

The Health Care Group (THCG) Ltd

The Health Care Group (THCG) LTD

Inspection report

92 Oldfields Road
Sutton
Surrey
SM1 2NU

Tel: 02039038306

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Healthcare Group (THCG) Ltd is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 41 people were receiving personal care, most of whom were elderly and required support to remain as independent as possible. 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 may not have been supported to have maximum choice and control of their lives because the provider did not always ensure the principles of the Mental Capacity Act 2005 (MCA) were followed in assessing people's capacity in relation to specific decisions. Although there was no evidence people had been restricted, there was a risk that staff may not have supported people in the least restrictive way possible and in their best interests.

The registered manager understood their responsibility to notify CQC of significant events, such as allegations of abuse, as required by law, although there had not been any since the service registered with us. The provider also displayed their CQC rating as required by law. The registered manager and their management and staff team understood their role and responsibilities although knowledge of the MCA and its codes of practice could be improved. The registered manager engaged and consulted well with people using the service and staff. Staff felt well supported by the registered manager.

People received the right support in relation to risks, such as those relating to age and frailty. There were enough staff to support people safely and staff timekeeping was good. The provider checked staff were suitable to work with people through recruitment checks. Staff received training in infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID-19 transmission. People received the right support in relation to their medicines and the provider had good oversight of this through electronic systems in real-time.

Staff received the training and support they needed to meet people's needs. People were supported to maintain their mental and physical health and to maintain contact with professionals involved in their care. People received food and drink of their choice.

People liked the staff who supported them and developed good relationships with them. People received consistency of care from a small number of staff who knew them well. People were supported to improve their independent living skills as far as possible and staff treated people with dignity and respect. People were involved people in their care and their care plans were based on their individual needs and preferences. People were encouraged to raise any concerns or complaints.

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 inspected on 4 June 2018 under a different provider and was rated good. This was the first comprehensive inspection since the service registered with us under a different provider.

Why we inspected

This inspection was prompted because the service required a comprehensive inspection as they registered with us on 28 November 2019.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 

The Health Care Group (THCG) 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

Our inspection was completed by one inspector and an Expert by Experience. 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 and specialist housing. 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

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be available to support the inspection. We also needed to obtain the consent from people using the service to be contacted by us to obtain feedback on their experience of using the service.

The inspection activity started on 26 April 2022 by visiting the provider's office to meet with the registered manager. We then made phone calls to people using the service and staff, and inspection activity ended on 4 May 2022.

What we did before the inspection

We reviewed the information we had received about the service since they registered with us, including any statutory notifications received. The provider completed a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. We used all of this information to plan our inspection

During the inspection

We spoke with the registered manager, deputy manager, care coordinator and a care worker. We reviewed a range of records including care and staff records and records relating to the management of the service. We spoke with 11 people using the service and their relatives about their experiences of the care provided. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were managed safely and people and relatives told us this. The provider assessed risks relating to medicines management and put guidance in place for staff to mitigate identified risks.
- Only staff who had received suitable training, with competency checks, administered medicines to people.
- Staff recorded medicines administration electronically and the system required completion of records which office staff had real-time access to check. Paper records for medicines which required regular dose changes were also accurate and checked regularly.

Staffing and recruitment

- There were enough staff to support people safely although the registered manager told us recruitment had been difficult and this is ongoing. The provider was recruiting staff from overseas so they could care for more people. Qualified and experienced office staff cared for people directly when needed. People told us staff were usually on time.
- The provider carried out recruitment checks including those relating to criminal records, references, fitness to work and identification. However, some staff files lacked a fully explored and recorded employment history which meant the provider might not have fully verified the suitability of the staff. The registered manager told us they would rectify this going forwards.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider identified and assessed risks to people, such as those relating to mobility, medical conditions for example dementia or any other mental health condition, the home environment and infection control.
- Guidance was in place for staff to follow to reduce the risks which staff had easy access to on their mobile phones.
- Staff understood how to respond to accidents and incidents, including how to respond in case a person fell, and had received training on this. The provider reviewed accidents and incidents to reduce the risk of reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them and told us staff left their homes securely locked too. People were encouraged to raise concerns with the service or social services if they felt unsafe.
- Systems were in place to protect people from the risk of abuse including regularly training staff to

recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding.

- Although there had been no allegations of abuse, the registered manager understood their responsibilities to report to the local authority safeguarding team, follow their guidance and to notify CQC.

Preventing and controlling infection

- Staff received training in infection control and the safe use of personal protective equipment (PPE) to reduce the risk of infections including COVID-19. People told us staff followed safe infection control procedures.
- Staff also received training in food hygiene and people were satisfied with the way staff handled their food.
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 people using the service and staff.

