

Team Locum Limited

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Inspection report

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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

About the service:

- Team Locum Limited is registered to provide personal care to people living in their own homes. On the day of the inspection, nine people were receiving support.

People's experience of using this service:

- People received safe care. People were safe within the service and there were enough care staff to keep them safe. The provider had recruitment systems in place to ensure only appropriate staff were appointed. Where people were administered medicines, this was done as it was prescribed. Care staff had access to personal protective equipment and where accidents and incidents took place trends were monitored.
- People received effective care. Care staff had the skills and knowledge to support people how they wanted. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. People decided the meals they had. Where people needed to see a health care professional care staff were available as required.
- People received support that was caring and compassionate. People decided how they were supported. Care staff were respectful of people's privacy, dignity and independence.
- People received support that was responsive to their needs. An assessment and care plan was in place to show how people wanted to be supported. The provider had a complaints process in place that people knew how to use.
- The service was well led. The registered manager demonstrated a good understanding of the service they were managing. Communication between the office and care staff was good. Audits and spot checks were carried out to ensure the service people received was of a good quality. Questionnaires were used to engage with people and the information gathered was analysed to improve the service.

Rating at last inspection:

- This was the first inspection so there was not a previous rating.

Why we inspected:

- This was a planned comprehensive inspection.

Follow up:

- We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Team Locum Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Team Locum Limited is a domiciliary care service. It provides personal care to people living in their own homes. CQC regulates only the care provided. 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 visit because the service was small and we wanted to be sure the registered manager and care staff would be available. Inspection site visit activity started on 5 April 2019 and ended on 8 April 2019. We visited the office location to see the registered manager and office staff; and to review care records, policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They shared no concerns about the service. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection people could not share their views verbally over the telephone about the support they received so we spoke with five relatives. We spoke to three care staff, the registered manager, a director and the recently appointed manager who would replace the current registered manager.

We looked at the care and review records for three people who used the service and staff files for three care staff. The management records for how people were administered medicines as well as a range of records relating to the running of the service. This included incident and accident monitoring as well as complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to keep people safe and could explain the actions they would take if someone was at risk. Relatives told us they had no concerns with people's safety.
- Care staff could explain different forms of abuse and what they would do if someone was at risk of harm. Care staff told us they were trained in safeguarding people. A care staff member said, "We had safeguarding training as part of the induction process". We confirmed this.

Assessing risk, safety monitoring and management

- Care staff knew how to manage risks to people and gave examples of how they were managing the risks of people they were supporting. They confirmed risk assessments were available to them.
- We found that risk assessments were in place and relatives told us they had copies in their homes. A relative said, "Yes, we do have copies of risk assessments in the folder the provider left with us".
- We found where equipment was being used such as a hoist or walking aids risk assessments were in place and up to date.
- Where people were supported with the administration of medicines risk assessments were in place.

Staffing and recruitment

- We found no concerns with staffing levels and care staff confirmed there were enough numbers of care staff to meet people's needs.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. We found nursing staff were employed and the appropriate checks were taking place to ensure these staff were appropriately qualified and registered with the Nursing and Midwifery Council.

Using medicines safely

- A relative said, "I have no concerns and medicines are being administered safely".
- We found medicines records showed how medicines should be administered and this was being followed by care staff.
- Care staff confirmed they had received training before they could support people with their medicines, which we confirmed. Where people received medicines 'as and when required' we found the appropriate guidance was in place for staff to refer to.
- We found where people had a Percutaneous Endoscopic Gastrostomy (PEG) that care staff had the skills to support people with their medicines. A PEG is a small feeding tube inserted into the stomach which is used

to feed people food, drink and medicines.

Preventing and controlling infection

- A relative said, "All staff wear gloves and they have a box of gloves and aprons left for them in my home". We found that care staff received training in infection control and care staff confirmed this.

Learning lessons when things go wrong

- We found that accident and incident logs were kept and trends monitored. The provider had a system in place to monitor trends. Although the provider did not have missed calls there was a system in place to manage situations where the support people required was missed.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We found there was no one within the service who lacked capacity and would therefore need an order from the Court of Protection.
- Care staff could explain how people gave consent and told us that while people were unable to verbalise their views they used body gestures, and other methods to communicate their views and give consent. A relative said, "[Person receiving service] does get to make choices and gives consent to staff".

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

- A relative said, "An assessment did take place which I was involved in". We saw evidence to show that assessments were taking place and the provider used the information gathered to make decisions as to whether they had the skills and resources to support people.
- Care staff told us they had access to assessments and that copies were in people's homes.
- As part of the assessment process information was gathered about people's likes, dislikes and the Equality Act characteristics to ensure the service people received considered their equality needs.

