

Team Care Support Limited

Teamcare Support

Inspection report

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Tel: 01737643525

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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

Teamcare Support is a supported living and domiciliary care service providing support to 22 people experiencing severe and enduring mental health conditions. People lived in supported living accommodation owned and managed by the provider of Teamcare Support and used the service to support them with activities, attending appointments and regaining independent living skills. These aspects of support are not regulated activities so did not form part of this inspection. Of the 22 people using the service, only one person received the regulated activity of personal care and therefore this inspection focused on this person's experience of care and support.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 29 January 2014 where we found the service was meeting the requirements in the areas we looked at.

This inspection took place on 23 November 2016. The provider was given short notice of the inspection date as the service provides personal care to only one person and we needed to ensure that person, staff and the registered manager would be able to speak to us. The provider of the service was also the registered manager and will be referred to as the registered manager throughout this report.

The person whose care we reviewed spoke highly of the way staff treated them and made comments such as "They are caring" and "The staff are very considerate to me". We observed staff displaying physical affection towards this person and treating them with respect and kindness.

This person told us they felt safe when receiving care. Staff knew how to recognise possible signs of abuse which helped protect people. Staff had received training in safeguarding and had access to information, guidance and relevant contact numbers should they have any concerns about people's safety or wellbeing. Where requested and appropriate, staff supported people to take their medicines safely, had received training and had their competencies checked. Records relating to the person whose care we reviewed demonstrated they had received their medicines as prescribed by their doctor.

Staffing numbers at the service were sufficient to meet people's needs and provide them with the number of support hours they needed. Staff had the competencies, qualifications, training and information they required in order to meet people's individual needs. Staff received regular supervision and appraisal. Recruitment procedures were in place to ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. They had a good understanding of the times and circumstances in which the person we reviewed was unable to make certain decisions and what they would do in these situations.

The service sought regular feedback from people, relatives, staff and healthcare professionals. They conducted an annual survey and the most recent survey analysis reflected some highly positive feedback being received. The majority of people said they were very satisfied with the service.

People were supported to work towards independent living and recovery. Skilled professionals were involved in planning people's care and support plans which focused on their development, their skills, their wellbeing and their independence. The person whose care we reviewed was supported to progress in a number of areas, including cooking. Staff involved this person in cooking their meals and they told us with pride what they had cooked and how they had improved.

People were supported to take part in activities that met their interests. The registered manager ensured staffing levels were flexible in order to increase the numbers of staff should a person want to be supported to attend an activity. The registered manager had built an activities area within the grounds of the service office for people to use when they did not want to travel far from their homes. This area enabled people to take part in activities including gardening, relaxation, games and music.

There was open and effective management at the service, with staff having a clear understanding of their roles and responsibilities. There were effective systems in place to assess, monitor and improve the quality of the care and support being delivered.

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 told us they felt safe when receiving care.

Risks to people had been identified and action had been taken to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People's rights were respected. Staff had clear understanding of the Mental Capacity Act 2005.

Staff had completed training to give them the skills they needed to meet people's individual care needs.

People were supported to work towards independent living and recovery.

Is the service caring?

Good ●

The service was caring.

Staff displayed caring attitudes towards people and spoke to people with affection and respect.

People were positive about the way staff treated them.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity.

People were encouraged to be independent and have a say in

the way their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People benefited from meaningful activities which reflected their interests.

People felt comfortable making complaints and were encouraged to do so.

Is the service well-led?

Good ●

The service was well led.

People and staff confirmed the registered manager was approachable.

Records were clear and well organised.

There was an open culture where people and staff were encouraged to provide feedback.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

People and their relatives were asked for their feedback.

Teamcare Support

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 checked whether the provider was 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 visit took place on 23 November 2016 and was announced. The provider was given short notice of the inspection date as the service provides personal care to only one person and we needed to ensure that person, staff and the registered manager would be able to speak to us. The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us.

We spent time in the office of Teamcare Support, spent time with the person receiving care, observed their interactions with staff and with the registered manager. We looked at the way in which medicines were recorded, policies and training in place for staff. We sought feedback from external healthcare professionals who had visited the service but did not receive any feedback from them.

We looked in detail at the care provided to the person receiving personal care, including looking at their care files and other records. We looked at the recruitment and training files for five staff members and other records relating to the operation of the home such as risk assessments, policies and procedures.

Is the service safe?

Our findings

At the time of our inspection only one person was receiving the regulated activity of personal care. We spoke with this person and they told us they felt safe when staff supported them and provided them with care. They said "I am quite safe yes".

People were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us safeguarding information and contact numbers were displayed within the supported living homes for people and staff to use. People and staff were encouraged to speak about safeguarding and share any concerns they may have. One member of staff said "I feel I can raise concerns. I have been told about whistleblowing. If there was a problem with the house I could go to [name of registered manager]".

