Specialist Care Team Limited

Specialist Care Team Domiciliary Office

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

The Specialist Care Team is a domiciliary care agency. It provides personal care to people who have mental health needs and/or people with a learning disability in their own houses and flats. It operates from premises in the centre of Morecambe.

This service also provides care and support to people living in four supported living settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this part of the inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good

The service had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. One staff member told us, "The training was good, you got the skills to support people."

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People told us they received their medicines at the times they needed them.

The service had safe infection control procedures in place and staff had received infection control training.

Staff had been provided with protective clothing such as gloves and aprons as required. This reduced the risk of cross infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care and support was planned with them. People told us they had been consulted and listened to about how their care would be delivered.

The registered manager planned visits to allow carers enough time to reach people and complete all tasks required. People told us they mostly had the same staff visit and relationships had developed. One person told us, "They are pleasant with me, when they come, and never miss a visit."

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks to maintain people's independence.

People were supported to have access to regular healthcare professionals and their healthcare needs had been met through scheduled and responsive support.

People told us staff were caring towards them. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People told us staff who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included daily service meetings, quality assurance visits and care reviews.

The registered manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Specialist Care Team Domiciliary Office

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.

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be at the office to support us with the inspection. .

Inspection site visit activity started on 04 December 2018 and ended on 12 December. It included two visits to the office, two visits to people who received domiciliary support and a visit to one supported living tenancy. We spoke with people who received support and staff to gather their views on the service. We did this through face to face and telephone conversations. The registered provider did not select and was unaware who the inspection team contacted by telephone.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience of caring for older people who received support within a community setting.

Before our inspection, we checked the information we held about the Specialist Care Team. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning and contracts departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced when they received support from the Specialist Care Team.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

We spoke with the registered manager, three members of the management team and five carers. We looked at the care records of 13 people; training and recruitment records of five staff members, records relating to the administration of medicines and the management of the service.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received and how long staff stayed on each visit by reviewing the registered providers electronic call monitoring system.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by the Specialist Care Team.

Good

Is the service safe?

Our findings

People who received support told us they felt safe in the care of staff who supported them. One person told us, "No worries about harm, they are a good bunch and I trust them." A second person commented, "I feel very safe, I have a care plan and they look at it when they come, if it's a new person they read it as well." A third person also felt safe with their support stating, "I feel very safe here, the staff are my friends and my key worker is brilliant."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. The registered manager told us they had adopted Lancashire's Safeguarding policy and kept up to date with any changes. One staff member told us, "Yes we have safeguarding training. The registered manager is good at delivering the training."

We found from records we looked at staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. All staff spoken with were complimentary about the recruitment process. They all confirmed they had undertaken all necessary checks as part of their employment process. They all stated they had not delivered any support to people before appropriate DBS clearance had been received. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

We looked at a sample of medicines and administration records in one supported living home. We saw medicines had been ordered appropriately, given as prescribed and stored correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.
We looked around a supported living home and found it was well maintained. We saw the communal areas were free from obstructions and trip hazards. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

All staff we spoke with told us everyone they supported had a care plan and risk assessments. Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to staff and people in their care. The care plans held information on positive behavioural support, preferred methods of communication, medical history, memory and mood motivation. For example, we saw information that guided staff to be calm and non-confrontational, respect people's privacy and not to invade people's personal space. Any changes in people's health had been updated on their care plans with involvement of the person. This showed the registered provider had systems and processes to ensure people's safety is monitored and managed.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. This meant the service was monitored and managed to keep people safe and allowed the registered

provider to learn from any incidents that may happen.

We found the service had appropriate staffing levels and deployment strategies to keep people safe. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels. One person told us, "If they are late I get a call to say where they are and how long they will be." A second person said, "Staff always stay for the time sometimes a bit longer if I need anything." This showed the registered provider delivered support to maintain people's safety and wellbeing.

Good

Is the service effective?

Our findings

All the people we spoke with considered the care staff to have the right skills to do their job. One person told us, "I think my staff are brilliant." A second person said, "My staff are nice especially [named staff member] and [named second staff member] is a good cook."

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005 (MCA) and health and safety regulations. The registered provider told us they received alerts from Public Health England and CQC. They also attended a local safeguarding champions forum. The forum is an opportunity for the local authority and providers to meet receive training and share knowledge. This demonstrated the registered manager was aware of their responsibility to use national guidelines to inform care and support practice within the service.

