Team Medical (Southampton) 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

Team Medical (Southampton) Limited is a domiciliary care agency providing personal and nursing care to people living in their own homes with complex medical needs, including brain injuries. At the time of the inspection the service was supporting 24 people with personal care. The agency was not providing the regulated activity of nursing care at this time but nurses were available if necessary. This was the first inspection of the service at this address.

The inspection took place on 13 and 18 October 2016 and was announced.

There was a registered manager at the service. 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.

People felt safe when they were supported by staff. Staff had completed training with regard to safeguarding people. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing and were updated annually or sooner if necessary. People's needs were met by enough staff who worked in teams to ensure shifts were covered. The provider sought references and completed pre-employment checks before new staff could start work. People received support from staff to take their medicines as prescribed.

People were supported by staff who had completed appropriate training and could access bespoke training, relevant to people's needs. Staff were supported in their work through supervision, spot checks and appraisal. Staff had training in and understood legislation designed to protect people's rights. People were supported to eat and drink in ways which met their needs. Staff supported people to visit the GP and the dentist when appropriate.

Positive caring relationships were developed with people using the service. People were encouraged to express their views and be actively involved in making decisions about their care and support. People's privacy and dignity were respected and promoted by staff who understood how to support people with their personal care.

People received personalised care and support which was responsive to their needs. Initially, people's needs were assessed and this formed the basis of their care plan. People's care plans were detailed and showed people's needs, wishes and preferences and informed staff how people wished to be supported. The provider had a complaints procedure in place and people and/or their relatives knew how to complain if they were not happy with the service provided. Complaints were investigated and responded to as well as changes made to improve the service.

The registered manager promoted a positive culture which was person-centred, open, inclusive and

empowering. The registered manager had systems to monitor the quality of the service provided which included auditing the completion of records and following up issues identified. The provider sought the views of people using the service, their friends and family, as appropriate, through a system of spot checks, regular visits and an annual questionnaire which sought people's views about the specific staff who supported them. Action was taken, as necessary to improve the experience of people receiving care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and competent.

Staff had training in and understood the legislation designed to protect people's rights.

People were supported to eat and drink in ways which met their needs.

Staff supported people to visit the GP and the dentist when appropriate.

Is the service caring?

Good

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People received care and support which was responsive to their needs.

The provider sought the views of people using the service and their relatives.

The provider had a complaints procedure in place. Complaints were investigated and action taken to improve the service people received.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering.

There were clear management systems in place.

The registered manager had systems to monitor the quality of the service provided.

Team Medical (Southampton) Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 13 and 18 October 2016 and was announced. We gave the provider 48 hours' notice because we wanted to ensure there would be staff in the office. The inspection was carried out by one inspector.

This was the first inspection of this service registered at this address. Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law and completed surveys we received from
11 people or their relatives using the service, 13 staff and four external community professionals. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we were unable to speak to people who used the service because of their particular health conditions. However, we spoke with four relatives who lived with the people using the service, seven staff and the registered manager. We looked at a range of records including three care plans, staff recruitment files and training records.

Good

Is the service safe?

Our findings

People's relatives said they felt their family members were safe when they were supported by staff. One relative emphasised this when they told us their support hours had been increased during the summer and staff "didn't miss a single shift." This had meant they could "sleep and not worry." Staff had completed training with regard to safeguarding people and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing and were updated annually or sooner if necessary. For one person, there had been a recent incident, which put their safety at risk and we saw their risk assessment had been reviewed and new measures put in place so there would not be a recurrence of the incident. There was an allocated staff member who gathered information from the person, their family and any involved health care professionals to ensure all the information about their needs was available. Staff told us the risk assessments gave them guidelines to work within to help keep people safe and one staff member said "Everything's covered."

The provider sought references and completed 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 registered manager encouraged people to be involved in the recruitment of staff, for example, one person was part of the interview panel to recruit their own staff. Other people were given staff profiles, which included information about them and their experience, which meant people chose which staff they would like to be in their support team. A relative told us "We had a worker who [the person] didn't like, I spoke to [the area manager] who swapped [the staff member] straight away. They do what they can to make us happy."

People's needs were met by enough staff who worked in teams to ensure shifts were covered. Teams were comprised of the number of staff needed to meet the complexity of people's needs. The registered manager calculated the staffing levels in each team so that capacity was built in. This meant holiday or other leave was easier to manage and people were supported by familiar staff. New staff in the team were introduced to people and spent time shadowing the existing staff to help understand people's support needs. One staff member confirmed this, saying "If you are asked to support someone [new] you go for a meet and greet, read the care plan and do as many shadow shifts as necessary." The registered manager said that if staff supported a person "every now and then", they would organise supernumerary shadow shifts to keep them up to date with the person's needs as they may have changed since the staff member last visited them.

