Concept Care Solutions Limited

Concept Care Solutions Northampton

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

This announced inspection took place on the 8, 9 and 10 June 2016. Concept Care Solutions Northampton provides a personal care service to people who live in their own homes in the community, including a live- in service for some people. At the time of our inspection the service was supporting 24 people.

There was a registered manager in post at the time of our inspection. 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.

People had care plans that were personalised to their individual needs and wishes. Records contained detailed information to assist care workers to provide care and support in an individualised manner that respected each person's individual requirements and promoted treating people with dignity.

People told us that they felt cared for safely in their own home. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

People received care from staff that were compassionate, friendly and kind and who would go the extra mile to support people and their families. Staff had the skills and knowledge to provide the care and support people needed and were supported by a management team which was receptive to ideas and committed to providing a high standard of care.

The registered manager supported a management team which was approachable and supportive. There were robust systems in place to monitor the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

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.

People told us that they felt safe in their home with the staff that cared for them and staff understood their responsibilities to ensure people were kept safe.

Risk assessments were in place and managed in a way which ensured people received safe support and remained as independent as possible.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised care and support. Staff received training to
ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity was protected and promoted.

Staff had a good understanding of people's needs and preferences.

Staff promoted peoples independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service and their relatives knew how to raise a concern or
make a complaint and were confident any issues would be addressed.

Is the service well-led?

Good

The service was well-led.

People and staff were confident in the management. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement. There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and strived to lead a service which supported people to live as independent a life as possible.

Concept Care Solutions Northampton

Detailed findings

Background to this inspection

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

This announced inspection took place on 8, 9 and 10 June 2016 and was undertaken by one inspector 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. The provider was given 36 hours' notice because the location provides a domiciliary care service and we needed to be sure a member of staff would be available.

Before the inspection, we asked the provider to complete 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 completed PIR and previous inspection reports before the inspection. We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law.

We also contacted the health and social commissioners who monitor the care and support of people living in their own home.

During the inspection we spoke with 11 people who used the service, five relatives, six care staff, a team leader, a senior fieldwork care supervisor, a quality assurance and training manager, an administrator and the home care manager. The registered manager was not available to speak to.

We reviewed the care records of seven people who used the service and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

People were supported by staff that knew how to recognise if people were at risk of harm and knew what action to take when people were at risk. People and their relatives told us they felt safe with the care staff. One person said "I feel fine with all the staff that come." A relative said "We both feel safe with the carers; they all know what they are doing. I would not let them stay if I did not feel they were safe." Staff told us that if they had any concern they would report it straight away to a member of the management team. Staff had confidence that management would take the appropriate action. We saw from records that appropriate referrals to the local safeguarding team had been raised by the management team and action taken when necessary. The staff were supported by an up to date safeguarding procedure and undertook regular training in relation to safeguarding.

Peoples' individual plans of care contained risk assessments to reduce and manage the risks to people's safety. For example there were risk assessments in place for where people needed help to mobilise or change position; there was detailed information as to what equipment was needed and how it should be used correctly to mitigate the risk. There were also risk assessments in place for people with limited movement around how to protect their skin integrity. The management team reviewed the care plans regularly and staff told us that if they had any concerns one of the management team would visit and revise the plans and risk assessments. Where staff had raised concerns around safety appropriate action had been taken; for example where a person's needs had changed the staff recognised that when showering a person had become increasing difficult to manage them safely, contact was made with an occupational therapist to assess for a hoist and an application had been made for funding for a wet room to be created. This ensured the person could continue to have a shower but within a safe area and with the appropriate equipment to support them.

Training records confirmed that all staff had received health and safety, manual handling and infection control training. Accidents and incidents were recorded and reviewed to look for any incident trends and to see whether any control measures needed to be put in place to minimise the risks.

There were appropriate recruitment practices in place to ensure people were safeguarded against the risk of being cared for by unsuitable staff. Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work for Concept Care Solutions Northampton.

People told us that they felt there was a sufficient number of staff to meet their needs. The provider only took on new people if they had sufficient resources available to meet the care and support required. People told us that staff were usually on time and they were informed if staff were running late. One person told us "They can't always be exactly on time but always come around the planned time and they stay as long as they should." A relative told us "Staff are usually on time, if they are ever late they always ring." The staff we spoke to said they felt there were enough staff and that they had the time to support the people with their personal care needs; if they needed more time they just contacted the office to let them know. We could see from the staff rota that the needs of people had been taken into account when planning the rota and

consideration had been taken of the travel time between calls. One member of staff said "It's great to have a rota where all the calls are close together, it saves time not to have to travel so far between calls."

All staff wore uniforms which clearly identified them and had identification badges which assured people as to who was coming into their home. The staff were provided with additional protective clothing such as disposable aprons and gloves which protected people from any potential infections. One relative told us "The staff wear uniforms with the name of the agency on them, this is very professional, you can see exactly who they are, which is good for people who may have problems with their memory."

