

Improving care quality in response to complaints or concerns

- People were given information on how to complain when they started with the service. One person told us, "Yes I know what to do if I wasn't happy about anything, I would ring the manager and I know she would listen to me."
- We found a record of complaints was kept showing the actions taken to resolve the issue. Sampled records showed the response from the service had been timely, and where needed action taken.

End of life care and support

- We were informed that when needed, staff would work with people and palliative care professionals to ensure people's end of life needs were met.
- One care staff told us, "We work very closely with the district nursing team." Another care staff told us that they had recently contacted the manager for advice when supporting a person who was on end of life care. They told us, "The manager arrived at the person's home ten minutes later to give support."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager and staff were passionate about providing people with a high quality, personalised service. This was evident throughout our inspection and from the positive feedback we received.
- Through our discussions with the manager we determined that they were aware of and acted in line with the duty of candour requirements. The manager was open and transparent throughout the inspection process.

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

- Senior staff carried out audits including care and medication records. They took action where improvement was needed.
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled care staff visits and punctuality to be monitored.
- The management team completed spot checks and observations on staff to monitor staff performance and competency. One person told us, "The manager comes to visit now and then to check everything is ok for me and to check up on the carers."
- The manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.

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

- We saw evidence of the provider asking people's and relative's views about the service through care reviews and telephone surveys. One person told us, "I have had a few concerns in the past but whenever I have rung the office with them, the manager has listened to me and where she can it's been sorted then and there and if it's something that has needed a bit of time, they have been sorted as well."
- We were informed the service intended to involve people in the recruitment of new staff. Two people had been approached by the manager and indicated they would like to be involved in this.
- Staff told us they felt supported by management and could approach them with any concerns. One staff member told us, "[Manager's name] is 100% supportive, very approachable."

Continuous learning and improving care

- A full audit of the service had recently been completed by the compliance manager due to a change in director, nominated individual and manager at the service. This had highlighted some areas for improvement, including medication records and staff training. We saw that actions had been put in place to improve.
- Our inspection identified one issue regarding recruitment practice that had not been identified by the provider. Immediate action was taken to review the recruitment policy and procedure in place.

Working in partnership with others

- The manager and staff worked in partnership with health and social care professionals.
- Surveys had recently been sent out to health and social care professionals to seek their views on the service. We saw that in the two surveys returned that positive feedback had been received.