

Team24 Limited

Team 24

Inspection report

Premier House
1-7 Warren Road
Reigate
Surrey
RH2 0BE

Tel: 03300241111

Website: www.team24privatenursing.co.uk/

Date of inspection visit:
26 April 2017

Date of publication:
14 June 2017

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

Team 24 provides a bespoke care and nursing service to improve people's quality of life, and support them to live in their own homes.

People who receive a service in their own homes include those living with physical frailty or memory loss due to the progression of age. The agency also provides services to people living with dementia and people with mental health needs. At the time of our inspection two people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 26 April 2017. The provider was given forty eight hours' notice of the inspection.

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.

The registered manager had a clear vision about the time staff spent supporting people so they could really focus on giving individualised care and support in a way people wanted it. The feedback we received during the inspection showed that this vision had been achieved, and the service was well led.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. All the staff we spoke with were happy in their work and proud of the job they do.

People received a safe service from the Team 24. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people who used the service. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff said they felt supported to undertake their roles. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. People were prompted by staff to take their medicines, but where staff gave people their medicine this was done in a safe way.

Where people did not have the capacity to understand or consent to a decision the provider had followed

the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's capacity to understand and make decisions for themselves had been completed.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People's dietary support needs were understood and met by the staff.

People were supported to maintain good health. When people's health deteriorated staff made sure they contacted the appropriate professionals so people received effective treatment.

Staff were kind and caring and treated people with dignity and respect. The staff knew the people they cared for as individuals, and had a good rapport with relatives.

People received the care and support as detailed in their care plans. Care plans were based around the individual preferences of people as well as their medical, psychological and emotional needs. The provider was reviewing the care plan format to ensure important information about people was clearly documented, rather than relying on staff's memory.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

The provider had effective systems in place to monitor the quality of care and support that people received. The registered manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained.

Records for checks on health and safety, and medicines audits were all up to date. Accident and incident records were kept, and were analysed and used to improve the care provided to people.

The registered manager visited people in their homes, or telephoned them to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people. People received a good standard of care and support by a caring and well led service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the service.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell. The care provided by staff helped people to get better.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff that supported

them. People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care plans, and their reviews.

Staff had the time to spend with people, as well as providing personal care.

There was a clear complaints procedure in place. Staff understood their responsibilities should a complaint be received.

Is the service well-led?

Good ●

The service was well- led.

Staff felt supported and able to discuss any issues with the registered manager.

The registered manager and senior office staff regularly visited to speak to people and staff to make sure they were happy. Quality assurance processes were used to make improvements of the service where a need had been identified.

People and staff were involved in improving the service. Feedback was sought via regular telephone calls and during quality assurance visits.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Team 24

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 inspection took 26 April 2017. The inspection was completed by one inspector because this was a very small service, only supporting two people with the regulated activity of personal care, or treatment of disease disorder or injury.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

After the inspection we spoke with one relative, and contacted the second one to ask for their feedback, but they declined. We spoke with four staff, which included the registered manager. We also reviewed care and other records within the service. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the registered manager.

We also contacted commissioners of the service to see if they had any information to share about the service.

Is the service safe?

Our findings

People received safe care and support from Team 24. When asked if they felt Team 24 gave a safe service one relative said, "Absolutely, it's due to the staff's approach and attitude to my family member."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. When people were asked if they thought there were enough staff a relative said, "Yes, they are flexible with their time, so will stay longer if I'm held up."

Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service. The registered manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

People were kept safe because the risk of harm from their health and support needs had been assessed. Relatives told us that staff supported their family members do as much as they were able. Assessments of risk had been carried out in areas such as mobility, and nutrition and hydration. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. A relative said, "They came and looked for hazards around the house, such as trip hazards." One staff member said, "Each person has a file in their house with the risk assessments in it." Another staff member said, "We check the environment for hazards, and have plans in place about what to do in an emergency in the persons home."

