

Team Medical (Southampton) Limited

Team Medical (Southampton) Limited

Inspection report

Surety House
Old Redbridge Road
Southampton
Hampshire
SO15 0NE

Tel: 02380828160

Website: www.teammedical.co.uk

Date of inspection visit:

23 May 2019

28 May 2019

Date of publication:

01 July 2019

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 Medical Support Limited is a domiciliary care agency. It provides personal care to people who are living with complex medical needs, including brain injuries, in their own homes. A service was being provided to 26 people at the time of the inspection.

People's experience of using this service:

People received a service that was safe, effective, caring, responsive and well led.

The service had the characteristics of a good service in all areas.

Systems were in place to keep people safe.

People's needs were met by suitable numbers of staff who worked in teams and knew them well.

People received support with their medicines as prescribed.

People were protected from the risk of infection because staff had received relevant training.

People were supported to prepare and cook food when appropriate.

People were supported by staff who treated them with respect and cared about them.

People's privacy and dignity was respected.

People had care plans in place which detailed how staff would support them and meet their needs.

People received personalised care which was responsive to their individual needs.

People were supported by staff who knew them well and understood their personal preferences.

People were supported to enjoy activities of their choice.

People could access the complaints procedure and complaints were investigated appropriately.

People's views were sought and they were included in the running of the service.

Rating at last inspection:

At our last inspection, (report published 8 December 2016) we rated the service as Good.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Team Medical (Southampton) 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:

One inspector carried out this inspection.

Service and service type:

Team Medical Support Limited is a domiciliary care agency. It provides personal care to people who are living with complex medical needs, including brain injuries, in their own homes.

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:

We did not give the service any notice of the inspection as we knew there would be staff at the office.

We visited the office location on 23 and 28 May 2019 to see the registered manager and office staff; and to review care records and other paperwork.

What we did:

Before the inspection we looked at information we held about the service:

We reviewed our last inspection report for the service.

We require providers to send us key information about their service, what they do well, and improvements

they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections. The registered manager completed the PIR which we reviewed before we visited the service. The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

We spoke with one person using the service who visited the office.

We spoke with four members of staff and the registered manager.

We looked at the care records for four people.

We looked at other records to do with the running of the service, such as audits and recruitment records.

After the inspection:

We spoke with one person using the service and another person's relative, over the telephone.

We received written feedback from two external professionals who support people using the service.

Is the service safe?

Our findings

Good: 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 policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.
- The provider had recently created a 'safeguarding handbook' which was sent to all staff and used as part of safeguarding training. They had also set up a specific email address for staff to report any possible safeguarding concerns in addition to being able to telephone the office or other relevant agencies.
- A staff member told us, "[The management team] are really good at listening when I do have worries and they take action."
- A relative told us, "I trust [the staff] to look after [my relative]."
- A professional told us, "Any concerns we have raised with Team Medical have been responded to quickly and appropriately."

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living in their own homes. These included risk assessments of the environment and equipment people used to support them at home, such as hoists. Specific risks were also identified, for example, around activities. Action was taken to minimise any identified risks.
- There were business contingency plans in place which identified risks to the delivery of the service, for example, weather issues, transport problems and issues which could result in there being insufficient staff.

Staffing and recruitment

- People's needs were met by suitable numbers of staff. People had their own team of staff who worked with them. This meant people were supported by a consistent staff team, even when staff were on holiday.
- One person confirmed that staff always arrived when expected and that they were 'dedicated' to the job and wanting to help them.
- A relative told us, "[The service] have tailored people who work with him and they go by how the support worker 'fits' with him. He has a really good team. They have staying power, they don't leave."
- Staff told us there were enough staff rostered on duty to ensure there were not gaps in the care provided.
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The ethos of the service was that people should have a consistent network of support staff who they knew and trusted.

- The provider employed a named staff member to undertake the recruitment of new staff. This staff member ensured they recruited new support workers who had the qualities the individual person would like in their staff team.
- People were involved in the recruitment of new staff to join their support teams. The provider was keen to recruit a variety of staff to meet people's individual requirements as well as trying to match hobbies, interest and personalities.
- New staff were introduced to people and completed shadow shifts with experienced staff. People could then choose whether or not the new staff member stayed on their team.

