

Interim-Direct Limited

Thames Care

Inspection report

Unit 6, Parkside Business Park
Headley Road, Woodley
Reading
Berkshire
RG5 4JB

Tel: 01183276961

Website: www.thamescare.com

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14 March 2018

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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 inspection took place on 13 and 14 March 2018 and was announced. Thames Care is a Domiciliary Care Agency, it provides personal care to people with a variety of needs living in their own homes. At the time of inspection the service was delivering personal care to fifty-two people living in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Staff received appropriate training in safeguarding and understood their responsibilities in relation to protecting people. The service had systems in place to notify the relevant authorities in the event of a safeguarding concern.

People had their needs assessed and received appropriate person centred care that was individualised to their specific needs. Staff were aware of their responsibilities to ensure people's rights were promoted. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by staff who were knowledgeable about their needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs effectively. People were treated with respect and their privacy and dignity were promoted.

Staff felt the management was very supportive and they had good communication. The service had quality assurance systems in place to monitor the running of the service and improve the quality of the service being delivered

We have made a recommendation that the provider review people's communication needs in line with the Accessible Information Standard (AIS)

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 remains Good

Good ●

Is the service effective?

The service remains Good

Good ●

Is the service caring?

The service remains Good

Good ●

Is the service responsive?

The service remains Good

Good ●

Is the service well-led?

The service remains Good

Good ●

Thames Care

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 was a comprehensive inspection which took place on 13 March 2018 and 14 March 2018, it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we therefore needed to be sure that someone would be available in the office to assist with the inspection.

The inspection was carried out by two inspectors. During the inspection we spent time at the services' office and visited two people in their own homes with their agreement.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We contacted the local authority safeguarding team. We also requested feedback from commissioners and community professionals. We received six responses.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to 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.

During and after the inspection we spoke to seven people who use the service and also spoke to four relatives of people who use the service. We spoke to eight members of staff including carers, office manager, training manager, field worker and the registered manager. We looked at nine people's care plans and associated documents, including medicines records. We checked six staff recruitment files, including the most recently recruited staff. We also looked at staff training records, service improvement and quality assurance audits, compliments/complaints and accidents/incident records.

Is the service safe?

Our findings

People told us they felt safe with the staff from Thames Care. We asked them if they felt safe and one person said, "Yes, I do, I feel very safe. I have complete confidence in them." Another said, "Oh yes, very safe, I'm very happy." People knew who to speak to if they were concerned about their safety and told us any concerns were dealt with immediately.

Staff had the knowledge to identify safeguarding concerns and acted on these to keep people safe. Staff were trained in protecting people from abuse and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One member of staff told us when asked what they would do if they had a safeguarding concern, "I would speak to the manager immediately." Staff said they felt assured the manager would take appropriate action and we saw the registered manager had taken action when concerns had been raised. Staff supported people in their own homes to remain safe and involved other agencies and support where appropriate and necessary.

Health and social care professionals said that they felt the service managed risks to individuals to protect them from abuse. One professional said, "Thames Care staff are responsive and are customer focussed, striving to ensure customers are safeguarded." Another said, "I was confident the agency had good safeguarding mechanisms in place and staff were aware of what constituted abuse."

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. The service used an electronic scheduling system which ensured that staff were allocated appropriately to people's visits based on need. Health and social care professionals feedback that they felt confident the provider would not take on more care packages unless they had sufficient staff to meet the care needs. One professional said, "They have refused work before, as [there was] not enough staff to take on the package".

Staff were aware of the provider's whistleblowing process. Staff said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff said they were confident the management team would support them. They stated they would not hesitate to use this if necessary and gave examples which would trigger its use. One member of staff told us "I can go to CQC".

People had risk assessments and where risks were identified management plans were in place to mitigate these risks. These were regularly reviewed. Examples included risks related to moving and handling, falls, poor nutrition and the home environment. Risk management plans however did not always reflect the detail of the current risk. For example, in one person's file a risk of challenging behaviour was identified however there was no detail as to how this may present and no detail of actions put in place to manage these risks. However, when asked staff were aware of the risk and how to mitigate it. We discussed this with the registered manager who agreed to address this immediately.

The service kept robust and safe recruitment records of staff which showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if potential staff were of good character

and were suitable for their role.

People received their medicines safely and at the time they required them. Records confirmed staff that assisted people with their medicine had been appropriately trained and their competency had been regularly checked by senior staff. We saw that medicine records were accurately maintained and up to date. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. Specific audits of the medicine administration records were undertaken and where an error had occurred, investigation and robust action plans put in place to prevent reoccurrence.

