Specialist Care Team Limited

# Specialist Care Team Domiciliary Office

## Inspection report

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Tel: 01524401200

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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

The inspection visit at the Specialist Care Team Domiciliary Office took place on 23 May 2016 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care and supported living service to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Specialist Care Team Domiciliary Office provides personal care and support to people living in their own homes. The service supports people who have a learning disability or mental health needs in their own home. Support can be provided at specific times through to full time care during the day and night. The office is located close to Morecambe town centre. At the time of our inspection there were 29 people receiving a service from the Specialist Care Team Domiciliary Office.

The service had a registered manager. 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 the last inspection on 10 and 12 February 2014, we found the provider was meeting the requirements of the regulations inspected.

Staff had received abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure and would not hesitate to raise an alert should it be required.

The provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels within the supported living service were adequate with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care-planned requirements in relation to medicines.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. Face to face training, not electronic learning was delivered to new staff. The registered manager told us this promoted discussion and helped new staff remember information.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People told us the same group of staff mostly supported them. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. Conversations we observed between people and staff showed positive relationships had developed. Comments we received demonstrated people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care. Compatibility visits took place prior to anyone moving into a 24 hour shared supported living tenancy. This allowed personalised care plans and support strategies to be in place beforehand.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the management team were accessible, supportive and approachable and would listen and act on concerns raised.

The registered manager used a variety of methods to assess and monitor the quality of the service. People and relatives we spoke with during our inspection told us they were happy with the service. Quality audits had been completed and reviewed at the time of our inspection. The registered manager had oversight of the service provided.

## 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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments to reduce potential harm to people.

There was enough staff available to meet people's needs safely. Recruitment procedures the service had were safe.

Medicine protocols were safe and people received their medicines correctly in accordance with their care plan.

### Is the service effective?

Good

The service was effective.

Staff had the appropriate training and regular supervision to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

### Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and were responded to promptly when support was required.

Staff spoke with people with appropriate familiarity in a warm, genuine way.

People were supported by a staff team who were person-centred in their approach and were kind.

## Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities.

People knew how to complain. They told us they felt they would be listened to if they made a complaint.

## Is the service well-led?

Good

The service was well-led.

The registered manager had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

# Specialist Care Team Domiciliary Office

**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.

The inspection was carried out by an adult social care 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. The expert by experience who took part in this inspection had experience of domiciliary care.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection we visited one supported tenancy scheme where people who received support from the service lived. We visited one person who lived in their own flat who received daily support. We spoke with another five people who used the service and two people's relatives over the telephone. We also spoke with six care staff as well as two members of the management team and the registered manager. We looked at the care records of eight people, training and recruitment records of six staff members and records relating to the management of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas. We looked at the continuity of support people received. People we spoke with told us the same staff supported them most of the time.

Good

# Is the service safe?

## Our findings

People we talked with told us they felt safe. One person told us, "I have staff during the day, I feel safe. If I have any concerns I could ring the on call, but I'm safe." One relative told us about a family member, "I think they are as safe as they can be, they keep [My relative] safe."

There were procedures to enable staff to raise an alert to minimise the risk of abuse or unsafe care. Staff had a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we looked at showed staff had received related information to underpin their knowledge and understanding. When asked about safeguarding people from abuse one staff member told us, "We do everything we can to maintain people's safety." When asked what they would do if they had any concerns they told us, "I would report any concerns to the registered manager and if necessary the police." They also commented they knew about the whistleblowing policy and would contact the Care Quality Commission (CQC). A second staff member told us, "We get it drummed into us, by the management team, what is right and what is wrong regarding abuse. It's right they do this, and then we all know. There are no excuses, we report it."

Care plans looked at contained information on managing risks to people. This was to identify the potential risk of incidents and harm to staff and people in their care. Assessments we looked at had information to help people promote positive mental health. The plans identified symptoms of mental health and events that could affect the person's mental health negatively. For example, plans stated people did not like crowded places. Other plans guided staff on how to help and support people. Staff were knowledgeable about the people they were supporting. This showed the registered manager had preventative measures to keep people physically and mentally healthy and safe.

The registered manager had systems in place to manage and review accidents and incidents. If an accident occurred, a form would be completed and submitted to the management team. They analysed the information and completed any follow up action as required. We saw accident information led to an action plan to minimise its reoccurrence. We saw incidents documented led to the required notifications submitted to the required authority.