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. 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 2005.

The registered provider demonstrated an understanding of the legislation as laid down by the MCA. Discussion with the registered provider confirmed they understood when and how to support people who may lack capacity and deliver care in their best interests. We saw all staff received training around capacity and choice as part of their initial induction training.

Before receiving support, the registered provider had completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw signatures in care plans that indicated they or a family member had been involved with and were at the centre of developing their care plans. People we spoke with told us they had been involved in their care planning. One person told us, "[Member of management] visits to talk to me about how I feel. They came last week." Every person we spoke told us they had a care plan in their home. The registered manager told us, "Care plans are optional onsite, people decide if they want one or not. Staff have access to an electronic care plan on their mobile phones." The care plans were password protected in line with general data protection regulations.

All staff we spoke with confirmed they had received an induction before they started delivering care independently. They also stated ongoing training was provided throughout their employment. One staff member commented we have 22 courses to complete. We can do these on our phones or come into the office and do them." A second staff member said, "I get a lot of ongoing training, it's good for my personal development."

We asked staff if they were supported and guided by the registered manager to keep their knowledge and

professional practice updated in line with best practice. Staff told us they had supervision with their line manager. Supervision was a one-to-one support meeting between individual staff and the registered manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. We saw records that indicated staff received regular supervision to support them to carry out their duties effectively. Staff told us they could call into the office for support. They stated the management team complete unannounced 'spot checks' to monitor staff performance. There was also a 24 hour on call service to manage the support delivered and ensure effective communication. The registered manager told us they had doubled up the on-call staff over the Christmas period as it was a particularly sensitive time for many people.

We looked at how people were supported to have sufficient amounts to eat and drink. People who required support with preparing meals told us staff prepared meals and drinks as they liked them. One person also told us their staff took them to the pub and they enjoyed lunch out. We spoke with one person who called into the office during the inspection. They told us part of their regular support was to visit the town centre and have lunch at their favourite fast food establishment. The staff member supporting them said, "We have a routine we like to follow each week."

In one supported living tenancy people took part in a Spanish night. This had been inspired by one tenant who is Spanish, to introduce their housemates to his culture. The staff supported people to take part in the night by cooking food that embraced Spanish culture. This showed, when required, people were supported with the required support and stimulation to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

We saw information that confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs. The registered provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. There was evidence of consultation with community based health care professionals. For example, one member of the management team explained how regular meetings with several community based health professionals had resulted in ongoing improvements in the person's mental health.

Good

Is the service caring?

Our findings

We asked people about staff that visited their homes and asked if they had time and treated people with compassion dignity and respect. Staff were described as kind and caring. People said they had a team of regular carers with whom they and had built up good relationships. For example, one person told us, "Staff speak nicely to me, I am happy with them." A second person commented, "Without them [staff], I don't know where I would be. I appreciate them." A third person said, "All staff help me they are all good, really like them and they care about me."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. People told us staff had an appreciation of people's individual needs around privacy and dignity and were supported discreetly. For example, we observed staff interact during conversations. Staff members never took over the conversation or said information people shared was wrong. We noted staff discreetly suggested alternate answers and then withdrew into the background.

We looked at people's care records and found evidence they had been involved with and were at the centre of developing their care plan. The plans contained information about their current needs as well as their wishes and preferences. Daily records completed were up to date, well maintained and informative. We saw evidence to demonstrate care plans and daily notes had been reviewed and updated on a regular basis. This ensured the information documented about people's care was relevant to their needs.

The registered manager and staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of promoting individual's uniqueness. For example, in one person's home we noted it was decorated with personal items to reflect the person's character. One person was insistent they showed off their bedroom. It was decorated with drawings and festive decorations.

There was clear collaboration between the service and people they supported. For example, people's preferences and information about their backgrounds had been recorded. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life. This included how they wished to dress and how they wished to be addressed based on their fluid gender identity.

People and their care staff had built positive nurturing relationships because the registered provider had ensured people were supported regularly by staff they knew and were fond of. People valued the continuity and valued the opportunity to build strong relationships with staff whose company they enjoyed. One person said, "They [staff] are always making me smile, we are always laughing and I feel really happy and safe here." A second person commented, "I get on with all the staff they look after us really well."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed.