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person's support needs had changed.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines in a safe way, and when they needed them. At the time of our visit staff only prompted people to take their medicines. A staff member said, "We review the dosage, how it should be given, and the timing. It is important to have good systems for the medicines as we don't do everything ourselves. The family do the medicines so I talk to them about what they have done, in case I need to be aware of anything." Staff that administered or prompted medicines to people, received appropriate training, which was regularly updated.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. All medicines were stored and ordered by people homes, so there was no risk of medicines being lost or damaged transporting them from the office to the persons home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. Staff understood their responsibilities in the event these emergencies took place.

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A relative told us they felt the staff were experienced in their jobs, and as a result able to provide effective care and support to their family member. Written feedback received about the service included, "She (staff) was a highly skilled, respectful palliative care nurse who quickly assessed the situation to get my family member comfortable very quickly."

Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Staff had received training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration.

Staff were effectively supported by the management. Staff told us that they felt supported in their work. Staff had regular one to one meetings (sometimes called supervisions) with the registered manager, as well as annual appraisals. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. We noted that this had not always been the case during 2016, but the registered manager assured us the matter was now resolved for 2017. Supervision had taken place in accordance with the provider's policy during the first quarter of 2017.

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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A relative said, "They always give a choice such as saying 'would you like...' They also help my family member in a way that matches their (the family member's) mood." One staff member said, "It's about understanding if the person is able to advocate for themselves, or if they need someone to else to help them. With the person I support the family members are the legal advocates for the person."

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Staff were able to describe the individual requirements of the people they

supported. For example supporting people to help make their own meals, but take into account the person's particular mood on the day that may affect how much they can do for themselves.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore at that time. Staff understood the signs that people may not be having enough to drink such as urine colour and smell, which may indicate more fluids were required.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress. A relative said, "We have discussed all the effects and changes with my family members condition and talked about the options available to me."

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. A relative said, "They are bubbly, like to involve people, and treat people in a fair manner." Written feedback received about the service included, "She (staff) is wonderful." Staff were selected wherever possible to match the interests and preferences of people. A staff member said, "I was chosen to support this person as I would be able to get on with them. The family explained what they were looking for and I fit the criteria they wanted." This matched with what people told us and how the registered manager and office staff team worked on the day of our inspection.

People's privacy and dignity was respected. People told us that staff always respected their private space. Staff understood how to protect people's privacy and dignity. They did this by waiting until the person has fully woken up before giving care; asking people what they would like staff to do; and making sure the doors and curtains were closed when giving personal care." Other examples given by staff included the practice of covering up parts of a person when washing to protect their dignity.

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they could not be overheard. This was to ensure that people's confidentiality would be retained at all times.

Staff had a caring attitude towards the people they supported. One staff member said, "It's not just a job to me, this could be my family member." Staff were caring and attentive, and took time to get to know the people they cared for. A relative said, "Yes, the carer knows our family history and who my family member is as a person." A staff member said, "I only support one person so I can get to know them really well, and they can get to know me." Staff, including the registered manager, knew the people they cared for. The registered manager was able to tell us about people as individuals as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff.

Staff communicated effectively with people. Staff were able to tell us how they communicated and understood people that may not be verbally express their wishes, such as by the use of particular facial expressions or gestures. Feedback from people was positive about the communication skills of the staff employed by Team 24.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individuals care plan.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In addition people had access to the registered manager in the office via telephone and email. There was also an out of hours provision for people to contact in an emergency.

People were supported to be involved in their care as much as possible. They had been consulted about

how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

Is the service responsive?

Our findings

People's needs had been assessed before they received the service to ensure that their needs could be met. A relative said, "The assessment process was very thorough." Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, communication, and their mobility. The provider took care to ensure they could meet people's needs, before they agreed the support package.

