

Community Care Team Ltd

Community Care Team Ltd

Inspection report

Centurion House, Leyland Business Park
Centurion Way
Leyland
Lancashire
PR25 3GR

Tel: 01772433423

Website: www.communitycareteam.co.uk

Date of inspection visit:
17 July 2018

Date of publication:
11 September 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

Community Care Team Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service mainly to older adults. Not everyone using the agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This comprehensive inspection was announced, which meant that we gave the provider 48 hours' notice of our inspection, in line with CQC guidance for inspection of domiciliary care services. This is so we can arrange for someone to be at the agency office to assist with access to information we need to see. We visited the agency office on 17 July 2018.

At our last inspection we rated the service as requiring improvement and we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regulation 11 Need for consent. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective and well-led to at least good.

At this inspection we found that the provider had completed those actions and we found the service was meeting the fundamental standards of quality and safety. We found improvements had been made in establishing whether people had the capacity to make certain decisions relating to their health and care. Where they could not we saw relevant people had done so or decisions had been made in peoples best interest and were recorded. This meant appropriate consent had been obtained.

Providers of health and social care services are required to inform us of significant events that happen such as allegations of abuse. Whilst the provider had dealt with such events appropriately they had not always notified CQC. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process.

There was a registered manager in post who was on annual leave at the time of our visit. 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.

There were sufficient numbers of staff available to meet people's needs. Staff training was on going and they had received appropriate training to safely support and care for people in their own homes Staff were regularly supported by senior staff through staff meetings, observations in practise, supervisions and appraisals.

We received mixed comments from people about whether the service was managed well in relation to the planning of visit times and deployment of staff. We have made a recommendation that the provider uses feedback received to take action to improve on areas that could be better for people who use the service and for the morale of the staff employed.

When employing fit and proper persons the recruitment procedures had included all of the required checks of suitability. Hazards to people's safety had been identified and appropriately managed.

People received the support they needed to take their medicines safely. The staff identified if people were unwell and supported them to contact health professionals.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the service provision.

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.

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 and the rating for this domain improved to Good.

People medicines were managed safely.

All the required checks of suitability had been completed when staff had been employed.

Risks relating to the service provision had been identified and managed.

Is the service effective?

Good ●

The service was effective and the rating for this domain improved to Good.

Consent to care and treatment had been obtained from the relevant people.

Staff had received the appropriate training to fulfil their roles.

Records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received.

The staff were knowledgeable about the level of support people required and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

There was a system to receive and handle complaints or concerns.

People's care and their records were regularly reviewed.

Staff took into account the needs and preferences of the people they supported.

The provider had been responsive in making improvements since the last inspection.

Is the service well-led?

The service was not always well-led.

Statutory notifications for some incidents had not been always submitted as required.

We received mixed feedback about whether the service was managed well.

There were adequate processes in place to monitor the quality and safety of the service.

Requires Improvement 

Community Care Team Ltd

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 checked 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.

This comprehensive inspection took place on 17 July 2018 and was announced. We called the service 48 hours before to arrange our visit because we wanted to be sure we could access the agency office and speak with senior management.

The inspection was carried out by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people and community based services.

We visited the agency office and with the permission of people who used the service we visited four of them in their own homes.

During our inspection we spoke with 11 people who received care from the service. We also spoke with two relatives, 14 care workers, the care coordinator and office administrator. We looked at care records for seven people who used the service and at the recruitment and personnel records for six staff. We also looked at records relating to compliments and complaints and how the provider checked the quality of the service.

Before the inspection, the provider 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. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care providers for their views of the service.

We also used a planning tool to collate all this evidence and information prior to visiting the agency.

Is the service safe?

Our findings

People who used the service and the relatives we spoke with told us that people were safe receiving care from the agency. One person told us, "I feel well cared for and safe." Another person told us, they [care workers] are very courteous and I feel safe with them."

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns to the registered manager. Records we looked at confirmed they had received training in the safeguarding of vulnerable adults.