We looked at how the service was being staffed. We talked with people who used the service, relatives and staff members. We did this to make sure there was enough staff on duty at all times to support people in their care. Feedback we received was positive with people telling us they had enough staff to meet their support needs. We looked at rotas, which confirmed adequate staffing levels. There was an appropriate skill mix to meet the needs of people who lived in the supported tenancy schemes. One staff member said, "I was not left alone until I had completed a week of shadowing." A second staff member told us, "I did a lot of shadowing of experienced staff. It was really good, it explained a lot." This showed the provider had a system to make sure staff gained knowledge and skills to support people and keep them safe.

We looked at recruitment procedures and documentation for staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any

criminal convictions recorded, an application form that required a full employment history and references. We asked staff if they had to wait for clearance before commencing work. Every staff member we spoke with confirmed they had to wait for clearance. One person commented, "Even though I came from another care company I had to be checked."

We checked to see if medicines were managed safely. One person who lived in a flat told us, "Staff look after my medication and I get a week's worth at a time." Additional medicines were stored in a secured locked cupboard. In the supported living service, there was a clear audit trail of medicines received and administered. The system used was comprehensive and contained people's photographs, descriptions of their individual medicines and any known allergies. Tablets were stored individually in plastic compartments or blister packs. They were marked with the day and time of day when different tablets should be taken. Each person had a medication administration form (MAR). The form contained information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. This helped staff correctly administer medicines at the right time. It also helped identify if any doses have been missed. This showed the provider had a system to manage the administration of medicines safely. The medication records we checked were up to date. Also we found the medicines administration record (MAR) sheets were legible and did not contain any gaps.

Good

# Is the service effective?

## Our findings

From our observations and discussions with people who received support and their relatives, we were able to confirm people were receiving effective and appropriate care. One person told us, "The staff are good, they help me."

We spoke with staff members, looked at the training matrix and individual training records. The staff members we spoke with said they received induction training when they first started their job. They told us the training they received was provided at a good level and relevant to the work undertaken. One staff member said, "Yes I had an induction, it was huge, really long, really good. It was brilliant." The provider told us they initially delivered classroom-based training to staff, and then invested in laptops for staff to complete electronic learning. This showed the provider reviewed training delivered and was flexible to ensure effective information sharing had taken place.

On the day of our inspection there was an induction training session being delivered by the director of the company. The session we observed focused on managing risk, people's rights, the staff member's duty of care and best practice. The session involved staff discussing real life situations and dilemmas that had occurred within the care environment. The director explored each scenario and asked, "What would you do if this happened?" and "How would it make you feel?" questions. We saw effective communication and information sharing based on best practice within a relaxed environment.

Staff had received further training in safeguarding, moving and handling, fire safety, first aid, infection control and health, and safety. Trained staff responsible for administering people's medicines had been observed administering medicines to ensure they were effective and competent in their role. We saw there was a learning and development plan for each staff member. This ensured staff had the relevant knowledge to be effective in their role. One staff member told us, "I think the training is brilliant. I learn something new each time." Relatives we spoke with told us they found the staff very professional in the way they supported people and felt they were suitably trained.

Staff we spoke with told us they had regular supervision meetings. Supervision was a one-to-one support meeting between individual staff and a member of the management team. It was held to review training needs, roles and responsibilities. Regarding supervision a staff member said, "We have supervisions, regularly. We discuss the clients, how things are going and if I feel I need to go on any courses." A second staff member told us they got regular formal supervision but could also speak with their supervisor about issues that arose during their shift. A third staff member commented about their meeting, "We looked at what I want to achieve and any areas of improvement. There was good communication." Records confirmed staff had the opportunity to reflect on their strengths, achievements and future/ongoing training needs. This showed the provider had a system for staff to review their training needs role and responsibilities with a member of the management team.

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 registered manager demonstrated an understanding of the legislation as laid down by the MCA.

We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training. Staff we spoke with were able to describe what was meant by a person having capacity. Staff also told us what they would do if they thought someone did not have capacity. During the induction training we observed, we saw discussions had featured the MCA and people's right to make unwise decisions. All care plans we looked at had signed consent to care forms. This showed the registered manager was working in line with the MCA 2005.

