

The People Care Team Ltd

The People Care Team

Inspection report

Unit U Management Suite
3rd Floor, Pentagon Centre
Chatham
ME4 4HY

Tel: 01634560043
Website: www.thepct.co.uk

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17 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The People Care Team is a domiciliary care agency providing personal care and live in care to people in their own homes. At the time of the inspection 35 people were receiving personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using this service:

There was little oversight and monitoring of the quality of the service delivered. Checks and audits were not effective and robust. Feedback about the quality of service was requested, however the results were not analysed or shared with people and staff.

Risks to people were not consistently assessed, reviewed and updated. This had not had a negative impact on people, however there was a risk that people may not be protected. We have made a recommendation about this.

There were not always enough staff to provide people with the support they needed when they wanted it. The shortage of staff had led to some people's calls being changed at the last minute and they had not been informed of the changes. The provider was recruiting new staff to address this.

People were supported by staff who were recruited safely and knowledgeable and trained in their roles.

People were supported to remain as healthy as possible and staff worked with health care professionals to ensure care was consistent.

People told us they received good care and felt safe having staff from The People Care Team coming in to support them.

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 said the staff were kind and caring. They said, "[The staff] chat to me and are wonderful company. They are very, very good" and "[The staff] are all excellent. They are very jolly and always polite".

People knew how to complain and were given the opportunity to feedback about the quality of service they received.

People and staff had confidence in the new management structure. One staff commented, "It is definitely on the up since [the manager] took over".

Rating at last inspection: Good when inspected on 02, 03 and 04 November 2016 (report published 29 November 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Requires Improvement.

The service met the characteristics of Requires Improvement. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

The People Care Team

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was undertaken by one inspector.

Service and service type: The People Care Team is a domiciliary care agency providing support and personal care to people living in their own homes who are in receipt of the regulated activity of personal care. The service supported older people and people living with dementia in the Medway area.

The service did not have a manager registered with the Care Quality Commission. The manager had applied to register. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the service is a domiciliary service we wanted to make sure people we were able to speak with people and the staff who supported them.

Inspection site visit activity started on 15 May 2019 and ended on 17 May 2019. On 15 May we spoke with people and their relatives on the telephone. On 16 and 17 May we visited the office location to see the manager and office staff, speak with staff and to review a range of records.

What we did:

Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. The manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give key information about what the service does well and the improvements they plan to make.

We assessed this and used this information to plan the inspection.

During the inspection we reviewed a range of records which included four people's care plans and associated documents, recruitment, training and supervision records and records relating to the quality monitoring and management of the service.

We spoke with six people and two relatives.

We spoke with five staff, the manager, the business management consultant and a representative for one of the company directors.

Is the service safe?

Our findings

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

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not consistently assessed, monitored, reviewed and updated.
- When people were at risk of falls there was not always guidance for staff on how to minimise risks. For example, to make sure people's homes were free from obstacles and to ensure their walking aids were left within reach. Staff told us they made sure people were safe before they left their call. People told us that staff made sure they were wearing their lifeline and that they had everything they needed within reach.
- One person had a risk assessment regarding their skin care. There was guidance for staff about applying cream to the area. The manager confirmed this was out of date as the area of skin had healed and this was no longer needed. Staff were continuing to use the cream unnecessarily.

We recommend the provider seeks advice from a reputable source to ensure risk assessments are accurate, up to date and based on best practice.

- Risk assessments about moving people safely gave staff guidance about what specialist equipment to use, such as a stand-aid hoist or slide sheets, to make sure people were moved safely.
- Specialist equipment used in people's homes was checked to make sure it was safe to use. The manager maintained oversight of when services of equipment were due.
- Accidents and incidents were recorded electronically. Appropriate action had been taken when there had been an incident. The provider had a policy and process regarding accidents to people or staff. However, there was no policy or guidance about reporting incidents, such as a medicines error or a fall. There was no overview of these to identify any patterns or trends. This was an area for improvement.
- The manager worked with the local authority when safeguarding concerns had been raised.