This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

We asked people who received support from the Specialist Care Team if the care they received was personalised and met their needs. All the people we spoke with felt the support they were getting, was what they wanted and needed. One person told us, "They try and help me be independent, they put things out for me so I can get washed, if I'm having a bath they always check water to make sure I'm safe and it's not too hot." A second person commented, "When I have a shave I ask them to check to see if I have done it all, and they encourage me to do things for myself."

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how staff supported them to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. One person we spoke with said, "If I need anything they always talk to me and if I'm upset they come and sit with me and talk to me."

We asked about supporting people with activities. One person told us they liked going to the pub and they were a season ticket holder for a local football team and staff supported them with both activities. A second person told us, "I get to do all kinds of things, we go bowling, we go out all the time. We are going to the pub and we go to Morecambe and Lancaster." A third person said, "They are really good staff here, they help me shop and help me cook." We also noted people had been supported to go on holiday to places such as Blackpool and Tenerife. For one person it was their first time abroad. This showed the registered provider recognised engaging in valued activities was essential to people's physical and mental well-being and their quality of life.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, one person was hard of hearing. Their care plan guided staff on the person's hearing loss and how to provide personalised support. We also noted all policies and procedures had easier to read versions to support people's understanding of the information.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the service had been taken seriously and responded to appropriately. One person who had made a complaint told us they were happy with the actions taken and how the complaint was resolved.

People's end of life wishes had been discussed with them and their family members and recorded so staff were aware of these. The registered manager told us although they were not presently supporting people

with end of life care they were able to offer this level of support if required. One person told us, "I lost my wife not so long ago and they are very understanding and they spend time with me when I need it and support me." It highlighted that the registered provider guided staff on how to respect people's end of life decisions and recognised the importance of providing appropriate end of life support.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

We asked people supported by the service and their relatives if they felt it was well managed. People consistently told us the service was well led. About the registered manager one person told us, "The manager is lovely." One staff member commented, "This is one of the best jobs I have ever had." A second staff member stated, "This company is very well organised."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. For example, different managers took responsibility for separate areas of the service, such as homecare, supported living and training. The registered manager and the staff team were experienced, knowledgeable and familiar with the needs of the people they supported. The registered manager told us, "Everyone in the organisation works with clients. They need to understand people."

The service had systems and procedures in place to monitor and assess the quality of their service. Each month the registered manager hosted a drop-in session for people who received support and a separate drop in session for staff. The registered manager told us sometimes people wanted to just visit for a coffee and other times people come to talk about specific issues or to discuss ideas they have. There were regular quality meetings for people and staff to attend. These were led by the registered manager and gave an oversight of the organisation and discussed quality in an informal setting. Meetings had been held in local coffee shops in the town centre. Agenda points included, 'What is quality' and 'equality and diversity'. Within the meeting we saw evidence gathered on what is working well, 'having someone to talk to.' And, what could work better, 'easy read complaints information.' We saw the complaints policy had an easy read version in response to the suggestion.

Members of the management team visited people regularly to gather people's views on the service. People we spoke with during the inspection confirmed they had received visits from office staff to check everything was fine. One person told us, "[Registered manager] visits once a month for a meeting, it's really good."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including G.P's, psychiatrists, community mental health teams, forensic services and district nurses.

We saw minutes, which indicated staff meetings, took place. Topics revolved around the people being supported, health and safety and risk assessments. One staff member felt the meetings should be more frequent but felt supported by the management team. The registered manager also attended senior

management meetings with managers from other branches. They told us, "It's good to hear what is happening in other places and take away their good practice."

The registered provider had governance systems to ensure the service was resilient and delivered a quality service. Spot checks were carried out when staff completed their visits. These were unannounced visits to observe staff work practices and to confirm staff were punctual and stayed for the correct amount of time allocated. Electronic daily notes and medicine administration records were able to be read daily and audited to ensure they complied with local standards. We saw evidence that managers saw and acted on audited paperwork in a timely manner.

The service had electronic call monitoring systems in place with designated staff having oversight to monitor call visits that included punctuality and visit length. This allowed the service to have oversight on staff contacts and a lasting record of visits to review. It showed us the registered provider was committed to ensuring safe and effective care took place. The registered provider conducted audits to assess the quality of the service provided.

We noted the registered provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should bad weather an incident or accident occur. This meant the provider had plans to protect people if untoward events occurred.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.