People received support from staff to take their medicines as prescribed. Staff received training and completed a test, which they had to pass, before they were considered competent to support people. Additional training was provided for specific types of medicines for those staff who supported people prescribed these medicines. The registered manager told us medication administration training had been once a year but they recently changed this to twice a year. This was in response to a developing trend whereby more staff had needed retraining following spot checks of their work. Staff signed the records

appropriately to show people had taken their medicines.

Good

Is the service effective?

Our findings

The registered manager employed two nurses who were office based and were involved in assessments, care planning, overseeing clinical packages and training of care staff. People were supported by care staff who were trained and competent. One relative told us about a concern with medicines training for staff: "Last week I raised an issue, this week training is in place, [by the next shift]. [The staff] took the time to find out about [relative] before we started [with them] and all staff were trained before they started. Now we don't have to worry, they're all trained to give medicines." Another relative said there was a "wider range of staff trained now; there are enough staff, six are trained; there is a core of three and three do one shift a month to maintain contact." A relative responded to our survey, stating training was "Excellent, staff had said training was more informative [than they had previously received]." They had spoken to the [office based] nurses at the service who were "experienced and seem more up to date, so much better for us".

New staff had completed the Care Certificate as part of their induction. The Care Certificate 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. Induction included training relevant to people's needs they were supporting, such as brain injury.

Staff accessed additional bespoke training, such as diabetes training, to meet the specific needs of the people they supported. The registered manager gave us an example, whereby they were about to start supporting a new person to the service and were organising tailor made training which the whole team of staff would complete to ensure consistency. Staff spoke highly of the training and said it met their needs, giving them the information they needed to support people. Staff were further supported in their work through supervisions, spot checks and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. A staff member said "I've always had support; they have always phoned me back if I've had a problem. I enjoy working for Team Medical."

Staff sought people's consent before supporting them. Comments from relatives included "They do, [ask for consent] it is difficult, [person's name] doesn't communicate verbally, new staff work hands on but are led by staff who know [person's name]. We work with several experienced staff, communication is subtle" and "[Staff] do understand [relative] is a person, she likes to be involved, they ask her, hold her hand, say who it is."

Staff had training in, and understood the requirements of, the Mental Capacity Act 2005 (MCA). The 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.

People were supported to eat and drink in ways which met their needs. Some people were encouraged to prepare their own food with support from staff whereas other people needed or preferred staff to cook their meals for them. Staff knew people's needs in this regard and staff followed people's preferences when

preparing their food, for example, staff regularly cooked homemade soup for one person. Where people received their nutrition through a percutaneous endoscopic gastrostomy (PEG), staff had the necessary training. A PEG is a tube that allows food and medicines to be given directly into the stomach. The training was specific to the person they were supporting as it was important for staff to know what might cause the tubes to block.

People were supported to maintain good health and had access to healthcare services.
Staff supported people to visit the GP and the dentist when appropriate. Staff knew people's health care needs and were aware of individual symptoms which would need further medical input.

Good

Is the service caring?

Our findings

Positive caring relationships were developed with people using the service. Everybody who completed our survey agreed their care workers were kind and caring. One relative we spoke with on the telephone told us their relative needed to "stand every day, [person] may not feel up to it, staff will do it later, they are sensitive to his needs. Staff were devastated when [person] was in hospital." They went on to say "Staff think of different things for [person's name] to do. Staff sometimes come and say 'I saw this and thought [person's name] would like this, or I was thinking of booking [an activity], do you think [person's name] would like this?' They all chipped in and took [person's name] to the panto. Carers have gone on maternity leave and brought back their babies to see us, [person's name] likes babies." Another relative said a couple of staff "go out of their way to suggest ways to make [my relative's] life better."

People's relatives told us people were involved in decision making about their care and support needs. Staff said they encouraged people to express their views and gave us examples of how they did this. Staff followed care plans which showed people's preferences and asked them what they would like. The registered manager responded to people when they expressed a preference for different staff, for example, one relative said "We had a few issues with one of the workers, they put in place extra training and a double up [additional staff] to work with [the staff member] to provide hints and tips." This intervention had been successful.

People's privacy and dignity was respected and promoted by staff who understood how to support people with their personal care. One relative said the "Curtains are closed; [staff] are good at that. They are very professional" and another said "The quality of care is very good; there are some excellent members of staff." Everyone who completed our survey agreed they were treated with dignity.