Staffing and recruitment

- There was not always enough staff to provide people with the support they wanted, when they wanted it. For example, some people had evening calls and said that these were getting too early. A relative commented, "The evening call has been getting a bit too early. [Staff] have come in at 19:30 a couple of times which is a bit too early for [my loved one]".
- People told us, that although staff were on time and that they did not feel rushed, their rota was changed meaning different staff arrived than they expected. There had not been any missed calls.
- Emergency cover, such as staff sickness, was covered by two office staff and, when needed, the manager. This cover was being used regularly and was having an impact on the staff. They were unable to spend time in the office and keeping up to date with their day to day duties.
- There was an on-call system for staff to use outside office hours to obtain advice and guidance. Staff told

us they used this when they needed to and felt supported when they had to ring.

- Due to staff shortages, the provider was actively recruiting.
- Following the inspection, the representative for one of the directors informed us that they had contacted the local authority to hand back a number of care packages as a short-term measure until they had recruited and trained new staff.
- Staff continued to be recruited safely. Disclosure and Barring Service criminal record checks were completed, and references obtained before they started working at the service. This helped the provider make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using The People Care Team. One person commented, "[The People Care Team's] main attribute is the absolute sense of security that I have with them coming in. I feel 100% safe".
- Staff knew how to protect people from the risks of abuse, harm and discrimination. They understood how to report any concerns and said they would be listened to. They [staff] said they were confident the manager would take any action needed.
- Staff had access to policies and processes in relation to and training about safeguarding and whistle-blowing.

Using medicines safely

- People were supported to have their medicines by staff who were trained and assessed as competent.
- People told us the staff prompted them to take or checked they had taken their medicines. They said, "It is reassuring to know they check for me" and "They prompt me with my medicines, just to make sure I have taken it when I should. I have it all here in a dossett tray. I don't have to worry because they would tell me if I hadn't taken it".
- Medicines recording was completed on the electronic system and an alert was raised directly to the office if there were any concerns. For example, if a person refused their medicines. The office staff monitored this to make sure the relevant health care professionals could be contacted when needed.
- When people needed creams to help keep their skin healthy, there was guidance, including a body map to make sure it was applied correctly.

Preventing and controlling infection

- People told us the staff wore gloves and aprons when necessary to minimise the risk of infection.
- Staff told us they collected their equipment from the office when they need it and that there was always stock available.
- Staff told us, and records confirmed, they completed training about infection control to learn how to minimise risk of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

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

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

- People's needs were assessed before they began using the service to make sure staff could meet their needs.
- People's choices, needs and preferences were reviewed, with them, and any changes needed were made.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their initial assessment, this included people's needs in relation to sexuality, culture and religion. For example, staff told us how they supported people to attend places of worship when they requested this.

Staff support: induction, training, skills and experience

- People were supported by staff who had on-going training. People told us the staff were knowledgeable. People commented, "They know what they are doing, and I think they are all very capable" and "I think they are well-trained".
- New staff completed a two-week induction. This was followed by shadowing experienced colleagues to get to know people and their preferred routines. Shadowing continued until they were deemed competent.
- All new staff completed the Care Certificate. This is an identified set of standards that social care workers adhere to in their working life.
- Staff said they completed regular training to keep their knowledge up to date with best practice. This included moving and handling, dementia awareness and basic first aid. Training was completed in small groups and staff found this helpful as they could discuss the training. Records confirmed that staff training was monitored and up to date. Regular spot checks were carried out to monitor staff behaviour and competence.
- Staff told us they had not felt supported under the previous manager, however they felt supported now there had been a change in leadership. They attended regular one to one supervision meetings when they could discuss their personal development. One staff said, "We have regular one to one's but if I want to talk about something I just ring [the manager]. I feel very well supported". Staff said they had been encouraged to obtain additional vocational qualifications in social care.