Risk assessments had been carried out to ensure hazards to people's safety had been identified and were managed. During the inspection we found an aspect of the safe management of equipment that needed records to be further developed. This was immediately addressed by the management team. This showed how responsive and reactive the agency was in ensuring that where improvements could be made to enhance safe practises they were completed promptly. There were sufficient systems in place to monitor the safety of the care provided

Rota's we saw showed there were sufficient staff to cover the services provided. Staff we spoke to confirmed they knew the people they supported well as they usually worked with the same group of people. We were told by people who used the service that staff usually arrived at their homes at the agreed times and mainly they were informed if a staff member was going to be late. Some of the staff thought that there was enough staff to cover the service but some other said, "It is a rush sometimes, especially when staff are off sick or on holiday but they are recruiting more staff now." We spoke to the administrator about the contingency arrangements they had in place for covering staff at short notice and these appeared to be adequate.

We looked at six personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were usually from the most recent previous employer in accordance with the agency's recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual.

Staff had completed training in the safe handling of medicines. All the staff that we spoke with said that they had received medication training, including the application of creams and eye drops. All the staff knew about the importance of the medication administration records chart and how to complete it when any medication was administered. Records also identified whether medications were administered by the staff or whether people were just prompted to take them.

There were sufficient systems in place to monitor the safety of the care provided. Where they had identified issues with the service provided they had taken action to ensure improvements were made and if necessary any lessons learned.

Is the service effective?

Our findings

People who used the service and the relatives we spoke with were very complimentary about the staff who worked for the service. One person told us, "They [care workers] know what they are doing." Another relative said, "The carers are very efficient and know my relative really well." All the people that we spoke to thought that all the care workers had sufficient knowledge and skills to enable them to carry out the tasks they required. One person said, "Most of them are great and do as I ask. There's just one or two others that aren't so great."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection we found a breach of regulation 11 Need to consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because we found the provider had not established if people had the capacity to make specific decisions in relation to care and treatment.

During this inspection we looked at how the service supported people to make their own decisions. We saw the service had acted in accordance with the Mental Capacity Act 2005. People had assessments made about their capacity to make decisions that were important. We saw that where people lacked capacity staff ensured that other professionals and family members were involved in order to support people in making decisions in their best interests.

The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. All the staff that we spoke with said that they were pleased with the training they had been given and felt equipped to do their job. One care worker said, "We get a lot of training, it seems non-stop." Another care worker told us, "We often have training and we get updates at the staff meetings." We saw new employees completed an induction training programme before working in people's homes.

We saw that staff meetings had been held to share information about the service. Staff could contact the management team at any time to discuss any issues they had or if they needed advice about a person they were supporting. Records showed that staff were regularly supervised or appraised.

Some people who used the service required support to prepare their meals and drinks. People told us that the staff gave them choices about the meals they prepared and said that they enjoyed the meals the staff provided. One person told us, "They always ask me what I want preparing."

We found where people had risks identified with nutritional requirements these had been assessed and where necessary referred to the GP or dietician. This meant that where people had medical conditions that

put them at risk we could see that their nutritional needs had been met.

Is the service caring?

Our findings

People we spoke with who used the service made very positive comments in relation to the service they received as being caring. People told us that they liked the staff that supported them in their homes. One person told us, "The care is very good and it's thanks to the carers that I'm here." We were also told, "They [care workers] are always polite and so patient." A relative said, "The care is very good, they are accommodating and make me feel reassured my relative is looked after."

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. We saw from the records that where people could they had been included in planning and agreeing to the support they received. Staff were knowledgeable about the individuals they supported and about what was important to them in their lives.

The service knew how to contact local advocacy services should they be needed that could assist people to make decisions or express their views if they required support. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes.

We saw people received care in the main when they needed it and in a way that took account of their expressed wishes and preferences. However, two people we spoke with were not entirely happy with the time allocated for their visits but did confirm the care they received during their visit time was good. We observed during our visits to people's homes that staff were respectful of people's homes and their needs. One person told us, "They [care workers] are polite and treat my home with respect." Another person we spoke with said "The girls respect my privacy and my modesty."

