

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Concept Care Solutions Northampton

3 Notre Dame Mews, Northampton, NN1 2BG

Date of Inspection: 28 May 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

**Care and welfare of people who use services** ✓ Met this standard

**Safeguarding people who use services from abuse** ✓ Met this standard

**Staffing** ✓ Met this standard

**Assessing and monitoring the quality of service provision** ✓ Met this standard

**Records** ✓ Met this standard

## Details about this location

Registered Provider	Concept Care Solutions
Registered Manager	Miss Edith Fongho
Overview of the service	This small domiciliary care agency provides personal care support to people who want to continue living independently in their own home. The agency provides a range of domiciliary support services to people predominantly living in Northampton and the surrounding area.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Nursing care Personal care Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Care and welfare of people who use services	6
Safeguarding people who use services from abuse	7
Staffing	8
Assessing and monitoring the quality of service provision	9
Records	10
<hr/>	
<b>About CQC Inspections</b>	12
<hr/>	
<b>How we define our judgements</b>	13
<hr/>	
<b>Glossary of terms we use in this report</b>	15
<hr/>	
<b>Contact us</b>	17

## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 28 May 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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We inspected this small agency by visiting their Northampton office. We met with staff and looked at records; we visited two of the three people that received a domiciliary care service, and we spoke with a relative of the third person. This agency also provided nurses to other services we regulate and inspect but when we visited the agency we saw that nurses were not provided to people living in their own home.

The evidence we gathered about this agency's domiciliary care services enabled us to answer our five questions; Is the service safe? Is the service effective? Is the service caring? Is the service responsive to people's needs? Is the service well-led?

Below is a summary of what we found. The detailed evidence supporting our summary can be read in our full report.

Is the service safe?

We found that people's needs had been appropriately assessed before they were provided with domiciliary care support. We saw documentary evidence of this in the three care files we looked at. This meant that staff had the information they needed about people's care needs and were able to provide safe care.

There were sufficient numbers of experienced and competent staff available to meet people's personal care needs. We saw documentation that showed staff had been appropriately trained and received the managerial support they needed to do their job. The two staff we spoke with said they had received training in the protection of vulnerable adults and they knew how to report concerns about poor care or respond to allegations of abuse. This meant that people were protected from the risk of neglect or unsafe care.

Suitable arrangements were in place to respond to emergencies, with the manager always being available 'on call' to support staff to manage the situation safely and in a timely way.

Is the service effective?

We saw from the records we looked at that the staff had received the information, training and managerial support they needed to do their job effectively. There were arrangements

in place that ensured staff had the most up-to-date information about people's care needs. The two staff we spoke with individually were able to tell us about people's individual needs and how they delivered their care. This meant that because staff had a good knowledge of each person's care needs and preferences they were able to provide effective care.

Is the service caring?

All the people we spoke with said the staff were friendly, helpful, and conscientious. People were provided with support in their own home at a level which encouraged independence and ensured their individual needs were met. One person said, "The carers are all very pleasant and helpful. They have a good manner about them which I appreciate." Another person said that the care staff had always been "respectful" when doing their job.

Is the service responsive to people's needs?

We saw that there was enough staff available to meet the needs of the three people that received a domiciliary service. This was also confirmed by the two people we visited in their own home, and the relative of the third person we spoke with. People said the service was reliable and flexible.

The two staff we spoke with had a good understanding of how to support people in a way that respected each person as an individual, each with their own needs and preferences for how they wished to receive their care and support.

Is the service well-led?

There was a registered manager for this service although when we inspected we met with the newly appointed branch manager who was taking over this role. We were told that this person was submitting an application to register with the Care Quality Commission (CQC) as registered manager of the Northampton location when the current registered manager stood down.

The two staff we spoke with said they received a good level of practical day-to-day managerial support to enable them to carry out their care duties. They said they had sufficient time to travel between people's homes so that they were not late arriving at their next scheduled call. The two staff we spoke with said that their manager had an 'open door' approach so that they were able to express any concerns or ask for guidance whenever they needed to.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

People's needs were assessed and we saw that their care and treatment was planned and delivered in line with their individual care plan. Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. There was guidance to staff documented in each person's agreed care plan so that people received safe care that was appropriate to their needs and met their expectations.

The two people we visited at home confirmed that the staff that supported them had proved to be very reliable. They both said that the staff had always arrived as scheduled unless there had been a delay caused by traffic. They said that the staff took account of their usual daily routines and preferences. They also confirmed that the staff kept a record that accurately reflected what support had been provided that day. When we visited people at home we saw examples of these completed records and each person said the record matched the service that had been provided at that time. We saw that these records were legible, up-to-date, and that the person had agreed to a record being kept in their home. They said its purpose had been explained to them when the service had started.

The two staff we spoke with individually said that they encouraged people to do what they could for themselves. This was so that each person could retain as much independence as possible with daily living tasks and skills. This was also confirmed by the people we spoke with.

We saw documented assessments of care needs at the agency office. These assessments contained the information and guidance the staff needed to do their job safely and effectively. We also saw copies of people's care plans in their own home that accurately reflected the information held on file at the agency office in Northampton.