People's medicines were safely managed. Detailed care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on a regular basis. We observed that medicines were stored securely and systems were in place for the safe disposal of unused medicines; medicine administration record sheets had been correctly completed. There was information available which detailed what medicines people were prescribed. The staff told us if they had any concerns or questions they spoke to the quality manager who responded promptly. The quality manager told us that they monitored the administration of medicines closely; records showed that daily and weekly audits were undertaken and advice sought from the pharmacist. We saw in one case record that a person had requested that their morning call was later, before this was agreed the quality manager had contacted the GP to check whether a later call would have an impact on the person's medication. A relative told us that when their relative was unable at times to swallow medicines the staff had contacted the GP to check out what impact this may have on the person's health and whether the medicine could be given in liquid form.

Good

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience to carry out their roles and responsibilities effectively. People told us that they were confident in the staff and felt they were all well trained and understood their responsibilities. One person told us "I think they [staff] are trained enough and know what to do." A relative told us "Any new carer always comes with a more experienced one who shows them what to do; we never have anyone who does not know what they are doing." Another relative commented "I think they are good at nipping things in the bud, they called the GP out one day whilst I was at work."

The staff spoke positively of the support and training they had been given. One member of staff said "I have worked for other care agencies but never received so much training, it's really good." All new staff undertook a thorough induction programme which included classroom based training in manual handling, health and safety, understanding the role of a care worker and safeguarding. Once new staff had completed the first part of their induction they worked alongside more experienced staff before they worked alone. The staff also undertook competency tests for english comprehension and numeracy. All new staff were expected to undertake the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us they felt well supported and valued in their roles. We saw from staff records that all staff received regular supervision and on-going support. 'Spot checks' were undertaken on a regular basis; these enabled the manager to ensure that all staff were following the agency's procedures correctly and were delivering safe care. Staff were supported if they were found not to be following procedures. One member of staff told us "I had a 'spot check' last week; I didn't know they were coming, it's good and makes sure you are doing everything properly." A person using the service told us "My carer had a 'spot check' and I was asked how things were." Staff confirmed that in supervision they discussed their individual performance and gave them the opportunity to identify any further training they could benefit from. Staff were encouraged to develop their knowledge and understanding and to undertake further qualifications. The management team all regularly worked alongside staff which gave them the insight into any potential difficulties staff faced and how to overcome them. A number of people said they knew some of the management team and were happy they came out to do their call if their regular carer was away.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. Staff sought the consent of the individual to complete everyday tasks; they were aware if a person had been assessed as lacking the capacity to give their consent and the service ensured that appropriate steps would be taken legally to identify someone to act in their best interests. At the time of our inspection the majority people using the service were able to give their consent and were actively involved in their care

plan; where it had been identified that someone lacked capacity appropriate actions had been taken.

People were supported with their meals and drinks when necessary. The care plan detailed what level of support a person needed with regards to eating or drinking, for example we saw in one care plan staff had recorded what a person had eaten and the amount they had consumed. The information was shared with the dietitian as the person had been identified as being at potential risk of malnourishment. A relative told us "I leave notes for them [staff] to say what is for [relative] dinner and they write notes back to me regarding what we have run out of or what they have used the last of – they are very good."
People's healthcare needs were carefully monitored. Records showed that people had access to arrange of health professionals, including the District Nurse, GP and occupational therapist. Most people told us that they or their family arranged appointments with health professionals as and when needed. One person told us "They [staff] come at 7am to get me up to make sure I am ready if I have an appointment." One relative told us "They [staff] say to me things like – I think you should make [relative] an appointment with the doctor; on one occasion it turned out [relative] had a urine infection, that was why they were so confused and wobbly."

Good

Is the service caring?

Our findings

People were supported by staff that they described as warm, friendly and kind; always willing to help people in any way they could. One person said "They are lovely, lovely girls smashing to me." Another said "They could not be better; I only have praise for them." A relative told us "I am always pleased to see them; they are a big help to me. I could not do it on my own anymore. They are kind and don't rush [relative]. They are very well trained. I know I am lucky because mostly I have the same ones but they are all really good."

We saw from records and from what people and staff told us that the provider was committed to providing people with the same care staff who had been able to get to know people well. One person told us "I asked for the same carers and they have done this for me as far as they can; I have had the same two for the last 18 months except for when they are on holiday or sick, which can't be helped. They are very good because they know me and they know my condition and what I need help with." A relative told us "[Relative] usually has the same three girls. They are all really good and with [relative's] dementia it's important that they are used to who comes. They are fab really." Any holidays or absences were covered either by staff who knew the person or by one of the management team who regularly kept in touch with people and their families. One relative told us "[Name of member of management team] comes out regularly and is very caring and knowledgeable."

Care plans detailed people's preferences and choices about how they wanted their support to be given. People told us that staff took time to listen to them and respected their wishes. There was a policy in place about Dignity in care which detailed the expectations of staff. People told us that staff respected their dignity when caring for them and never spoke about other people they were supporting. Staff were able to describe what they did to respect people's privacy and dignity; they spoke about keeping people covered up as much as possible when washing them, ensuring the area personal care was being undertaken was not overlooked and asking people how they liked things to be done, explaining continually what they were doing. We saw staff ensure as they were leaving a person's home that they were comfortable and did not need anything else. One relative told us "The staff are all respectful; they don't talk about other people which is reassuring as I would not like to think they talked about us."

