

The Home Team Care Ltd

The Home Team

Inspection report

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Date of inspection visit:
14 November 2022

Date of publication:
14 December 2022

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

The Home Team is a domiciliary care service providing care to people living in their own homes. At the time of the inspection, the service provided care and support to 18 people who were receiving a regulated activity of 'personal care.' CQC only inspects where people receive the regulated activity of personal care. This is help with tasks related to personal hygiene and eating. Not everyone who used the service received personal care. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by regular and consistent staff who helped them stay safe. Safeguarding processes were in place and information for staff on how to report concerns was provided. Where people required support with medicines this was done safely. Staff ensured they took measures to reduce the risk of infection. Incidents and concerns were reported, and the management team took responsive action.

The provider had a strong focus on learning and development as a result people were supported by effective and competent staff. People's needs were considered holistically. This included in relation to health care needs. Staff supported people to access health and social care services where required. Systems were in place to help ensure people were provided with food and drink that met their needs and preferences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind, caring staff who knew them. Staff were conscientious and supportive. They ensured people's dignity and independence was protected. People and relatives felt their views on the support provided was listened to.

Care plans provided a good level of detail, which included people's life histories, and helped staff to provide person-centred care. People's communication needs were considered and met. Staff had enough time when supporting people, this helped build positive trusting relationships. The management team were responsive to any concerns raised and sought to resolve these quickly.

The service was run effectively. The provider had a clear set of values and vision which was shared by staff. The management team were keen to develop and grow the service and strove to provide good quality care. Systems were in place to help the provider and registered manager monitor the quality of care provided. The management team were approachable and supportive. People, relatives, and staff felt engaged and listened to.

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

Rating at last inspection: This service was registered with us on 18 December 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

The Home Team

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a period notice for the inspection because we needed to be sure that the provider and registered manager would be in the office to support the inspection process.

Inspection activity started on 14 November 2022 and ended on 25 November.

What we did before the inspection

We reviewed information we had received about the service since the service was registered and sought feedback from the local authority. We used information gathered as part of monitoring activity that took place on 31 August 2022 to help plan the inspection and inform our judgements.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activity took place on 14 November 2022 and ended on 25 November 2022.

During the inspection we spoke with nine people who used the service and nine relatives of people who used the service. We spoke with seven staff, this included the registered manager and nominated individual. We received feedback from five further members of care staff by email. We reviewed three people's care records and three people's medicine administration records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including training records and quality assurance processes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider has implemented an electronic system which meant staff could remotely access information and guidance, including the providers own policy, on adult safeguarding.
- Staff had received training in adult safeguarding and this was supplemented with an additional face to face "deep dive" on the subject. One staff member told us, "We're encouraged by [registered manager] to have courage. We are in there every day so if we see something not right we are encouraged to say something."

Assessing risk, safety monitoring and management

- People's individual risks were assessed and actions to mitigate these put in place. People and relatives told us staff supported them safely. One relative told us, "I feel like I can get on with my life knowing [my relative] is well cared for."
- Care plans provided information for staff on how to manage any identified risks. Staff confirmed they had access to these and understood people's individual risks. For example, we noted staff carefully recording and monitoring an increased risk in skin breakdown for one person.

Staffing and recruitment

- People and relatives told us they were supported by consistent staff who arrived on time and stayed for the duration expected. One person told us, "I don't know how they do it but they get here bang on time."
- The provider had a system in place which allowed them to monitor late or missed calls. They provided us with the data from this which showed 90% of visits were fulfilled and on time in the last month.
- Staff told us the management team ensured they had enough time to travel and carry out their calls. Staff told us this meant they did not feel rushed and could meet people's needs well.
- Staff had been recruited safely. The provider had ensured checks to verify the suitability of staff to work in the service had been carried out.

Using medicines safely

- Regular medicine audits were not carried out, however the provider had put in place an electronic system which monitored medication administration "live" and alerted office staff if a medicine had not been administered. This meant office staff could follow up the alert responsively and check the reason for this at the time.
- The registered manager and nominated individual told us they were in the process of reviewing their audit system and would include medicines within this.
- Some medicine administration records showed some medicines marked as not taken. We reviewed these

with the registered manager who was able to review their system and confirm the reasons why, for example because the call had been cancelled. The registered manager advised they are exploring an alternative system which would marry up with their rota system so this issue would be resolved.

Preventing and controlling infection

- The management team were aware of people who might be at an increased risk of infection and took this into account when supporting them.
- People and relatives told us staff were mindful of infection control risks and always ensured they wore appropriate personal protective equipment (PPE).

Learning lessons when things go wrong

- No significant incidents or events had taken place. A system was in place for staff to report incidents or concerns where needed.
- The registered manager told us they were keen to support staff to reflect and learn if things had gone wrong. They provided us with some examples of how they did this.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 holistically assessed. Their needs and choices were discussed with them and relatives.
- The registered manager had a good understanding of relevant guidance in relation to the needs of people using the service, however nationally recognised tools to assess risks in relation to skin integrity and malnutrition were not always used. The registered manager was aware of this and confirmed they were looking at ensuring these tools were further embedded into their assessments.
- The nominated individual and registered manager were aware of the Oliver McGowan mandatory training on learning disability and autism. They confirmed once the training was available this would be organised.

Staff support: induction, training, skills and experience

- There was a strong focus on staff learning and development. The registered manager had developed a fictional character, Ivy, to help promote staff member's learning. This had included setting up in their office Ivy's living room so that staff could put their skills in to practice.
- The registered manager used a range of learning methods to meet the needs of staff. This included arranging "deep dives" into a range of subject matters, often specific to the needs of people they supported. Staff told us this was very helpful.
- New staff were supported with an induction period and completed the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- People and relatives told us they felt staff were well trained and competent. One person told us all the staff that supported them were conscientious, thoughtful and efficient, they said, "The way I have experienced [the staff] I assume they must have trained them to be like this."