One person talked about their meals and told us, "The food is good, [a member of staff] is a good cook." A second person told us they prepared all their own meals and commented, "If I need any help the staff are there." A third person told us staff accompanied them for meals out, "We go for pub lunches sometimes." On the day of the inspection, one person was going to the local supermarket accompanied by staff to complete the weekly shop. At one person's home, we saw the kitchen was clean and tidy. We were told by one person staff do all the cooking and cleaning. In one care plan, we saw the person needed encouragement to eat regularly. The guidelines directed staff to promote regular meals. People had a nutritional questionnaire as part of their care plan. This looked at eating habits and any dietary requirements they may have had. This showed people were supported to maintain a balanced diet and protected against malnutrition.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from GPs and other healthcare professionals had been recorded. One person who had an ongoing medical diagnosis told us, "Sometimes staff make the appointments for me to see the nurse. I sometimes forget to do this myself." On the day of our inspection, we saw a social worker had visited one person and staff wrote this down. We saw people had health action plans. These listed the involvement of health professionals, such as dentists, chiropodists and GPs. Regarding one person they supported, a staff member commented, "I have never known so many health people to be involved. Social workers, psychologists and nurses from the community mental health team are all visiting." People told us and care records we reviewed evidenced people were supported to maintain good health and healthcare services were promptly called when required.

Good

# Is the service caring?

## Our findings

People we spoke with told us staff were kind. They told us they liked the staff, and they were, "Very nice, I have no problem with any of them." One person who had limited communication skills was asked about staff that supported them. Their body language gave us a positive response to the question, what do you think of your staff? They smiled, laughed and told us, "[Name of staff member] is nice." We saw one person ask a staff member when they were going to work with them. They chuckled and commented, "I miss your support." The service manager told us they liked where the office was based. They commented, "We like being local, people pop in." This was confirmed in conversations with people who told us they liked to visit, chat with the management team and get a free drink.

Relationships between people who used the service and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There appeared to be a genuine fondness shown for the people they cared for. People who used the service and staff were relaxed in each other's company. There was a rapport which people appeared to enjoy and showed familiarity. For example, we saw one person gave a staff member mild insults. The staff member responded in a familiar way. Both the person and staff member enjoyed the playful teasing.

We visited one person for a chat about the care and support they received. A staff member was present for part of the interview. We noted the staff member never imposed themselves during the conversation. They were respectful and let the person speak but offered guidance and prompts to aid the person's memory.

We visited three people who lived together and received 24-hour support. Their house had been personalised with pictures, ornaments and furnishings. The décor reflected the age and gender of the tenants living there and their likes. For example, in people's bedrooms we saw a guitar and old fashioned record player and fish in a tank. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Care records we checked were personalised around the individual's requirements and held details of valuable personal information. For example, personalised information included one person liked to talk about their deceased relative and visit their grave. Another person did not like to be ignored when they needed to talk. A third person's plan identified they needed support with appointments. We spoke with the person who confirmed staff helped make appointments, reminded them when they were due and accompanied them if requested. This showed the service had systems to support people to express their opinions. The care plans showed the service listened to people's views and tailored the support around their wishes.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge of the subject and the role of the independent mental capacity advocates (IMCA). The role of the IMCA is to work with and support people who lack capacity. They represent their views to those who are working out their best interests. Having access to an IMCA meant the rights and independence of the person were respected and promoted. At the

time of our inspection no-one, being supported by The Specialist Care Team Domiciliary Office had an advocate.

Good

# Is the service responsive?

## Our findings

People were supported by experienced and trained staff who responded to the changing needs in their care. Staff had a good understanding of people's individual needs. For example, one person told us, "I get a lot of help when I want it." They further commented they could ring the office and have their rota changed so staff were available to support them with appointments. We spoke with a member of staff who confirmed rotas were changed around the needs and preferences of people being supported. They commented, "We don't have regimented support times on the rota, we fit in around people's appointments." This showed the provider had a system that was responsive to people's personalised care needs.

People received help that was responsive and specific and promoted positive relationships. For example, we observed one person was agitated during our inspection. We noted the staff discussed the best way to offer support. They gave the person space, agreed which staff member would offer help and then waited for the person to request support. A staff member involved told us, "We evaluate people all day and we adapt to their mood." After five minutes, the person in the agitated state called for staff to support them. This showed the provider had trained staff to be person centred and flexible in their approach.

Care plans were person centred and focused on people's general support needs and focused on people's mental health. Plans included 'the best way to support me' and daily and weekly routines. They also identified and risk assessed people's known mental health symptoms. Plans included guidance on how to manage people's symptoms of depression, anger, inter personal isolation and hopelessness. For example, one plan stated the person had access to the specialist care teams on call system and would ring when in a low mood. The on call system was a telephone response service staffed 24 hours by members of the management team. This showed the provider had a system that delivered a responsive approach to meet people's needs.