The person who received personal care from the service had requested support from staff to take their medicines. This had been recorded and the person had signed to give their consent for staff to administer and manage their medicines. We asked this person about the management of their medicines and they said "They help me with my medicines". Records of medicines administered confirmed this person had received their medicines as they had been prescribed by their doctor. Where this person had been prescribed medicines to be taken 'as required' to treat their agitation and hallucinations, we found specific guidance was available detailing when this should be used. Staff were instructed to use other ways to reduce the person's agitation and how to identify signs they may be feeling mentally unwell. This ensured this medicine was only used as a last resort when other steps had not been successful.

Medicines and medicine records were regularly audited to ensure people had received their medicines and that any errors were identified without delay. Staff had been trained to administer medicines safely and had their competencies checked by the registered manager prior to administering medicines on their own.

People's needs and abilities had been assessed prior to them receiving care and support. Risk assessments had been created to guide staff on how to protect people. The person whose care we reviewed was having the risks to their health, safety and welfare being well managed. This person had varied needs and each of these had been reviewed and where any potential risks existed these had been identified and plans put in place to reduce the risks. For example, this person was at risk of leaving their home on their own and being at risk of getting lost or at risk from traffic. Staff had identified the potential triggers to them leaving and had put in place early intervention strategies. Staff ensured they knew where this person was at all times, had installed an alarm on the door to their home which alerted them to the person's movements but did not stop them from leaving and had put in place strict missing person protocols. Each of these steps had been discussed and agreed by this person. We asked this person about getting lost when leaving their house and they told us they were safe because staff had received training and knew what to do.

The service had enough staff to meet people's needs and care packages. People received a number of support hours and these were translated into staffing ratios for each of the supported living houses. There

were staff present at these houses 24 hours a day. When people needed support to attend a specific activity or appointment, other staff were called upon to ensure other people still had their needs met. This was confirmed by staff who said "There is enough staff. When there is something extra that we want to do with them they will always provide the extra staff". This benefitted the person receiving personal care as they had access to the support they needed when they needed it. They told us "I can always find staff and they will say yes and help".

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the service. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained. One staff member's file we looked at did not contain a full employment history. We raised this with the registered manager who assured us they would correct this without delay.

Is the service effective?

Our findings

The person who received personal care told us staff knew how to meet their needs. They told us staff knew them well and knew what they were doing. A staff member we spoke with spoke highly of the service provided. Their comments included "The clients' needs are met. They get very good service".

People were supported by staff who had the skills to meet their needs. Staff had undertaken training in areas which included medicine management, challenging behaviours, schizophrenia training, mood disorder training, first aid, risk management, learning disabilities, understanding mental illness, moving and handling and safeguarding. Staff told us they had received sufficient training to carry out their role and meet the needs of the people receiving a service.

The registered manager had recently implemented a new supervision and appraisal system which included more observations of staff performance. The registered manager said "We've elaborated on topics that staff would like to talk about and observations will be discussed at supervision". Staff told us they felt supported and felt comfortable raising any concerns or ideas with the registered manager.

The registered manager valued staff experience and qualifications. There were a number of general and mental health nurses working for the service. The nurses were involved in creating and reviewing people's care plans and developing objectives for people to work towards on the road to independent living. The nurses had contributed greatly to the care plan and risk assessments of the person receiving personal care. It was clear action plans had been created using specialist knowledge about mental health, recovery and health conditions. This enabled staff to support people in a way which encouraged development and recovery.

Staff were also encouraged to work towards further qualifications and all staff were completing the care certificate. This certificate is an identified set of standards that care and support workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

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. We checked whether the service was working within the principles of the MCA.

The registered manager and staff had received training in the MCA and displayed an understanding of its principles. The person who was receiving personal care was living with mental health conditions which meant that at certain times they were unable to make decisions. Staff were clear in their understanding that this was only the case when their mental health was unstable and that this did not affect their ability to make all decisions. We asked this person about how involved they were in their care and they said "They never force me to do anything. I'm listened to".

The person who received personal care was supported to have a balanced diet of their choice as they needed help with cooking. Staff told us how this person was involved in all aspects of cooking meals in order to develop their skills and encourage them to cook on their own. They said "We ask (them) to wash (their) hands and give (them) utensils. (They) might not make a perfect job making a sandwich but as long as it's safe to eat it's fine. We encourage (them). If (they) make a mess it doesn't matter. We can clean up later". We asked the person about this and they displayed enthusiasm and pride and said "I've cooked pancakes and my sandwich is better now". This demonstrated people were supported to be as independent as possible with cooking in order to work towards independent living skills.

Is the service caring?

Our findings

The person who was receiving personal care from the service told us they were very pleased with the staff and the way they were treated. They spoke highly of the staff and their kindness. They said "They're wonderful", "The staff are very considerate to me" and "Yes they are caring". This person also told us they felt staff not only supported them but "liked" them. They said of a member of staff supporting them at the time "[Name of staff member] is my friend". We observed caring and friendly interactions between the person and the member of staff who expressed physical affection towards them. The member of staff spoke highly about the person they supported, calling them "lovely" and "kind".