There was a system for recording accidents and incidents. Appropriate investigations and actions had been taken when incidents happened. However, records did not always reflect the outcome of the investigation or that lessons learnt had been disseminated. We discussed this with the registered manager who agreed to address this. The registered manager told us that the risks had been discussed with the management team.

Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Staff confirmed they were provided with and used PPE to prevent the spread of infection. One person who uses the service said, "They are well trained to use gloves".

Is the service effective?

Our findings

People's needs were assessed before they received care from the service. The information obtained during assessment included people's personal likes and preferences, their social interests, cultural and spiritual wishes as well as physical and emotional needs. Information captured in the assessment was used to create care plans which detailed the outcomes people wanted to achieve and how they wished to be supported. The guidance and information available in the care plans was sufficiently detailed to enable staff to meet people's individual care needs effectively. For example, one person's care plan instructed staff to check a particular diagram to ensure the person was in the best position for comfort. Another indicated they needed to ensure a control panel was in reach of the person to allow them to move their bed position as they wished.

Staff received an induction and regular training to give them the skills to meet people's needs. This followed the care certificate standards which are a set of standards care staff are required to follow in their day to day work. The registered manager had systems in place to identify training that was required and ensure it was completed. Training records confirmed staff had received the core training required by the provider or were booked to complete it in the near future. This included safeguarding, infection control, manual handling and health and safety. Health and social care professionals felt that the staff had the skills and knowledge to deliver effective care. Comments included, "We believe the staff of Thames Care to have integrity and are well-led, trained to a good standard," "Staff appear to have the necessary knowledge and skills to deliver the care." Another said, "Staff are appropriately trained." Staff were offered the opportunity to gain a nationally recognised qualification in health and social care.

We saw a number of different types of meetings were held individually with staff, ranging from competency assessments to professional discussions. However, we noted no appraisals of staff had been conducted over the previous year. The registered manager told us they were reviewing the system used to assess and monitor staff performance and support. This was to make the process more meaningful and better assist staff to develop their skills. They stated that appraisals would be commencing again in the near future.

Although regular one to one meetings had not been held between all staff and their line manager, staff told us they felt very well supported. One said, "If you have a problem you don't just sit on it, they always have time." They went on to say, "They listen when I have something to say". The manager informed us that they have regular contact with staff and that the management team had an 'open door' policy for staff to see them if they required support at any time. Staff said they felt supported by the registered manager and management team. One staff member said they felt "management are very supportive and approachable".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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. Staff had received training in the MCA. They described how they asked people if they were happy for them to do things for them. When people refused care they told us they explained why they wanted to help or left it for a while and tried again. One

said, "It helps to have consistency (of care staff). Sometimes we talk about something else to take their mind off things. Usually it works but if not, we report to the office".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager was aware that any applications to deprive a person of their liberty would need to be made to the court of protection via the person's funding authority.

The staff were aware of people's dietary needs and food 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 care plan. Staff were aware of how to monitor people's food and fluid intake if there were any concerns regarding their diet. For example, staff had raised concerns with the management when they felt that a person had lost weight and may not be having their dietary needs met. As a result a specialist was supporting them to ensure these needs were met as part of a wider care package. One person told us they received help with heating their meals and told us, "They are very obliging, I let them know what I want and they do the rest, wonderful really".

People were supported to access healthcare where appropriate. Each person had an individual needs assessments that identified their health and care needs. Health professionals were contacted for advice when required and staff contacted the emergency services in the case of a medical emergency. One commented, "If we call an ambulance we stay with the person until the paramedics arrive. We would never leave them".

People were asked for their consent to the care they received. People's care files contained a form called 'consent to care provision' which had been signed and dated by the person receiving the care and a staff member. Staff were observed reviewing people's support and checking people were happy with their care plan. This also provided an opportunity for people to feedback about the care they received. One person, when asked if they are involved in their care reviews said "yes, they always review".

Is the service caring?

Our findings

People told us that they felt staff treated them with respect, kindness and compassion. For example, one person said "I'm very happy, I can't say enough that's good about them." They added, "They are good company, we can talk for England and we have lots of giggles." Another said, "They are kind and very respectful". 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 they felt respected and staff were sensitive to their needs. One person told us they felt staff went beyond what was expected and said, "I think they do more for me than they are supposed to."