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

- When people required support with food and drink there was guidance for staff about what support was needed and how they preferred it to be given.
- People told us they chose what meals or snacks they wanted staff to prepare when they needed this support. One person said, "[The staff] get my lunch ready for me every day. I have what I fancy. They are very good".
- People's preferences were recorded in their care plan. For example, when a person used a particular

cutlery there was a reminder for staff that this should be used at each meal. Staff confirmed that these were used.

- When needed, people were encouraged to drink plenty. There was guidance for staff, for example one care plan noted, 'Please note [person] does not have any hot drinks. Please ensure that two beakers of water are left at the end of each visit'. Staff confirmed this person's preferences and that they made sure they had drinks within reach when they finished each call.

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

- People were supported to stay as healthy as possible.
- Staff monitored people's physical and mental health and contacted health care professionals when needed. For example, when staff noticed a change in a person's health they, with the agreement of the person, contacted the GP.
- Staff told us they worked with health care professionals, such as the community nursing team, to make sure people received consistent and effective care.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves, The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. At the time of the inspection no-one was subject to an order of the Court of Protection.

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

RI: ☐ People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People told us they were not always informed of changes to their care calls and that communication was poor. They said, "The communication from the office is awful. I have carers on my rota and different ones come. It would be easy to send me a text and let me know. They have no understanding of customer service. They are forever juggling and changing the rotas" and "According to the rota I had a call due at 10:45. I wasn't told about any change. At 09:45 someone else turned up". We discussed these comments with the manager. They told us that, due to staff shortages, the office staff who would normally let people know of changes were having to cover the shortfalls on care calls. The manager agreed this was an area for improvement and planned to visit people to explain the situation and their plans to improve on this.
- People and their relatives were involved in planning their care. Care plans recorded their preferences and how support should be given. People's communication needs were assessed. Information was shared with people in a way they could understand. For example, some people had a large print version. Providing information in preferred formats for people who have a disability, impairment or sensory loss meets the requirements of 'Accessible Information Standards' which aims to ensure people received the communication support they needed.
- People and their relatives told us they contacted the office if they needed any changes to their care package and that the amendments were made.

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

- People continued to be supported with kindness by staff. People told us, "The girls are honest, kind and caring. I love them all like my family" and "They [staff] are first class. They are definitely kind".
- People told us how important it was to them that they could have a laugh and banter with staff. One person commented, "If I am feeling a bit down, [staff] come in smiling and cheerful and that really picks me up. They are respectful and caring".
- People told us that staff knew them well. Staff spoke with us knowledgeably about the people they supported and the people and things that were important to them.
- People's religious, spiritual and cultural needs were discussed before the care package was in place and these were reviewed.
- Staff completed training about equality and diversity. Staff told us how they treated people as individuals. They were aware of and supported people's individual needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful and that their dignity was maintained. For example, one person told us that staff supported them to the shower and waited in another room until they had finished.

- People were encouraged to remain as independent as possible. Staff followed guidance in people's care plans which noted what people preferred to do for themselves.
- Staff worked with people to increase their independence. For example, one person had needed two staff to support them. Staff told us they had encouraged the person to re-develop their independence and regain their confidence and that they now only needed one staff to support them as they were able to do more for themselves.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us that they made all the decisions about their care and had met with staff before they started using the service to discuss their needs. This information was written in a care plan.
- The electronic version of the care plan, accessed and followed by staff on mobile phones, was kept up to date with any changes in people's needs.
- People told us the staff knew them well. Each person's care plan included a summary of their life history to enable staff to speak with people about the things and people that were important to them. One person commented, "I have regular carers. They know how I like things done and know me very well".
- People said that staff listened to them and provided the support they needed in the way they preferred. They told us, "They do everything I need them to do and sometimes much more" and "The girls do exactly what is needed".
- When requested staff provided support for people to be able to access the community and visit local shops. The manager told us, "We build up a rapport with the neighbours of clients particularly where people have no family or friends".
- Electronic care plans provided detailed guidance, which staff followed, about how people preferred their care to be delivered. Information about tasks including meal preparation and laundry were also noted.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and that they would contact the office or speak with the staff who supported them if they had a concern.
- People said, "I don't have any complaints. I do think they would listen to me and resolve it" and "I have never had any reason to complain. I am more than pleased with the service. They go out of their way to do things for me. I have got no complaints".
- Two complaints had been received in the last 12 months. One was regarding call times and this was rectified by amending the times to better suit the person. The second related to continuity of staff and this was also satisfactorily resolved.
- Each person was given a copy of the provider's complaints processes when they began using the service.