The agency supported people who were at the end of their life. Only those staff that had received specific training in end of life care where allowed to support a person at the end of their life. One member of staff spoke about the training they had received and how important it was to respect people's wishes at this time. One relative told us "The staff were very attentive; they called the District Nurse out when they needed to and sought advice from the GP." We read comments from families whose family member had passed away one read 'Thank you all for being so caring, we all appreciate everything you did for all of us not just [relative].'Another read 'Help to us was invaluable, we could not have coped without you.'

The majority of people receiving personal care were able to express their wishes and were involved with their care plans. People told us that the staff supported them in their preferred way which was set out in the care plan. One person said "They always ask me if I need anything else." The manager told us that they were aware of a local advocacy service, who they would seek advice from or encourage people to contact if they

needed an advocate and the management team were aware of the different types of advocates available. There was information available for people about an advocacy service.

Good

Is the service responsive?

Our findings

People and their families, where appropriate, met with the team leader or fieldwork care supervisor before they received a personal care service. This gave everyone the opportunity to consider whether their needs could be met at the times they wanted. People were able to discuss their daily routines, when they liked to rise or retire to bed. This information was then used to develop an individual care plan for people. If the provider was unable to meet those requirements then the service was not offered. This ensured that people's needs were consistently and effectively met.

The care plans contained information about people's life history, their likes and dislikes, the important people in their lives and any hobbies they had. They detailed the specific needs of people and in what way and when they wanted support. Important information, such as allergies people had; for example allergy to penicillin was prominently recorded so it was visible to everyone. In addition, the agency had an electronic monitoring system which alerted them to any specific requests such as female only carer or allergies. One person said "As far as it is possible for them to do they do as I requested; I requested not to have a male carer and I never have; mostly it's the same two girls." A relative told us "[Relative] likes to go to bed at 6.00pm and so they do."

People told us that their care plan was regularly reviewed and updated and we were able to confirm this from the records we reviewed. One person told us "[Name of staff] came out and reviewed the plan in May; they also asked me how the service was." One relative described how the staff and themselves were working together to help their relative gain back their strength so that they would get some of their independence back. The same family was full of praise for the support given to them when their relative was discharged from hospital; they said "I don't know what I would have done without them."

Detailed daily records were kept and people confirmed with us that staff always read and completed the record to ensure everyone was kept up to date and informed of any changes. This not only ensured consistency in the care being provided but also helped when staff had identified someone's health was deteriorating. For example, when concerns had been raised about a person's weight loss the staff had recorded what the person had eaten each day which had proved useful to the dietitian who became involved. One relative told us a communication book had been put in place for their relative they said "The communication book was good, if there were any concerns this was recorded by both the family and the staff and issues responded to." Staff told us that they would report any concerns or issues to the office and that they were happy that issues were responded to.

None of the people we spoke to had needed to raise a complaint about the service but said that if they needed to they would ring the office. A couple of relatives told us that in the past they had raised a complaint and were happy in the way the manager had responded to their complaint. The relatives said they had received an apology and explanation as to what had happened and both said since they had made their complaints they had had no further issues. One relative commented "Things improved and we were very happy with the care." There was information available to people about how to make a complaint and an up to date policy in place to support the process.

Good

Is the service well-led?

Our findings

Everyone we spoke with was full of praise about the provider and the management of it, all the people and relatives that we spoke to reported a high level of satisfaction with the service. People benefited from receiving care from a team of people who were committed to providing the best possible care and support they could which was consistent and could be relied upon.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

Monthly visits were made to people by either the team leader, fieldwork care supervisor or the quality manager to get feedback from them about the service. The information gathered was collated and changes made. In one case a family had asked to be sent a weekly rota of the staff that came to their relative so they knew when they spoke with their relative as to who had been or was coming. Staff completed monthly surveys too; from one survey it had been decided to review the current care plan design to include further information. Staff had been asked for their ideas and we saw the newly designed care plan which was going to be used.

The provider and registered manager had systems in place to monitor the quality of the service and audits were undertaken by the quality manager on a regular basis which included the auditing of care plans and medication systems. There was commitment from the management team to ensure the service was compliant with the regulations and that the standard of care was consistent.

Staff felt listened to and were in regular contact with the management. Staff told us that they were involved with the development of people's care plans. The management were receptive to their ideas and suggestions and made the appropriate changes when necessary.

Records relating to the day-to-day management of the agency were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend 'refresher' training. Staff were encouraged to gain further qualifications and specialised training was provided.
There were policies and procedures in place which covered all aspects relevant to operating a personal care service which included safeguarding, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role.

The management and staff strived to provide people with the care and support they needed to live their lives as they chose. Management were committed to providing well trained and motivated staff.