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 of this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Some people lacked mental capacity in relation to giving consent to aspects of their care. The provider assessed their capacity but did not always record the specific decision being assessed, with specific best interests decision meetings, in line with the Act. This meant people may have had decisions made for them when they had capacity to make those decisions themselves. The registered manager told us they would rectify this as soon as possible.
- Care workers understood their responsibilities in relation to the MCA and they received training in this.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People's mental and physical healthcare and emotional support needs were assessed, recorded and understood by staff. Staff had easy access to people's care plans on their mobile phones and they were updated with any changes.
- Staff supported people to see the healthcare professionals they needed to maintain their health when this was an agreed part of their care.
- The provider recorded people's food preferences and dietary needs in their care plans and staff prepared meals in line with these. One person said, "They prepare the food I want just how I like it."

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

- People's needs were assessed by the provider before their care began. A senior person met with people

and their relatives and reviewed any professional reports to check they could meet their needs.

- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care, such as their relatives and professionals including district nurses and social workers.

Staff support: induction, training, skills and experience

- Staff received regular training in relation to their role such as dementia, health and safety, moving and handling, infection control and food hygiene. People and relatives told us they found staff well trained.
- Specialist training was provided when necessary, including how to communicate best with one person. Staff were supported to complete the care certificate and diplomas in care, nationally recognised qualifications to ensure the required skills and knowledge.
- Staff received regular supervision and annual appraisal with spot checks to check they carried out their responsibilities well. Staff told us they felt supported by the provider.

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 of 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 their care workers, as were relatives. Many people used the words "Kind and caring" to describe staff. Other comments included, "The carers are very good they make sure that I'm ok" and "The staff are all so friendly. They all have a very nice manner about them."
- People received consistency of care from the same staff who cared for them. A relative told us, "They try and keep it to the same carer as much as they can." This meant staff knew people well and developed good relationships with them.
- People told us staff were not rushed and staff confirmed this. People received meaningful care as staff had time to engage with them. Staff told us they had enough time to travel between visits.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. These needs were reflected in care planning. In some cases the provider was able to match people with carers who understood their preferred language and/ or could cook food culturally appropriate to them.

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

- Care workers cared for people according to their personal preferences, such as how they liked to receive personal care, their daily routines and food and drink.
- The provider contacted people or their relatives regularly to check their care met their needs or whether any changes were needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be involved in their care as much as they wanted to and were able to maintain their independence. The registered manager gave us examples of supporting people to regain their full independence after an illness including support with mobility exercises, guided by an occupational therapist.
- People's privacy and dignity was respected by staff and staff understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this. One relative told us, "Staff are 'very respectful.'" Another person told us, "They always shut the curtains when I receive personal care."

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 of 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; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in their care plans as the provider ensured these reflected people's needs and preferences through discussions with them and their relatives. Care plans were kept up to date so they remained reliable for staff to follow.
- People's care plans were personalised. They detailed their backgrounds, personalities, likes and dislikes, what they wanted to achieve through their care, those who were important to them and how they preferred to receive their care. Staff understood people's individual needs and preferences through reading their care plans and working closely with them.
- People were supported to attend activities and do day to day tasks such as shopping if this was an agreed part of their care.

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.

- The provider met the AIS and key information could be provided to people in alternative formats if necessary.
- The provider recorded people's communication needs in their care plans and how best to communicate with them so staff were aware of these.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which people were given a copy of. The complaints policy was not fully up to date and required updating to direct people to the Ombudsman if necessary, not CQC, as they do not investigate individual complaints.
- People were encouraged to raise any concerns or complaints. Records showed issues were investigated and responded to by the provider in line with their policy.
- People knew how to raise a concern and they had confidence the provider would investigate and respond appropriately. One person told us, "I'm confident they would do something about it if I raised anything."

End of life care and support

- At the time of our inspection the provider told us no one was receiving end of life care. However, the

registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care if they needed to provide end of life care. Training was available to staff on how to provide good 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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was experienced in managing homecare agencies. Our discussions and findings showed they understood their role and responsibilities overall, although their knowledge and application of the MCA's principles could be improved. The registered manager was supporting other members of the team with their management skills so they could become registered managers in the future. People were positive about the leadership of the service.
- The provider had a system of audits to check people received a good standard of care. These included checks of all care records, supervision, spot checks and training. Most records were electronic with alerts to notify the provider if certain documents were incomplete, such as medicines and care records. The provider was commissioning a system so all records would be electronic by the end of the year due to improve reliability and consistency of the service.
- The provider displayed their CQC rating on their website and in their registered location as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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

- People and relatives told us the provider communicated well with them with regular phone calls and visits to check their quality of care. Staff meetings were held regularly to keep them informed of service developments and to share learning and knowledge. The provider also used annual questionnaires to assess the performance of the service and feedback received most recently was positive.
- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. People, relatives and staff told us the registered manager was open and transparent.
- The registered manager understood their responsibility to send us notifications in relation to significant events that had occurred in the service such as any allegation of abuse, although none had been required.
- The provider communicated with external health and social care professionals such as social workers, district nurses, GPs and occupational therapists to ensure people received the care they needed.