End of life care and support

- Staff completed training about supporting people at the end of their life and had worked with health care professionals, such as a local hospice.
- At the time of the inspection, staff were not supporting anyone at the end of their life.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service did not have a manager registered with the Care Quality Commission (CQC). The manager had applied to register, and the application was in progress. At the time of the inspection there was no nominated individual, however, there were plans in place for this position to be filled. The registered manager left the service at the end of February 2019.
- There was a lack of oversight by the provider. There had been no checks or audits completed by the provider.
- There was no evidence that the previous registered manager had carried out any audits prior to leaving the service in February 2019.
- Whilst electronic versions of care plans were kept up to date, the paper copy in people's homes and in the office were not consistently updated. The manager stated that when a care plan was reviewed and / or amended it should be updated.
- Checks on some areas of the service were being completed however these were not consistently recorded and not always effective. For example, care plans had been reviewed but the manager had not identified that they were not consistently updated to reflect the most current information. Risk assessments were not consistently completed.
- There were a range of policies and procedures available to staff. These were not sufficiently detailed to guide staff about what action to take or what the recording process was. For example, the policy for accidents and injuries guided staff to contact the emergency services but gave no information about how to record this. The information had been captured on the electronic system when there had been an incident however there was no overview to monitor if there were any emerging themes.
- The manager was being supported by a business management consultant and they were in the process of implementing a series of new checks to monitor the quality of service being delivered.
- There had been no missed calls. When calls were completed later than scheduled this was flagged on the electronic system, however there was no system in place to check whether there were any emerging themes.
- Spot checks were regularly completed to monitor staff behaviours and competency.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed in the office, as well as being displayed on their website.

The provider had failed to establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. The provider also failed to ensure accurate records were kept to keep people safe from harm. This was a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a lack of a clear vision and values for the service.
- People told us that the care they received met their needs.
- Staff spoke passionately about delivering a good quality of care and support.
- People and their relatives felt confident that if they raised a concern they would be listened to and acted on accordingly.
- There were no significant events identified at the service that needed to be reported to CQC. The manager knew how to report these if the need arose.
- Staff told us they felt supported. They received regular supervision and competency assessing.

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

- The manager had identified the culture across the organisation was not cohesive. They were working with the business management consultant to speak with staff and improve the culture.
- People told us they felt more confident now that there was a new manager. They said, "I trust [the manager]" and "I am completely happy with the service I get from The People Care Team. I don't think there is anything I would change".
- Staff told us they felt more supported with the new manager in place. They said, "[The previous registered manager] had let things slip. It is already much better with [the manager] running things" and "[The manager] is already making a difference. They will do a great job".
- Staff described The People Care Team as a good company to work for and that they enjoyed their job. They said, "I absolutely love my job. It is so rewarding" and "It is very rewarding and a pleasure to be supporting people to stay living in their own homes".
- People and their relatives told us they were asked to complete a customer survey twice a year. We reviewed the most recent responses and they were generally positive. However, there had been no analysis of the results to check for any patterns and to continue to make improvements to the service delivered. The results had not been shared with people or staff.

Working in partnership with others

- The manager and staff worked in partnership with other health care professionals, such as occupational therapists and community nurses, to ensure people received consistent, joined-up care and support.
- When advice was received from health care professionals this was incorporated into people's care plans to make sure staff followed the guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish and effectively operate appropriate systems to assess, monitor and improve the quality and safety of the services provided. The provider also failed to ensure accurate records were kept to keep people safe from harm.</p>