Using medicines safely

- Some people were supported with their medicines. Records were kept which showed that people received their medicines as prescribed.
- Staff were trained in administering medicines and their competency was assessed by nursing staff at the service.
- Where medicines errors had occurred, these had been recorded and investigated. Where necessary, staff would receive further supervision and refresher training to reduce the risk of a similar error occurring again.

Preventing and controlling infection

- Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care.
- Staff were also trained in food hygiene as they prepared food for some people.

Learning lessons when things go wrong

- The registered manager and the management team ensured lessons were learnt when things went wrong. They gave us an example about one person who was being regularly admitted to hospital where they did not always need to be. The registered manager and staff worked in partnership with other professionals to create a hospital admission protocol and new care plan. This meant the person had fewer short-term hospital admissions.

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

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

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

- People's needs were assessed before the service started to support them, to ensure their needs could be met. The registered manager told us the assessment was 'a clinical led approach' whereby a nurse produced the initial assessment, which was written in partnership with people, their families or advocates. The assessment covered people's preferences, medical and social needs, educational or employment goals and hopes for the future.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. New staff completed an induction, which included the provider's mandatory training, such as moving and handling. New staff also completed the care certificate. This is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. After this training was completed, staff received further training, relevant to the person or people they would be supporting, for example, diabetes.
- Staff said the training was useful. One staff member told us, "It is nice to get refresher training because things change." Another staff member echoed this, saying, "It is nice to go in [to people] knowing what you are doing. [The training] gives confidence."
- Staff were also able to undertake further training which resulted in a national qualification in health and social care.
- Staff were supported through supervision with their line manager. One staff member told us, "I like the fact that every three months we have supervision where we can speak and get feedback. They always ask what training I would like. They've given me so much confidence."

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

- Some people were supported with cooking, eating and drinking. People chose their meals and some were supported to go shopping for food.
- Some people received their nutrition and medicines directly into the stomach with a surgically fitted medical device. Staff were trained in how to do this.

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

- People were supported to see healthcare professionals such as dentists and doctors. Staff also accompanied people to hospital appointments when necessary.

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

- Staff liaised with other agencies to ensure consistency of care. This included local Clinical Commissioning

Groups, social services, occupational therapists, physiotherapists and the makers of specialist foods which were given directly into a person's stomach via a tube.

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.

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent. Staff told us they always spoke with people and asked their consent before providing care and support.

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who treated them with respect and cared about them.
- One person confirmed that staff respected them and spoke to them politely and added that, "I have a laugh with them." Another person said, "[Staff] understand me, there are no problems."
- A relative spoke highly of the management and the support workers and told us, "They genuinely care." They said their relative was happy to be with the support workers.
- A professional told us, "Team Medical support workers treat my client with compassion, kindness, dignity and respect and involve him as much as he is able in day to day decisions. Feedback from family is that they like the support workers."
- The registered manager told us they expected staff to have an approach to people that showed kindness, respect, compassion and empathy for the people they supported. People and their families were asked if they were happy with how staff supported them in this regard.
- The registered manager gave us an example of how they promoted people's equality and diversity. The service supported a person who did not speak fluent English. The service only employed staff who could speak the person's first language to support them. Further, a translator had worked with the person and staff to write their care plan.
- The service organised a hamper to be delivered to each person at Christmas. Each hamper was bespoke to individual needs and preferences.

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

- People made decisions about their care and were encouraged to express their views. The registered manager told us, "Our clients are a vital part of our service. Our aim is to treat them as we would like our own families to be looked after. We include their view on how they wish to be supported in every aspect of our service delivery. Where they are not able to independently tell us their wishes, we involve independent advocates, friends or family in the conversation."

Respecting and promoting people's privacy, dignity and independence

- Staff had been trained to work in ways which respected people's dignity when supporting them with personal care.
- Staff told us and records showed, how they ensured doors and curtains were closed and that they covered people with a towel.

Is the service responsive?