The service provided was focussed on supporting people to maintain their independence as long as possible in their own homes.

Is the service responsive?

Our findings

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. People we spoke with could tell us how they could raise a concern or complaint. One person told us, "I know who to ring if anything was wrong or I had a problem." Another said, "Very satisfied with them. I have no complaints." A relative told us, "We have never needed to complain."

People told us that the care staff who visited their homes knew the support they required and how they wanted their care to be provided. One person told us, "The staff know what help I need." Everyone we spoke with said the care staff always asked them if there was anything else they wanted them to do, before they left their homes. One person told us, "They always ask me what I want them to do for me." Another person said of the care workers, "They always explain what they are doing especially when using the hoist to lift me."

Each person had a care plan to guide staff on the level of support and care required and how they wanted this to be provided. We also saw that they had a copy of their care plan in their own home. Records we looked at showed that people's care needs had been regularly reviewed and people had been involved in those reviews. One person told us, "I've just had a review so they can see if things are still as I want." We noted for two care records we looked at that some information was not current as people's needs had changed recently. We were reassured by the management team that those records would be reviewed immediately.

People's care records included information about their families and personal life history. The staff we spoke with said this was useful as the information meant they could speak to people about the things that were important to them. People we spoke to said they found the care workers happy to engage in conversation and often with regard to their interests or hobbies. We were also told care workers took a genuine interest in their family and friends.

We saw that people's treatment wishes, in consultation with their families, had been made clear in their records about what their end of life preferences were. The records we looked at contained some information about the care people would like to receive at the end of their lives.

Since the last inspection we could see how responsive the registered provider had been in that improvements had been made to ensure the service was now compliant with the previous breach of regulation that was found in the last inspection.

Is the service well-led?

Our findings

Providers of health and social care services are required to inform us of significant events that happen such as serious injuries and allegations of abuse. Although we had been sent some notifications about these when they had occurred, during the inspection, we found five incidents relating to allegations of abuse that we had not been notified about. The failure to notify us of matters of concern as outlined in the registration regulations is a breach of the provider's condition of registration and this matter is being dealt with outside of the inspection process. However we did note that the provider had taken action to keep people safe and had reported the incidents to the local authority safeguarding team.

We saw that people had been asked for their views of the service in formal and informal ways. People were asked to complete an annual quality survey in 2017 to share their views. We saw that the results had been collated and analysed by the provider. The results highlighted that 13% of people asked said the care workers did not arrive on time, 76% said they did and 11% said they didn't know if they did. Although people we spoke with during this inspection did tell us their care workers mainly arrived on time. One person said, "They [care workers] are pretty punctual, night time can be very busy for them and they sometimes are a bit pushed." Another person told us, "I just think their [care workers] time could be better managed."

Post these results the provider took action to address this in line with the key performance indicators (KPIs) set by local authority commissioners. The provider invested in a more up to date call logging system and holds call monitoring meetings with the care workers if there are any issues. The KPIs results show that the timeliness of calls between December 2017 and July 2018 have been met monthly at 91% - 96%."

Feedback about how well-led the service was taken from 14 staff. Nine of those spoken with made comments about the way visit times were coordinated which they said sometimes left them waiting around unpaid between visits. We were also told by some staff they did not always feel very supported by management if they needed to take time off for such things as medical appointments.

We recommend that the provider uses the feedback received and takes action to improve on areas that could be better for people who use the service and for the morale of the staff employed.

The agency had developed positive relationships with adult social care teams and health service teams to ensure people received the right support they needed. Where they identified a person required additional support the agency managers contacted appropriate services to request a review of the individual's care.

There were adequate systems in place to maintain oversight of the quality of the service provided. A part of the quality monitoring systems was that staff competencies were observed in practise to ensure a good standard of care was being delivered.