Staff told us how they respected people's privacy and dignity when supporting them. One gave us an example of how they stayed "out of the way" in the kitchen when the person walked from the bedroom to the bathroom. They said "You get to know him, when he wants to sit in the lounge on his own, or you ask if he wants to be alone." Staff also told us about using towels to cover people up when supporting them with their personal care.

Good

Is the service responsive?

Our findings

People received personalised care and support which was responsive to their needs. Initially, people's needs were assessed and this formed the basis of their care plan. People, their relatives and professionals involved with their support needs were all involved in creating care plans. One relative told us "There is a nice mix of carers, I love it, everyone brings something different". Another relative said "They are amazing, their approach is so different [to another service], they focus on the family." Relatives confirmed staff arrived when they should and undertook the tasks the person wanted them to do.

People's care plans were detailed and showed people's needs, wishes and preferences and informed staff how people wished to be supported. Staff were clearly aware of the contents of care plans and were able to talk in detail about how they provided care and support. For example, one person's care plan described in detail how staff should approach the person when they went into their home in the morning and staff confirmed they followed this strategy. Another example was the level of detail regarding how staff should support the person with their food, drink and medicines through a percutaneous endoscopic gastrostomy (PEG) in their stomach. Care plans were kept under review and staff reported any changes in peoples' needs.

Care plans included details of people's interests, hobbies and activities. Staff supported people with activities where this was part of the plan, for example, going out to the seaside or selecting television programmes.

The provider sought the views of people using the service and their friends and family, as appropriate, through a system of spot checks, regular visits and an annual questionnaire which sought people's views about the specific staff who supported them. Action was taken, as necessary to improve the experience of people receiving care and support. When staff were new they initially shadowed current staff and people and their families were asked to complete a form to let the provider know their feedback about the new staff.

The provider had a complaints procedure in place and people and/or their relatives knew how to complain if they were not happy with the service provided. Comments from relatives included "[I would] definitely [complain], I am not backward in coming forward!", "In the past when I've had a problem, I do phone the office and complain" and "Any problems, I can approach them and it's dealt with." Complaints were recorded, investigated and responded to as a matter of priority. When people complained about specific staff, for example, they did not continue to support the person and further action was taken when necessary. Office staff sent letters of apology to people following their complaints and one relative told us they had been sent a bouquet of flowers.

Good

Is the service well-led?

Our findings

Staff maintained records regarding the care and support they provided to people. However, for one person we found the times of the visit had been recorded inaccurately. The visits were in four hour blocks and staff wrote these timings on the records but told us that they usually left before the end time. The records therefore appeared to show staff had stayed the whole four hours. The person's other records, including their care plan, did not contain all the information which was necessary, including whether they consented to the support being provided in their home. On further discussion, we were assured that the person had capacity to consent and that staff left earlier than stated because the person asked them to leave which meant there was not a negative impact on the person concerned. The registered manager agreed to undertake further work on the person's care plan to reflect their personal situation.

There were clear management systems in place. People were supported by a team of staff which was managed by an "area manager", based at the office. Area managers were managed by the registered manager. Staff teams had meetings together to share information and ensure the consistency of the support they provided. This approach meant people received a well-managed service. A relative who completed our survey wrote, "We only changed over to Team Medical [this year] and can honestly say I wish we had done it years ago. The care for our [relative] has been brilliant, reliable, well trained and professional. After years of poor service we can't praise Team Medical highly enough."

External health and social care professionals commented that the service was able to support new packages of care and ensure their success, where other agencies had not. The registered manager said "You just need to find a way of working with people" and gave examples of how they had done this which involved being open and honest with people as well as responsive to their individual circumstances.

The registered manager had systems to monitor the quality of the service provided, which included auditing the completion of records and following up issues identified. Area managers aimed to visit one or two people a week as part of their role and the registered manager monitored that these visits took place. Care plans were audited and spot checks were completed to observe how staff supported people.

Staff were able to contribute ideas to the running of the service and found the management team approachable and supportive. The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering. A relative said of one of the area managers, "She is brilliant, really lovely, they all are, but she's really supportive" and a staff member said the service was a "friendly place to work, they are helpful, if I've had a problem, they've sorted it, they are good people to come and chat with. I would recommend [the service]." A survey response from a staff member said "Transparency, clarity and role definition as well as the individuals preferences are made clear. It makes one feel very honoured to be part of a solution and a problem solving situation and ensures a better understanding in performing tasks". We received positive comments from healthcare professionals who wrote "Team Medical is a very professional organisation. Clients that I case manage speak highly of the service they receive" and "Management have always been receptive to my ideas and suggestions and have dealt with complaints and issues promptly."