On the day of our inspection, the service manager had an appointment to meet the family of someone who may be joining the service. The person may be moving into a supported living tenancy where there was a vacancy. The provider told us they assessed each person's needs before they received support. This meeting was the first stage in information gathering for the provider and the family involved. The provider told us they need to make sure it is right for the person moving in and the people already living there. We were told there are several meetings between people to allow people to get to know each other. The registered manager told us the process was important and ensured the service would meet people's needs and minimise disruption from a failed or inappropriate placement.

We asked about activities and one person told us the provider was good at arranging things to do and trips. They told us, "They organise days out and put them on the rota." They further commented they had been on day trips to Windermere and Blackpool. They also told us they went for nice walks and picnics. On the day of our inspection, we were told one person had been supported to buy a new bicycle. They had spoken with the director of the company who had responded by ensuring the finances were available for this to happen. We visited one house where two people were excited about a forthcoming holiday to Spain. They were joking with staff about what they would be doing on their holiday, the food and having time in the pool.

People who lived in the house also told us they liked to go for pub lunches with the staff. We spoke with the provider who told us if people want trips and activities then they adapted the rota to accommodate this. This showed the provider recognised activities were essential to stimulate and maintain people's social health.

We saw the provider had organised a celebration event. There was to be complimentary tea, coffee and buffet. There would be goodie bags and music. One person told us they were looking forward to the event. One staff member commented, "I volunteer at these events. It is a good time for people to get together and meet people. It's a real treat for some people." They told us they helped transport people to and from these events to ensure people could attend. This showed the provider had created an environment where positive relationships could develop.

There was an up to date complaints, comments and compliments procedure. People who received support, relatives and staff were able to describe how they would deal with a complaint. One person told us, "Not really had any problems, never had any concerns. If I had any problems, I would talk with [Team Leader] they would deal with it." A member of staff told us they had made a complaint to the manager. The manager dealt with the issue and they were happy with the outcome. They told us the service manager had listened to what they had to say and they felt supported. This showed us people who used the service knew how to complain and the provider had listened and acted upon their concerns.

Good

# Is the service well-led?

## Our findings

A staff member told us about the management team, "They visit people, they are really good, and they care." A second staff member said, "They make themselves available for me when I want them." One relative told us about the provider, "[Member of the management team] is very good, they are on top of things and [My relative] is very happy."

The provider demonstrated good management and leadership. There was a clear line of management responsibility, from the provider through to the management team and staff. For example, the service manager led the day-to-day running of the service. The director kept a 'hands on' role but took the lead in service planning and quality assessments. Team leaders worked closely with people and there was one person designated to deal with the management of rotas.

The management team completed a range of audits as part of their quality assurance. The information was gained through regular contact with people being supported. Audits included the monitoring of care plans, incidents that had occurred, medicines management and health and safety. This meant the management team had oversight of the quality of care to maintain people's welfare and safety.

We saw staff had the opportunity to attend regular team meetings. We saw a forecast when team meetings were planned for the nine locations/ teams of the Specialist Care Team Domiciliary Office. There was a structured format for the meetings which included, client issues, housekeeping issues care plans and risk assessments. Staff told us the meetings were good, one staff member commented, "We talk about clients and any issues we may be having." We saw minutes that showed staff had shared a concern and this had been discussed and resolved as a team. This indicated the registered manager had a structured system for people to share their views.

We found the management team had sought the views of people about the care. The response to the surveys had been poor. One person we spoke with confirmed they had received a questionnaire to complete. They also spoke positively about the 'drop in' coffee and a cake session the provider had arranged. The director told us these were for people and staff to help the service understand what quality means to each individual. They told us they were an opportunity for people to share their views in a more personal way than a questionnaire.

The provider had set up a quality focus group with the aim of finding out what quality meant to people being supported. They arranged six workshops and invited people, families and staff to attend one or more of the workshops. One person told us they had enjoyed attending the workshops and went with a staff member. The workshops were based around the five CQC key lines of enquiry: safe, effective, caring, responsive and well led. Their findings would be launched at a celebration afternoon to be held at a local hall. Every person who received support, their families and staff had been invited to the event.

In the May newsletter, we read the provider had voluntarily signed up to a government backed code of practice called 'Driving up Quality Code'. Through this self-assessment, areas of improvement had been

identified. An action plan had been completed, with the identified targets within the plan having a completion date of September 2016. The services' priorities for action included easy read rotas and fortnightly drop in sessions at the office. We saw advertised in the monthly newsletter the drop in sessions had been planned.

Also in the newsletter was 'employees of the month.' This was to reward two staff each month for their great work. The director told us each winner receives a gift voucher as a thank you.  This showed the provider was creative in motivating staff and leading the service by introducing change to maintain and develop quality within the workplace.