Staff support: induction, training, skills and experience

- We found that care staff received the support they needed to meet people's needs. Care staff confirmed training was available, which we confirmed.
- Relatives told us the care staff had the skills to support their relatives safely.
- We found that care staff received regular supervisions, could attend staff meetings and an appraisal system was in place. Care staff confirmed this.
- Care staff received an induction into their role, which included completing the care certificate. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- Care staff were also required to go through a second induction when they were going to provide care to new people to ensure they had the skills required to meet their needs.

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

- Where people were assessed as needing support to eat and drink we found people were involved in deciding the support they received. A relative told us they prepared all meals and care staff were only required to warm up the meal and support the person to eat and drink.
- Care staff told us they received training in fluid and nutrition, food hygiene and health and safety so where they were required to prepare a meal they could.

Staff working with other agencies to provide consistent, effective, timely care

- Care staff worked closely with other agencies to ensure people could attend services like a day centre, health appointments and other activities that they had decided to take part in or were assessed for.

Supporting people to live healthier lives, access healthcare services and support

- We found where people needed support in an emergency care staff had the skills and knowledge to do this.
- Where people needed to see their doctor or other health care professionals; care staff would arrange this and support people to access these services where needed. In most cases people lived with their relatives who supported people to manage their health care needs.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us that care staff were kind, compassionate and caring towards the people they supported. A relative said, "Staff are caring, encouraging and compassionate".
- We found that care staff knew people's diverse needs and could support them as per their wishes. We saw that this information was gathered and available to care staff.

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

- Relatives told us that care staff only supported people based on what they wanted. A relative said, "Staff always checked what my relative wanted before they did anything and my relative would not let staff do anything they did not want".
- Care staff told us that while people were unable to verbalise their views they would support them to share their views and decide how and when they were supported. For example, using body gestures. A care staff member said, "Service users are encouraged to tell me how they want to be supported before I do anything".

Respecting and promoting people's privacy, dignity and independence

- We found that people's privacy, dignity and independence was promoted. Relatives told us that care staff were respectful of people's privacy and dignity when providing care. A relative said, "The staff member that comes to my home always shuts the door and closes the curtains when washing my relative. I always hear her asking them if they need any help to wash or brush their teeth".
- Care staff told us they had received training in privacy and dignity, which we confirmed. A care staff member said, "I always let service users do what they can, so they keep their independence. I always make sure when I wash and dress anyone that they cover themselves with a towel and doors and curtains are closed. If there are other people around I make sure they know what I am doing so they don't enter the room".

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative said, "I was involved in the assessment and care planning process and I have a copy in my home. This provider is so good they covered things no other provider had ever considered before the service started".
- Care staff we spoke with told us they could access assessments, care plans and risk assessments while supporting people in their home. A care staff member said, "Everyone has an assessment and care plan."
- A relative told us that the service had been reviewed and they were involved in the process.

Improving care quality in response to complaints or concerns

- We found that the provider had systems in place so people could complain and a log was kept of all complaints. Trends were being analysed so lessons could be learnt and improvements could be made where necessary.
- A relative said, "I do know how to complain and I have made a complaint which was resolved to my satisfaction".
- Care staff we spoke with were aware of the complaints process and could explain the actions they would take if someone they supported had a concern.

End of life care and support

- The provider told us there were not providing end of life care to anyone within the service.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found good communications systems were in place, so care staff and office staff were clear as to how people should be supported and actions required when people's needs changed.
- We found there were clear management structures in place to support care staff. Relatives and care staff told us the registered manager was clear on expectations and was competent in their role.
- There was a registered manager in post and relatives knew who they were and the person recently appointed to take over. 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 provider who was also the registered manager carried out audits and spot checks to ensure the quality of the service people received. A relative said, "Staff do get spot checks as office staff do just show up and check on the support given and how staff are doing". We confirmed this.
- Care staff could explain the purpose of a whistle blowing policy, but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- This was the provider's first inspection since registering so did not have a rating to display.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The support people received showed that it was diverse and specific to what they wanted. Care staff could describe the support they gave to individuals which indicated they understood the people they supported well.
- We found the registered manager and office staff worked closely with care staff to ensure the supported people received was of the highest quality.
- Care staff told us there was an out of hours service to support them when the office was closed. We confirmed this.

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

- The provider carried out surveys to engage with people, relatives, care staff and external professionals. The most recent survey showed people were happy with the service and there were no concerns.

- The protected characteristics of the Equality Act 2010 was considered as part of how the service was delivered to people.

Continuous learning and improving care

- The registered manager understood the purpose of the Accessible Information Standard (AIS). The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability, impairment or sensory loss.
- We found people could communicate their views and the provider ensured information was communicated in a way that people could understand.

Working in partnership with others

- The provider worked with the local authority, health colleagues, Clinical Commissioning Group (CCG) and a number of other organisations as part of ensuring the support people received was what they wanted.