Our findings

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

Good: 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

- People were involved in planning and reviewing their care which meant care plans were specific to their needs.
- Care and support plans covered all aspects of people's individual needs. Daily routines and preferences were described in detail so that staff could support people consistently. Information was available to staff about health conditions and the impact these had on people's everyday lives. Care plans were updated as people's needs changed.
- A relative confirmed that the care plans were updated as soon as there were changes and were reviewed regularly.
- Staff knew people well and knew how they liked to be supported, accommodating individual wishes and preferred routines.
- Staff felt they had enough time to support people properly. One staff member said that the first thing one person said to them, was that they were not to rush when supporting them. They went on to say, "You get to know the person. You don't have to rush, you can do a proper job in proper time."
- The service was responsive to people's preferences regarding the staff who supported them. For example, if people preferred a quiet morning, staffing teams were arranged which respected this.
- Staff supported people to undertake activities of their choice.
- People were supported to be as independent as possible. For example, one person had been supported to move into their own accommodation.
- One person told us they liked to go out to eat and that staff supported them to do this.
- A professional told us, "[Staff] facilitate [my client's] day to day activities including therapy, work and social activities. Support workers focus on his care and his quality of life and get on well with the family. My client's needs are met to a good standard, the Team Medical support workers know his likes and dislikes, his health needs and they are quick to identify and report any problems and/or concerns to myself and/or team leader. Team Medical support workers attend regular team meetings with the case manager."
- The registered manager was aware of the importance of communicating with people in their preferred way. Documents were available in large print, pictorial, other languages or Braille. The use of technology was promoted where possible, for example, staff were supporting one person to access technology which used their eyes to communicate.
- One relative told us, "[The staff] are really sensitive [to his communication needs], they have built the relationship."

Improving care quality in response to complaints or concerns

- People had the opportunity to complain if they were not happy about the service provided.
- A complaints procedure was made available to people and their relatives. Where complaints had been

made, these were investigated and responded to within relevant timescales.

- The registered manager valued complaints and saw them as an opportunity to improve the service.
- A relative told us they were able to contact the registered manager directly if they had concerns and knew they were listened to.

End of life care and support

- The service was not currently providing end of life care. However, the nurse who was employed at the service was trained in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The registered manager was aware of their responsibilities around duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
- A relative told us, "We can speak to [the registered manager] or anyone in the office, they hear you and they deal with it. They have taken the time to get to know us and they come to see us regularly."
- Comments from staff included, "I would highly recommend this company, above all others", "This is the only care company I've worked for that makes you feel valued, and they're always there for advice" and "[The service] is a good one, they try to do their best to help, they solve problems. They are all very friendly and approachable. [The registered manager] is very friendly, helps in any way she can, all the time."
- A professional told us, "The area manager involved in my client's care is approachable, helpful and is quick to answer any queries. The higher management structure has always been amenable to me and dealt with any concerns I have had promptly."

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

- The management team was made up of the provider, a registered manager and area managers, who managed teams of staff within a geographical area. The registered manager had weekly meetings with the provider.
- The registered manager notified the Commission of any specific incidents or accidents.
- Care plans were audited and spot checks were completed to observe how staff supported people.

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

- The registered manager ensured they sought feedback from people using the service and staff.
- The registered manager said new staff had joined the office team and that they had good ideas for the service. They were keen to hear these ideas and incorporate them into practice.

Continuous learning and improving care

- The registered manager was committed to continuing to improve the service and had systems in place to keep up to date with their knowledge. For example, they had attended an event run by the Care Quality Commission about compliance with regulations.

- The registered manager gave an example regarding their audit of the training offered. They had recently changed the format of the training and had received positive feedback.
- A relative said, "They endeavour to get things right and if they don't, they make meaningful changes."

Working in partnership with others

- Staff and the registered manager had formed working relationships with other agencies so that people's wider needs could be met.
- They had worked with occupational therapists, the local authority housing office and charities so that funding and equipment was made available to ensure people's homes were adapted to meet their needs.
- The registered manager told us they valued the input and direction they received from other health and social care professionals.