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

- Where people were supported with eating and drinking, they told us they were well supported.
- Systems were in place to ensure people received food that met their needs and preferences.
- People told us staff consulted them on what meals they wanted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were considered and assessed, this included in relation to oral health.
- Care records showed staff were attentive to people's health needs and escalated concerns with health

and social care professionals where necessary.

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Systems were in place to help assess and consider people's mental capacity in relation to their care.
- The management team checked and verified lasting power of attorneys where these were in place.
- People and relatives told us staff sought their consent when supporting them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 and relatives told us staff supported them with kindness and respect. They particularly praised their thoughtfulness. One relative said, "[Staff] will do everything we ask, nothing is too much trouble."
- Staff were praised for anticipating people's needs and meeting these. People and relatives told us staff were attentive, often identifying extra little tasks that would help take the pressure and stress off them.
- People told us they were supported by familiar staff who knew them well. One person told us, "I never realised how vulnerable and anxious you get when you can't get out of bed and you have to have someone to help you. You have to trust the [staff] coming in and I am very lucky that I do have [staff] I do trust"

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

- People and relatives were not always clear on what formal processes were in place to review their individual care. However, people and relatives felt the staff and management team sought their views informally, through phone calls and visits, and did listen to them.
- People and relatives said in regard to the day to day care, their views were always listened to and supported by staff. Staff spoken with showed they understood the importance of this. One staff member told us, "We always make sure the clients tell us clearly what they like and what they don't like."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful and protected their dignity. One person told us when discussing how they were supported with personal care, "[Staff] do it with delicacy and humour."
- Staff told us they understood the importance of ensuring people were in control and could do as much as they could. This was confirmed by speaking with people and relatives. One person said, "[Staff] let you do what you can do." Whilst another person told us, "[Staff] don't take over."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Detailed person-centred care plans were in place. Care plans contained information on people's life history and interests. Staff told us the care plans helped to support them to deliver person centred care. One staff member said, "Really useful as it tells us about the hobbies people like which we can chat about."
- Where possible the management team tried to accommodate people's preferences. People and relatives told us overall they were happy with the consistency of staff and the timing of their calls.
- The delivery of person-centred care was supported by the relationships people had developed with staff. Staff knew the people they supported and this helped ensure they provided support that met people's needs and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood their responsibilities under the Accessible Information Standard. They confirmed information could be provided in a range of formats, such as braille.
- People's communication needs were assessed. Staff spoken with provided us with examples of how they supported people's communication needs on a day to day basis.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of supporting people's wellbeing and how social isolation could impact this.
- Staff told us they had enough time scheduled so that they didn't feel rushed and this benefited the people they support. One staff member said, "I liked [Nominated individual's] ethos of let's give people time, lets not rush. You are able to make a better connection with [people]."
- Where people received support with social activities, they told us this was thoughtful and carried out effectively.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. Information on how to complain, including how to escalate the complaint externally, was provided to people and relatives.

- People and relatives told us when they had raised informal concerns the management team had been approachable. They had listened to the concern and taken effective action to resolve it.

End of life care and support

- At the time of the inspection nobody was receiving end of life care. Systems were in place to assess and consider end of life needs, including people's individual preferences.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The provider had a clear statement of purpose which set out its vision and values. Staff when spoken with understood these values.
- Staff told us they felt the provider cared about the people it supported and why this appealed to them. One staff member said, "They are supportive of their clients and of their carers. Overall, they are what you would really want from a care company."
- People and relatives told us they felt the management team was open and inclusive. They provided us with examples which showed the management team listened to them and made changes where possible.
- The registered manager understood the importance of ensuring they were up to date in terms of best practice. They utilised several external sources, such as attending meetings with managers from other services, to help support their learning and development of the service.
- The provider had a development plan in place which focused on improving the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had implemented an electronic system which allowed the management team to monitor and 'live' audit the service. The management team demonstrated good oversight of the support being provided to people.
- The provider was in the process of developing additional audit processes, such as provider level audits. It was clear that the nominated individual was engaged and actively involved in the service. This helped ensure good provider level oversight.
- Record keeping, such as daily notes, was very thorough. The notes were stored electronically and accessible directly by the management team. These notes were regularly audited to help monitor the service and identify any actions they might be required.
- People and relatives told us the management team were open and honest should things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Some people and relatives told us changes to rotas were not always effectively communicated. However, none felt this significantly impacted the quality of the service.
- People, relatives, and staff told us the management team were approachable and sought their views and

opinions. One relative told us, "They are quite approachable. You don't feel you are talking to some faceless individual."

- The nominated individual visited each person when they started to use the service. People and relatives told us this helped them feel comfortable to share their feedback. One person said, "[Nominated individual] does like to let people know the face behind the name, [they] gave me their email address and said please feel free to contact."

- A regular quality assurance questionnaire was in place to help the provider capture views from people and their relatives.

- The provider had implemented a system that allowed people and relatives to view their care plans and daily notes. Relatives in particular told us this was very helpful and supported them to work with the staff. One relative said, "Really impressive notes as someone who is remote its really valuable as I can start to predict things and have a call with [Nominated individual]."

- Staff told us they felt valued, supported, and listened to. A staff member told us, "[Management] want to know how you are, not just how the job is going. They are really into keeping the staff happy and making them well."