

Homecare Team Ltd

# Homecare Team Ltd

## 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

### About the service

Homecare Team Ltd is a domiciliary service which provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection the service was supporting approximately 24 people.

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

People who used the service and relatives said they felt the service was safe. Staff were recruited safely and sufficient numbers were available to deliver people's care. Staff carried out routine COVID-19 testing and there was enough personal protective equipment (PPE) available which people confirmed was always worn.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. People received enough to eat and drink and said staff assisted them with this when needed. Staff told us enough training was available to support them in their roles, with ongoing supervision also provided.

We received positive feedback from people who used the service and relatives about the care provided. People said they felt treated with dignity, respect and had their independence promoted as required.

People had detailed care plans in place regarding the care and support staff needed to deliver. There was an appropriate complaints system in place and staff worked closely alongside other healthcare professionals such as district nurses when people required end of life care.

There were systems in place for people who used the service and staff to provide feedback about their care through surveys and meetings. Quality assurance audits were also completed. Staff spoken with during the inspection told us they felt the service was well-led.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 31/03/2021 and this is the first inspection.

### Why we inspected

The service had not received a rating since registering with CQC on 31/03/2021. This was why we inspected.

The overall rating for the service is good. This is based on the findings at this inspection.

### Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Homecare Team Ltd

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by two inspectors and an 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.

#### Service and service type

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

At the time of the inspection, the service did not have a registered manager. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The current manager of the service had applied to register with CQC.

#### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider, or a manager would be in the office to support the inspection.

Inspection activity was carried out between 24 January and 7 February 2022. We visited the office on 24 January as part of our site visit. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the provider.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Bolton local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the provider, service manager, care coordinator and four care workers.

We reviewed a range of records. This included six people's care records, a selection of medicine administration records and three staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found following our site visit.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good.

### Using medicines safely

- People received their medication safely. One person said to us, "I do need help and they give me the medicines at the right time." A relative said, "The staff give all the medicines and there are no problems."
- Staff completed medication administration records (MAR) and we saw these were completed accurately with no missing signatures. Cream charts were completed and showed staff where they should be applied.
- Staff said they had completed medication training and told us this enabled them to give medicines safely. Staff were observed giving medicines during routine spot checks to ensure this was done correctly.

### Staffing and recruitment

- There were enough staff employed to care for people safely. People who used the service said there were enough staff to deliver people's care and they never experienced late or missed visits. One person said, "If someone goes sick, they send another member of staff." A relative added, "They ring and tell me if they may be late."
- People's care visit and the length of time staff stayed for was kept under review through a call monitoring system. We looked at a sample of call monitoring logs during the inspection and saw staff arrived on time and stayed for correct amount of time. One person said, "Give or take a minute or two but it doesn't affect me."
- Each member of staff had their own rota in place and the feedback we received was that these were easy to adhere too, with sufficient travel time factored in.
- Staff were recruited safely, with all the necessary procedures carried out. This included completing application forms, holding interview, seeking references and carrying out disclosure barring service (DBS) checks. Staff confirmed these checks were carried out.

### Assessing risk, safety monitoring and management; Preventing and controlling infection

- People had a range of risk assessments in place regarding their care. These included slips, trips, falls, moving and handling, smoking and the external environment. Where any risks were identified, control measures were in place about how to keep people safe.
- Staff had enough PPE available to use when providing care to people. People and relatives told us PPE was always worn by staff when delivering care. One person said, "Yes, they [staff] wear all the gear."
- Staff completed regular COVID-19 testing and the results were monitored by management.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe as a result of the care they received. One person said, "Yes I do feel safe because the care is good." A relative said, "They treat [person] very well."
- A safeguarding policy and procedure was in place and the training matrix showed staff had received

training. We asked staff about their understanding of safeguarding, although the feedback was mixed. Whilst some staff talked about safeguarding relating to abuse, others referenced health and safety issues such as fire awareness. The manager said further safeguarding training would be provided for these staff.

- The manager told us there hadn't been any accidents or incidents since registering with CQC.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good.

Staff support: induction, training, skills and experience

- People commented that staff had the required skills to carry out their role. One person said, "Yes, I do think they are well trained. They know what they are doing."
- Staff told us they had received the appropriate training and induction to meet the needs of the people they were supporting. Training completed by staff was recorded on the training matrix. Completed courses included safeguarding, moving and handling, fire safety and infection control. One staff member told us, "This is my first job working in care. I am happy with the training and induction and it prepared me well for the role."
- Staff supervisions took place and gave staff the opportunity to discuss their work. A member of staff said, "I have them with my manager and find them useful."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- People's needs were assessed when their care package first commenced and these involved people's friends and families when possible. One person said, "I have been involved from the start."
- Staff monitored people's health and wellbeing and supported them to access healthcare services, where necessary. For example, the service had worked closely with the dietician and speech and language therapy (SALT) team following concerns about one person losing weight.