All the people we spoke with said the staff were friendly, and always did what had been agreed. One person said the staff 'knew what to do' and did their job well.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People using the service confirmed they felt safe using this agency. The two care workers we spoke with told us they carried identification. The people we visited at home confirmed that their care workers always carried their identification with them. We saw that the manager had ordered new uniforms with the 'Concept Care Solutions' logo. This served as an additional reassurance that staff were genuine callers. The manager also said that all new staff were introduced to the person receiving a service. This meant that people felt safe because they were not allocated staff that had never been introduced to, either by the manager or another staff member the person was already familiar with.

The two care workers we spoke with knew that they had a responsibility to take appropriate action to protect a person from harm. We found that they knew what to do if abuse was suspected or alleged.

There were clear written policies and procedures in place to guide staff and all staff had received training and information on the protection of vulnerable adults.

When we spoke with people they understood what abuse was and what they should do if they were worried or frightened about the way they were being treated. The two people we visited said they had been encouraged by the manager and care workers to raise any concerns about the way they were treated.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We saw from looking at records, talking staff, and visiting two people who used the service that people were supported by sufficient numbers of suitably qualified, skilled and experienced staff.

The manager was able to demonstrate that a staffing needs analysis had been carried out. This meant people were assured of receiving their agreed service when they needed it because appropriate back-up support arrangements were in place to cover for staff who were on holiday or who were unable to work because of illness.

The two staff we spoke with confirmed they had received comprehensive 'induction' training before they had taken up their duties. They also said they were required to spend time 'shadowing' an experienced staff member before they were assigned their own work schedule. This meant that people were assured of being supported by care workers who were competent and knew what was expected of them.

We saw that care workers had participated in training such as, moving and handling skills including, for example, the safe use of equipment in people's homes such as hoists. We saw that the agency office had a suitably equipped room to train staff in these practical skills.

The agency were supporting a small number of people when we inspected so we saw that people received care and support from staff they had become familiar with. The manager said that as the service expanded every effort was going to be made to ensure that people benefitted from receiving a service from staff they were familiar with.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The two staff we spoke with said that they had received 'supervision' meetings with their manager. We saw, for example, that these formal meetings were scheduled to be held at least every three months, with a record kept. These meetings enabled the manager to determine if the care workers were doing their job effectively. The manager was also able to determine what support staff needed to carry out their duties safely and efficiently. We saw documentary evidence that in the relatively short period the domiciliary support team had been operating staff had received a review of their abilities to carry out their duties. This meant that people were assured of receiving a service from staff whose job performance and training needs were consistently monitored and improved where necessary.

We saw that the manager had reviewed some of the documentation in use to manage the agency effectively on a day-to-day and longer term basis. This included the 'spot check' documents used to record, for example, if staff had been observed to arrive at people's home as scheduled, whether their appearance was in keeping with agency dress code standards, and if they had carried and showed their identification. The manager said that a new telephone system that will monitor the exact arrival and departure of staff at people's home was to be introduced in the near future.

The people we visited at home said the manager was very approachable and wanted to know if they had been unhappy with any aspect of their service from the agency. This meant that people were assured that they had the opportunity to make comments about the quality of the service they had received. The manager said that other tools for monitoring service quality included, for example, service user surveys as well as regular telephone contact with people.

**People's personal records, including medical records, should be accurate and kept safe and confidential**

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## Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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## Reasons for our judgement

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People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained. All staff and care records were kept securely in the agency office and could be located promptly when needed.

We saw from the records kept at each of the two households we visited that people's care plans were an up-to-date copy of the care plan kept at the agency office. This meant that people were assured that the staff had the written information they needed to enable them to do their job safely and effectively.

We saw that staff were keeping accurate and legible records when they visited people at home. These records included, for example, the care worker's time of arrival at and departure from a person's home. We saw these records reflected the details of the care and support staff had provided. Each of the two people we visited said the records accurately described the service they had received that day.

We saw that each person's plan of care took into account any assessed risks they might be exposed to in their living environment, or that arose because of their ill health, and what staff needed to do in order to minimise the risk.

Staff records and other records relevant to the management of the services were accurate and fit for purpose. We saw that staff recruitment documentation relevant to recruitment was in place such as, for example, application forms, references, and a Disclosure and Barring Service (DBS) check. We also saw, for example, that records of staff interviews were kept. These measures meant that people were assured of receiving a service from staff that had been recruited appropriately.

The provider may wish to note that when we visited the two people at home we did not see evidence that they had been provided with a written service user guide. When we asked them they were unable to recall if this document had been provided. The information we were shown by the manager included the agency's statement of purpose, which had been provided, but a service user guide was unavailable. There was a written complaints procedure, and the people we spoke with said they knew how to complain, but the

procedure we saw lacked sufficient detail. There was, for example, a lack of information about the regulatory role of the Care Quality Commission (CQC), and contact details for the Local Government Ombudsman if people remained unhappy about the way their complaint had been dealt with by the provider. The manager acknowledged these improvements were needed and were going to be made.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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