We saw this person's dignity was respected and they were treated with respect from the staff member and the registered manager. The registered manager used the person's formal name and when they came to the office to speak with us, offered them a cup of coffee, a comfortable chair and some privacy to talk. This ensured that although this person was receiving care and support, they were not treated any differently to a person living independently.

People were supported and encouraged to maintain their independence and learn new skills in order to promote independent living and recovery. The registered manager told us that on average, one person receiving support had progressed to living completely independently every year. They told us the aim of the service was to become redundant by encouraging and supporting people towards recovery. This was done through maintaining acquired skills, adopting new ones, promoting confidence, taking calculated risks without overprotection, having real life experiences, adding value to people's lives, supporting changing needs and encouraging people to resettlement in the community.

Where one person required support with personal care, their own skills and abilities in this area had been highlighted and staff were instructed to encourage them to complete these tasks unassisted. This person was also encouraged to take part in chores around their home in order to continue gaining skills.

The person whose care plan we reviewed was involved in all aspects of their care. They were asked for their opinions and had been involved in planning and reviewing their care and support. Their care plan contained information about their history and their personality. Their likes, dislikes, preferences and specific routines were also included in their care plan.

Is the service responsive?

Our findings

People's needs were assessed before they started using the service and were regularly reviewed. During each review people's needs and abilities had been graded in order to understand people's areas for development and see whether the support staff were providing was achieving any improvements. We looked at the most recent review for the person who received personal care and we saw they had become more independent and skilled in their interactions with staff and their ability to communicate their personal needs since the previous review.

We looked at the care and support plan for the only person who was receiving personal care. This plan contained detailed information about this person's specific needs, personal preferences and how staff should minimise any risks to them. This plan evidenced that all areas of this person's needs had been considered and planned for. For example, their mental health needs, physical health needs and well-being needs. There was detailed guidance for staff about this person's specific conditions and needs, how this affected this person and what steps staff needed to take to ensure the person was safe, well and fulfilled.

People had access to activities which met their social needs and their need for stimulation. The care plan we reviewed contained information about the person's favourite activities, topics of conversation and interests. People enjoyed activities in their homes such as card games, board games and cooking. People also enjoyed activities outside of their homes which included river boating, cycling, attending restaurants, museums, leisure centres and car boot sales. The person whose care we reviewed was supported to go for walks with staff twice a day and they told us they enjoyed this very much.

The registered manager cared about all of people's needs being met but also cared about their well-being. They had identified that some people, including the person whose care plan we reviewed, did not often want to go into town to take part in activities. They told us they understood the importance and therapeutic value of activities and stimulation for people's well-being and mental health. They therefore decided to build a 'wellness day centre' on the grounds of Teamcare Support's office, which was a short walking distance from people's supported living homes. This centre included a games area which had a pool table, video games, television and music, an area for people to do gardening, exercise equipment and a sensory room for people who wanted to relax.

A complaints policy was in place and had been shared with people using the service within their 'service user guide'. Complaints forms and copies of the complaints procedure had also been provided to people for them to access in their homes. The person we spoke with confirmed they felt comfortable raising any concerns they had and said they would be listened to. The registered manager told us they had not received any complaints in the months prior to our inspection.

Is the service well-led?

Our findings

The person we spoke with knew who the registered manager of the service was and confirmed they were approachable. The registered manager, who was also the provider, was a registered nurse with specialist training in mental health. They regularly conducted research and kept up to date with changes in approach and they used this knowledge to ensure people received care and support which was high quality and followed best practice.

Staff told us the registered manager encouraged them, people and relatives to share their views and ideas with them. The member of staff said "I can always go to the manager with ideas. I have been listened to". People, staff, relatives and healthcare professionals were encouraged to give feedback and were asked to complete yearly surveys. Once these surveys were completed and returned they were analysed and action plans were created to respond to any issues raised. We reviewed the most recent survey results, analysis and action plan and found comments to be overwhelmingly positive.

Staff meetings took place four times a year and during these staff were also encouraged to share their views and any ideas or concerns they may have.

People benefited from a good standard of care and support because the service had systems in place to assess, monitor and improve the quality and safety of care being delivered. A programme of audits and checks were in place to monitor the safety of people's environment, accidents and incidents, care plans, safeguarding, staffing and quality of care. From these audits action plans were created and the registered manager took action when areas requiring improvement were highlighted.

The registered manager had encouraged the service to build strong links with the local community. They told us staff introduced new people receiving the service to the local shop owners and workers. They told us people had good relationships with the local shops which helped these become safe places. This meant people felt safe to shop there because the shop staff were friendly, welcoming and understanding.

Staff knew their roles and responsibilities. The team included the registered manager, senior nurses, senior carers and support workers. Staff had come to the service from extensive careers in the health sector because of their skills, knowledge and expertise.

Records were clear, well organised and up to date. As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents.