

Thomas Homecare 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?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Thomas Homecare Ltd is a small domiciliary care agency providing and support to people in their own homes. At the time of the inspection they were providing care and support to 36 people in and around Dawlish and the surrounding areas.

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

People said they felt safe and well cared for by a staff team who understood their needs and respected their privacy, dignity and independence. Comments included "They're absolutely brilliant. They do everything I ask and they definitely seem to be competent to meet my needs." And "I feel safe and I feel perfectly comfortable with them." Similarly, relatives of people using the service said they were doing a good job. One said "We have(name of staff member) three times a week. My sister is really fond of her. (name of staff member) tries to suit her client's needs and helps her to be more independent than she was but she'll also sit with me too and check that I'm ok. She lifts everyone's spirits and she'll ask 'Is there anything else I can do'. Any replacements we've had when she's been away have been good too."

Recruitment processes were not robust and did not ensure staff were checked for their suitability to work with vulnerable people before they commenced employment.

Risk assessments in relation to people's environment were not all in place at the time of our inspection visit. This has since been rectified. Other risks to individuals were part of the persons plan and included how staff should safely move people and how best to support them.

The service was responsive to people's needs and wishes and worked in partnership to ensure care and support was being delivered safely and effectively. There was sufficient staff with the right skills to meet the needs of people currently using the service.

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, people and relative spoke highly of the registered manager, saying her approach was inclusive and person centred. Two professionals also said the registered manager was responsive and person centred making sure they could meet the needs of people before she agreed to take on packages of care.

We have made a recommendation in relation to developing quality systems and processes to ensure there

was learning and ongoing processes to drive up improvement.

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

Rating at last inspection

This service was registered with us on 24 December 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the fact the service had been registered for over 12 months and had not yet been rated.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach in relation to regulation 19 safe recruitment practices.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Thomas 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector completed an inspection visit to the office and spoke with staff via phone calls. An Expert by Experience made calls to people using the service and to some of the relatives of people who use the service. 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 a manager 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.

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 registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2021 and ended on 5 October 2021. We visited the office location on 23 September 2021.

What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report.

We looked at information we held about the service including any enquiries and notifications. We sought feedback from the local authority and professionals who work with the service.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and office administrator during the office visit. We spoke with three staff via phone calls. We spoke with seven people who used the service and 12 relatives of people using the service. We reviewed three staff recruitment and training files. We also looked at three care plans and associated risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further recruitment records. We spoke with two professionals who regularly referred people for this the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff recruitment files did not assure us there was a robust system in place. This meant staff may have begun work before all their references or checks were in place. This included not having a check on the vetting and barring list prior to staff completing shadow shifts. One file only had one reference and their employment history had gaps which had not been explained.

Lack of robust recruitment checks placed people at potential risk. This is a breach of regulation 19 (fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following feedback the registered manager addressed some of the missing information, such as employment history. To mitigate risks of this occurring again, they had put together a check list of everything required for a new staff file prior to them being employed.
- There were enough staff available to cover the care packages the service currently had. One professional said, "The registered manager is very good, she is clear she can only help us if she has the right staff available to support a new person."

Assessing risk, safety monitoring and management

- At the office visit which was the first day of the inspection risk assessments had not been completed on every person's home environment. The registered manager said this had in part been due to the pandemic and not having too many staff crossing the threshold. She agreed to complete these within the week. She sent us evidence to show the environmental risk assessments were completed by the final day of inspection.
- Risks to individuals were detailed within their commissioning care plan and staff had a care plan app which included risks and how these should be mitigated.

Systems and processes to safeguard people from the risk of abuse

- Staff received training as part of their induction about how to safeguard people and who to report concerns to.
- Staff confirmed they had received training and knew who to report any concerns to. Staff were confident that the registered manager would ensure any areas of concern were followed up. One staff member said "(Name of registered manager) is very caring and would always report anything quickly to the right authorities."
- There have been no safeguarding issues regarding this service since being registered.
- People said they felt safe and well cared for. Comments included "I certainly have no concerns about safety, abuse or harm." And "I feel safe and I feel perfectly comfortable with them."

Using medicines safely

- Staff supported people to take their medicines as prescribed. The care plan information contained what medicines people had and what support they needed to ensure they take it.
- Staff had training and support to ensure they completed medicine records to show when they had supported people with administering their medicines.
- The registered manager said she had been checking the medicine records but had not recorded this as part of an audit process. She agreed she would include this as part of her weekly quality audits.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through hygiene practices.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- As a new agency quality audits and systems were just being established. Meetings and electronic communications enabled staff to share what went well and what did not work so well for each person.
- The registered manager understood the processes for looking at when things went wrong. One professional who knew the service well said the registered manager was good at communicating when they needed more time and support for people. They said "She anticipates when things are not working well and gets support before it becomes a crisis. She is realistic about what her team can take on."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager said that assessments prior to a service commencing had been difficult to achieve during the pandemic, but any packages of care were carefully discussed with the commissioning teams. This meant they could be confident that people's assessed needs could be met.
- One professional said the registered manager was mindful of the service's limitations due to being a small agency. They said, "She (registered manager) is always very helpful and will discuss with us what they can and can't take on at any given time. She wants to provide the right support to people."

Staff support: induction, training, skills and experience

- Staff induction was at least a week of training. This included all core areas of health and safety, including safeguarding, moving and handling and basic first aid.
- Staff confirmed they had found the induction process helpful and believed it had equipped them to do their job. One staff member said, "I was new to this sort of work, so the induction was very helpful, and I was able to do extra shadow shifts, so I got to know what to do for people."
- One professional said, "I think staff get a really good induction."
- People and their relatives felt confident in staff skills and abilities to meet their needs. One said, "They're absolutely brilliant. They do everything I ask, and they definitely seem to be competent to meet my needs."
- Staff files showed they had completed a variety of training and the service were in the process of developing a training matrix so they could more easily identify when training may need to be updated.
- Staff confirmed they were supported in their role. The registered manager said they were developing their supervision sessions, but staff were aware they could come to her at any time.

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

- People were supported to have a meal, drink or snack as needed and this was part of the care plan agreed tasks.
- People said care staff supported them as needed with the meals and drinks. One person did comment, "It's a bit petty on my part but the younger ones haven't cooked in their lives and they take the easy option like just opening a can. The youngsters don't always see what needs doing but 99% of the time they're very, very good."

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

- People and their relatives confirmed the care staff and registered manager did provide effective timely care. Comments included "They always turn up, just about on time and normally they're very reliable." "Even

if they're only a little late they always call to let Mum know."

- One professional said the registered manager liaised well with them to ensure the right care and support was planned and delivered.
- One relative said "(Name of staff member) got the physiotherapy team involved. She's very supportive on an informed basis." And "The communication is very good. They're always very helpful, very accommodating. They stepped into the breach quite quickly because our previous provider dropped some clients. We were given less than 48 hours' notice that care was stopping so they were very good."

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.

- No one using the service was under a Court of Protection authorising any deprivation of liberty for people.
- Staff understood the principles of ensuring consent was gained before care and support was delivered to people
- Staff had some basic training in MCA and further training was being planned.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were positive about how well care staff treated them. It was clear from feedback that each individual's diversity was being fully considered and care and support was delivered in a way which ensured respect and dignity were upheld. One person said "I'm very happy with them. They're very, very kind. I've got no concerns at all and I'm really pleased I've got them. They give you time and don't make you feel rushed. They say, "Is there anything else I can do for you' before they leave." And "I've got absolutely no complaints on respect and dignity."

- Relatives were also complimentary about staff being caring and respectful. One said "They're excellent. We have a mix of men and women and get on with all of them but especially one young lady – you'd think they were sisters." And another commented "We have (name of staff member) three times a week. My sister is really fond of her. Name tries to suit her client's needs and helps her to be more independent than she was, but she'll also sit with me too and check that I'm ok. She lifts everyone's spirits and she'll ask, 'Is there anything else I can do'. Any replacements we've had when she's been away have been good too."

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

- People said their views were listened to and care staff supported them in a way they preferred. One person said for example, "The manager has asked for my views when she's been here, and I do feel I could ring her up."

- People commented on how flexible the care staff were and said they checked if there was anything else they could help with. One person said, "They always check if I need anything before they leave."

- Relatives said they were kept involved and people's wishes and views were considered. One relative explained how their family member had initially been reluctant to accept care but was now more confident. They said, "Father says it's helped him out and given him confidence in having a shower. He was embarrassed at first but now he's fine."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's privacy and dignity was considered when providing personal care. They talked about how they ensured they checked people were ready for support to be delivered and gave the example of covering up body parts to maintain dignity.