Relatives of people using the service told us that the staff treated their family member with care, understanding and kindness. One relative said, "They are very caring." Health and social care professionals commented that they felt the service and its' staff were caring. One professional said, "Staff are caring and endeavour to deliver a good service."

People's independence was promoted and people were supported to be as independent as possible. Care plans guided staff on how to promote people's independence. For example, one person's file stated, "Please encourage me to wash the areas I am able". Staff spoke about promoting independence. One staff member said "I promote autonomy", another said "I always give them the choice if they can do it for themselves".

The service proactively involved relatives in the care that their family member received where this was agreed and appropriate. There was evidence of relatives being involved in the care plan reviews. People and their relatives told us they were kept informed. One relative said, "I have frequent contact." they went on to say, "They do regular meetings, they are good at that." Staff were observed taking the time to explain people's care plans to them providing them with information to make sure people understood and that they were happy with it.

Language used in people's care plans was caring and respected people's privacy and dignity. People felt that they were treated with privacy and dignity. One person who uses the service said, "Yes, they are very respectful, I get help with washing and they always ask and support me." Staff were aware of the importance of maintaining people's privacy and dignity. Staff described how they gave people choice about how they wanted their care delivered. For example, asking people before proceeding with care, knocking before entering someone's room. One staff member said, "I always ask before I deliver care." One person said when asked if they felt their privacy and dignity was respected, "Extremely well, they are good caring and careful."

People's confidential information and records were stored appropriately and securely in the office. Staff were aware of confidentiality with regard to information sharing.

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, interests and preferences. For example, one person liked specific food and drink to be left at the end of the visit from the carer. Another liked to watch certain programmes on the TV. These were written in the person's care file in a very person centred style.

People's care was regularly reviewed and where appropriate involved people and their families. We saw reviews were scheduled throughout the year or when people's circumstances or needs changed. People and their relatives told us about reviews of care. A person who uses the service said, "They always talk to me about my care." Care plans were very person centred providing detail for staff which reflected people's diverse needs and wishes.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. We reviewed the complaints log and found where a complaint had been raised it had been dealt with in accordance with the provider's policy. Where possible the registered manager had assured that complaints were resolved to the satisfaction of the complainant. The registered manager had followed the duty of candour when this was applicable.

The service had received numerous compliments on the care they provided which reflected its' flexibility. They included, "I would just like to say thank you for organising assistance at short notice", "[Name] really enjoyed his trip out, [staff member] made [name's] Thursday a happy one" and "I know you frequently go above and beyond the call of duty. I appreciate it."

The registered manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS 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. People's care records however did not always flag their current communication needs in line with the standard. However, staff provided information in ways people could and understand and sought advice when necessary.

We recommend the provider reviews people's communication needs to ensure the information is highlighted and in line with the AIS guidance.

People were protected from discrimination by staff who had received training in equality and diversity. Staff remarked on being sensitive to people and supporting them to meet their diverse needs.

Is the service well-led?

Our findings

The service had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. The management team encouraged open and transparent communication in the service. A staff member told us, "He is very supportive. All the management team are." A health and social care professional said, "The manager is very responsive to customer demands and is transparent." One person using the service said, "He's most obliging, always wants to do the best for his clients."

The service promoted a positive culture and staff felt the management was available, approachable and supportive. Staff spoke highly of the support received from the management team. For example, one told us, "I feel much appreciated they have been there 100% and looked after my welfare."

Formal staff meetings had not been held regularly over the last year. However, staff confirmed they were able to call in to the office or contact the management by phone at any time. They also said they had other opportunities to communicate with colleagues.

The manager had put in place quality assurance systems to monitor and assess the quality of service being delivered. These included audits of the care files and a review tracker. Medicine records, staff competency checks and a care plan action tracker were used to ensure actions were being completed effectively and on time. For example, one audit identified some staff were not consistently signing medicine records. The registered manager took action and further training was provided to staff. Some staff had received advice and guidance through performance meetings.

The views of the people using the service, their relatives and staff were sought by the registered manager to support the development of the service. People and their relatives were asked to comment on such things as how they felt about services provided and staff competence. A recent quality survey illustrated people were satisfied and pleased with the service they received. Where shortfalls had been noted, for example, timeliness due to travelling the service had worked to implement a system of preferred call times and preferred care staff to overcome these issues.

Staff spoke enthusiastically about working for Thames Care. One commented on the length of time they had worked for the service and told us, "I enjoy working here and I can't fault the management team." Others said there was a "good team spirit" as well as a willingness to work together to "do the best for our clients".