People and relatives were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the registered manager, or team leader. Feedback received from people included, "She (the staff member) was a lovely lady and was very open to learning how I wanted things to be done. This was a huge comfort for me because it means I am cared for in the way that I need, and that is most comfortable for me." Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

Care was flexible and responsive to meet people's needs. Feedback from a relative stated, "When they first came in the staff member quickly assessed the situation with my family member and managed to get him comfortable very quickly. They organised a better continence regime which meant my family member was no longer distressed."

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. Care plans addressed also areas such as how people communicated, and what staff needed to know to communicate with them.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care, for example, in their choices of food and drink. Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs.

Staff spent time with people to support them with activities and prevent them from getting too lonely, as well as providing personal care. A relative said, "They have really tried to help with activities, some things did work, others didn't." They went on to describe how the staff had talked with them about other activities that may help people that live with dementia." The registered manager and care staff gave advice to families in response to people's support needs. One relative said, "We have been given advice about mobility aids." This helped make caring for the person easier.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. A relative confirmed they knew about the complaints process, but had not felt the need to raise a complaint. There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care

Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been one complaint received in the last 12 months. This had been clearly recorded and responded to in accordance with the provider's complaints policy. The registered manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone. A large number of compliments about the care provided were also received in the same period of time.

Is the service well-led?

Our findings

There was a positive culture within the service, between the people that were supported, the staff and the registered manager. A relative said, "They are helpful and listened to, and matched our requirements."

Regular checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as health and safety, and medicines. These visits included talking with people and relatives, an inspection of the person's home to make sure people were safe and reviewing care records. A relative said, "The manager hasn't been out to us yet but I know they have planned a visit."

People and relatives were supported by an organisation with a clear management vision and structure. Staff understood and followed the values of the service. One member of staff said, "The management are about making sure we support and treat people as individuals." The registered manager echoed these values and explained how they had made a decision to not accept short calls (for example 15 minute calls). They said, "We don't want to offer that 'conveyor belt' of care. We aim for our staff to spend a minimum of four hours with people so we can spend time with them. It's not about dashing in and out, it's about companionship."

The management and staff strove to continually improve the standard of care and support given to people. The staff emphasised that the registered manager constantly reminded them that when they provide care and support they must take their time and get to know people. Our observations over the course of the inspection and our conversations with people and staff matched with this ethos.

Staff felt supported by the registered manager, and enjoyed their job. Staff told us the, "I get regular emails from them, and they talk to me to make sure everything is okay." The manager is always there for us. I definitely feel I could raise concerns with her." Another staff member said, "They communicate with us really well, and it works." Staff told us the manager had an open door policy and they could approach the manager at any time. Staff felt able to raise any concerns with the registered manager. One staff member said, "Yes, the manager and office staff are very approachable; if I had a problem or concern I wouldn't hesitate to ring them,"

Records management was good and showed the service provided and staff practice was regularly checked to ensure it was of a good standard. We did note that some documentation, such as care plans while meeting the recording requirements of a small service, may not be adequate if the service increased in size. For example key information about people's preferences was not always recorded in the care plan because the care staff and office staff all knew it. If the service had more people, they would not be able to rely on staffs memory to ensure support needs were known. The registered manager had updated their care plan layout shortly after the inspection to show they had taken on board our observation.

People and relatives were included in how the service was managed. Due to the very small size of the service the registered manager sought feedback during telephone conversations or when office staff visited people in their homes. A relative said, "They have asked me for feedback via telephone. I had nothing to raise as an

issue with them as I have been happy with the service." Questions that were asked covered topics such as whether staff were polite and respectful, whether people felt involved in their care planning, and if they knew how to make a complaint if they were unhappy. The feedback was very positive, and people were happy with the care provided by Team 24.

Staff were involved in how the service was run and improving it. Although no formal team meetings took place, due to the small staff team, staff were still able to talk to each other and the manager whenever they needed to. Information was regularly shared with the staff team via the messaging system on staff's mobile telephones. Staff were also able to present ideas if they felt the service could improve.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.