- Staff always worked in a way which tried to promote people's independence. Staff spoke about not rushing people, allowing time for people to do things for themselves where possible.

- Relatives did comment that staff appeared to not rush and give people time to do somethings for themselves.

- The service had received many thank you cards from people and their families which detailed how well

they had supported them. Comments included "With much love and gratitude for helping mum and us through a very difficult time."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care plans were based on their assessed needs and care plan developed by the commissioning team. This was then adapted with the person and their significant people, such as family to ensure all their needs and wishes were considered.
- People and relatives were confident their needs, wishes and choice were being considered. One person said, "They are doing a proper job – I just wish I could have them for longer." And another said "They come in and are very pleasant. They do anything I need, chat, then go."
- Staff confirmed there was always a care plan for them to refer to when meeting people for the first time and an ongoing plan when their needs change.

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.

- Plans included details about people's communication needs, such as people being hearing impaired that a care worker may need to face them and speak up clearly.
- One family did say one worker often said goodbye as they were rushing out and their father could not hear this. We fed this back and the registered manager said she would remind staff to speak to people face to face, especially those with sensory impairments.

Improving care quality in response to complaints or concerns

- People and their families were always given a copy of the service complaints process with their welcome pack.
- People and relatives felt they could make any concerns known and were confident these would be dealt with. One said "I've not complained at all. I could contact them easily if I needed to but I'm very happy."
- The registered manager said she had only had one complaint but this was not directly about the service. She encouraged feedback and asked people's views when she covered shifts to help her improve the service.

End of life care and support

- The service had offered end of life care packages to people and staff worked with other healthcare professionals to ensure people were comfortable.
- The service had received praised for their end of life care including, "Thank you for looking after (name) so

well especially at the end."

- The registered manager was also a nurse so understood the complexities of health conditions and when to call in community nurses and GP's if people's health deteriorated quickly. She said they were looking at developing staff skills in end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The lack of a robust recruitment process meant people may have been placed at risk of unsuitable staff being employed. This was because staff started to work doing shifts with more experienced staff, prior to having all their checks and references in place.
- These risks have been mitigated as the registered provider has changed the way they make checks prior to taking on new staff.
- We also identified during the first day of inspection that not all environmental risk assessments had been completed. The registered manager completed these within days of our initial feedback.
- The quality checks and audit systems were in their beginning stages and the registered manager said she had recognised she needed support in this area. She had employed an office administrator to assist with some of this work. She had also invested in an electronic system to help with risk assessments which she was starting to use and develop to make the service safer.

We recommend the registered manager looks at best practice and guidance in relation to quality assurance processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was evident from staff, people and families that the registered manager was passionate about ensuring people had the right care and support which was fully inclusive.
- People and relatives said their views were sought and the registered manager could be contacted at any time.
- Staff said their views were listened to and they felt valued and appreciated for their work. One staff member said "Yes (name of registered manager) will always make time to listen to us, she is very caring and very good with everyone."

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

- Duty of candour was fully understood, and we saw an example of where an issue had arisen, and the registered manager worked with the local authority to try to resolve this.

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

characteristics; Continuous learning and improving care

- The service had recently moved offices so they could be in the hub of the local community. They had a breakout area and patio where people and staff could have a coffee and chat. Staff were seen to drop in throughout the inspection which showed they were comfortable using the office as a hub.
- Being a small service, the registered manager worked alongside her staff team so knew all the people using the service and made sure she took time to ask their views. This was confirmed by people and relatives.
- The service had not yet developed any annual surveys but may consider this as they grow and develop.
- Staff said they were always asked their views and felt fully engaged with all aspects of their role. This helped to ensure their care and skills improve.
- The registered manager said she was passionate about her staff team having the right support and ongoing training to ensure their care and skills improve. Staff were paid for all training completed and were encouraged to discuss their training and support needs.
- People's equality characteristics were fully considered when planning and delivering care and support. People's beliefs and cultural needs were sought and fully respected.

Working in partnership with others

- Two professionals we sought feedback from said the registered manager was good at communicating with them and worked in partnership with them to make sure they could really meet people's needs well.
- It was clear from all the positive comments from people, families and staff that there was a clear ethos of making sure there was good partnership working.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Failure to have robust recruitment checks in place for new staff placed people at potential risk