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 mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- MCA assessments were completed where necessary and the service worked closely with the necessary professionals, such as social work teams.
- Staff said they had not yet completed training regarding the MCA, although the training matrix indicated

staff were enrolled on this course, due to be undertaken in February 2022.

- People told us staff sought their consent before delivering care and there were signed consent forms within people's care plans. One person said, "The carers always ask if it is okay to do a task before doing so."

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

- People told us they received enough to eat and drink. One person said, "I do need support and they help me when I need it." A relative said, "[Person] cannot eat or take a drink. Therefore, the staff do everything."

- People had specific nutrition and hydration care plans in place, and this provided staff with information about the support people needed to eat and drink. Food and drink records were also maintained for people as needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as good.

Ensuring people are well treated and supported;

- People provided positive feedback about the care provided, as did relatives. One person said, "10 out of 10. No complaints at all. A relative said, "[Person] passed away. The Homecare Team were brilliant. They were supportive and caring." Another relative added, "They are very good. If [person] is down, they will talk to her."
- We received consistent feedback from people about the caring nature of the staff team. One person said, "They are very kind and they chat to me." A relative added, "Staff are always holding [person's] hand and checking that she is okay."

Respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People spoke highly of the staff team saying they felt treated with dignity, respect and had their independence promoted where possible. All the relatives spoken with made comment about how clean and well-presented people appeared. One person said, "Yes they are very good. They do encourage me to do things but are available if I need them."
- Homecare Team cared for people from a range of different ethnicities and employed a diverse staff group. Information about people's cultural requirements was detailed in care plans including favourite foods and important aspects of their daily routine.

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

- People told us they were involved in the care they received and were involved in decisions about how their care was delivered.
- Reviews of people's care took place, and this presented people and their families an opportunity to discuss how their care was progressing and make any changes. One relative said, "Yes, I was involved to review changes to the medication."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they received personalised care and the service was responsive to their needs. One person said, "Absolutely. They are very flexible." A relative added, "All the care is person centred. I cannot praise the staff enough."
- Following each care visit, staff completed daily communication booklets which showed the care and assistance people had received such as support with medication, assistance with continence needs and any personal care. This helped us evidence if people's care needs were being met.
- Each person had their own care plan in place, with a copy held both at the office and in their own home. We found they provided staff with an overview of the care people needed to receive. Care plans captured person-centred information about people such as previous employment and any hobbies and interests.
- People were supported to participate in activities by staff within the community if this formed part of their care package. One relative said, "Every Saturday, [person] goes to an inside play area with staff."

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Interpreter services could be accessed as needed for people who may speak a different language. The staff team were bilingual and spoke a variety of languages and could support people as necessary. Documentation could also be provided in large print for anybody that needed it.
- People's care plans took into account their communication needs including sight, hearing and speech, as well as any sensory aids required such as glasses, or hearing aids.

### Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. For example, through comments and suggestions and care plan reviews.
- The provider had a complaints policy in place which explained the process people could follow. People who used the service and relatives told us they had never needed to make a complaint.

### End of life care and support

- At the time of the inspection no-one was at the end stages of life. If this was the case, the manager told us staff would continue providing personal care, working alongside other healthcare professionals such as district nurses.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as good.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to monitor the quality of service provided to ensure good governance. This included audits of medication, communication books, care plans and financial records.
- Systems were in place to involve people, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback. Reviews had also been carried out with people and their appointed social worker.
- Further quality monitoring systems were in place using spot checks, observations of staff and competency assessments. Staff meetings were held, and surveys sent so that feedback could be sought and used to make improvements.

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

- Both the provider and manager were clear about their roles. At the time of the inspection, the service did not have a registered manager, although an application had been submitted to CQC. A care coordinator also assisted with the running of the service.
- It is a legal requirement for the ratings from the last inspection to be displayed on any websites operated by the provider and at the office location. We reminded the manager and provider about this responsibility once the overall rating for the service has been awarded.
- The manager and provider understood their responsibility to submit statutory notifications.

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

- The staff team spoke of a positive culture at the service and said they enjoyed their roles. One member of staff said, "It is really good. I enjoy the work and like meeting new people."
- Staff told us they felt the service was well-led. One member of staff said, "It is really good, and I am happy with the company. I feel supported in my role." Another member of staff said, "There is good management and leadership here."

Working in partnership with others;

- The service worked in partnership with various local authority's and health teams in the local area. This included occupational therapists, wheelchair services, learning disability teams and local clinical commission groups (CCG).