

Care Concern (Homecare) Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

We undertook an announced inspection of Care Concern (Homecare) Limited on 16 September 2016. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the manager and staff might be not be available.

Care Concern (Homecare) Limited provides a range of services to people in their own home including personal care. All the people using the service were older people, some of whom were living with the experience of dementia. At the time of our inspection 54 people were receiving personal care in their home and all were paying for their own care.

This was Care Concern (Homecare) Limited's first inspection at this location since registering on 21 July 2014. Care Concern (Homecare) Limited is an independent provider which provides a homecare service to the elderly across Ealing, Acton, Chiswick and the surrounding areas. The provider was previously running at another location and had been operating since 1993.

There was a manager in post who was being registered with the Care Quality Commission at the time of our inspection. They had been working for the company since May 2005. 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. We received evidence that the manager's application had been successful two days after our inspection.

People told us that the care workers were extremely caring and communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. The care workers knew people well and were exceptional at delivering care that made people feel valued. The service regularly went above and beyond the agreed care package to deliver sensitive and caring support to people. The provider and senior team were passionate about promoting person centred values as the basis of the service and ensured these were followed consistently by the care staff.

The whole staff team understood the importance of ensuring people's emotional needs were met as well as their physical needs. All the staff had been trained in end of life care to ensure they provided sensitive and

compassionate care for people who were reaching the end of their life and a member of the senior team was scheduled to attend a 'train the trainer' course in this subject in October 2016. A recently bereaved relative told us their family member had received an 'excellent service' and had been treated with care and compassion.

People received care that was responsive to their individual needs. People told us that the care they received was "Brilliant". They were involved in developing care plans that reflected their needs and their preferences and care workers were skilled in delivering their care in the way they preferred.

The service was exceptionally well led. One person told us "They are absolutely brilliant! I wish I had switched to them earlier." The provider and the senior team were proactive in keeping up to date with relevant best practice guidance in person centred care and the care of people living with the experience of dementia. They encouraged and enabled the care staff to improve their knowledge and skills on an ongoing basis.

People's needs were met in a safe way. Care workers had received training in the safeguarding of vulnerable people. They knew how to recognise signs of abuse and how to report any concerns.

Risks to people's wellbeing were assessed and action taken to reduce these. The service focused on keeping people safe whilst promoting their independence.

People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with other health care professionals to meet their needs.

People were given support to ensure they could prepare and eat a varied and healthy diet of their choice.

There were a sufficient number of staff to meet people's needs and staffing levels were flexible according to people's changing needs. The provider followed safe recruitment practices to ensure that staff were suitable to work with people who used the service.

Staff received training that helped them to deliver a high quality service to people. The provider delivered support and guidance to staff to ensure they were equipped to carry out their roles. Care workers felt valued by the provider and the senior team and supported in their roles.

People's consent was obtained before any care was given. Where people had difficulty making decisions the principles of the Mental Capacity Act 2005 were followed to ensure people's rights were protected.

People and their relatives were involved in planning their care and their views about how this should be delivered were recorded and respected.

Information about the service, the management, the facilities, and how to complain was provided to people.

People told us their privacy was respected and they were supported in a way that respected their dignity and independence. The care workers promoted people's independence and encouraged them to do as much as possible for themselves.

Staff understood that people's needs could fluctuate daily and they were able to provide a flexible and responsive approach to changes in need.

The service routinely reviewed people's needs and were quick to respond to their changing needs.

The agency regularly sought people's views about the quality of the service they received and their views were listened to. The provider took action to make improvements based on feedback from people, relatives and care workers.

The provider and management team were passionate about the values of the agency and committed to providing the very best service to people. This passion and commitment had been cascaded to all staff who spoke positively about people's rights and their role to enable people to live meaningful and empowered lives.

The provider had a proactive and effective system for monitoring the quality and safety of the service and ensuring the ongoing improvement of service delivery. The managers were honest and transparent in their leadership of the service. A healthcare professional told us, "I have no qualms in recommending Care Concern (Homecare) Ltd and my experience has been that of a consistently well led and caring company."

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.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising signs of abuse.

Risk assessments were centred on the needs of individuals and there were sufficient staff on duty to safely meet people's needs.

Robust staff recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People were supported to manage and receive their medicines in a safe way.

Good 

Is the service effective?

The service was effective.

All staff had completed the training they required to safely and effectively meet people's needs. They had opportunities to complete other training relevant to their roles.

The provider was meeting the requirements of the Mental Capacity Act 2005. People were asked for their consent before care was delivered.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their healthcare needs.

People were supported and enabled to prepare and eat a varied and healthy diet.

Good 

Is the service caring?

The service was exceptionally caring.

Care workers knew people well and had developed positive relationships with them that were based on respect and empowerment. The whole staff team consistently delivered a

Outstanding 

caring and compassionate service. They frequently went beyond the requirements of the agreed care plan to ensure people felt valued and led meaningful lives.

People were involved in the planning of their care and support. Care workers respected people's privacy and proactively promoted people's independence. They encouraged people to do as much for themselves as possible.

The staff team understood the importance of meeting people's emotional needs in addition to their physical care needs. The care provided was sensitive and tailored to their individual requirements.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before care was provided. People's care plans were personalised to reflect their wishes and what was important to them.

Care plans and risk assessments were reviewed and updated whenever people's needs changed.

People received a personalised service.

People knew how to complain and were confident that their concerns would be taken seriously.

The provider sought people's views, listened to and acted upon them to secure improvements to the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The provider and senior team were passionate about providing an outstanding service to people to enable them to live meaningful lives. Their values were shared with the care workers who held strong person centred values and delivered care that reflected these.

There was an open and positive culture which focussed on people and this was strongly embedded in all the activities carried out by the service.

There was an effective system of quality assurance in place. The management team carried out audits to identify where

improvements could be made and took action to improve the service.

The provider was committed to the pursuit of excellence through continual development of the service to ensure it reflected best practice.

Care Concern (Homecare) Limited

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 inspection took place on 16 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector. An expert by experience carried out telephone interviews with people and their relatives. 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 expert on this inspection had personal experience of caring for an older person.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law. We telephoned five people who used the service and five relatives of other people to obtain feedback about their experiences of using the service.

During the inspection we spoke with the provider, the operations manager, the compliance manager, the rota coordinator, the administrator and three care workers.

After the inspection, we emailed three healthcare professionals to seek their feedback about the service and

received a reply from two of them.

We inspected a range of records. These included five care plans, four staff files, training records, records of audits, quality assurance and the service's policies and procedures.

Our findings

Everyone we spoke with told us they felt safe receiving care and support from Care Concern (Homecare) Limited staff. People's comments included, "I feel 100% safe," and "Absolutely. They are excellent." People's relatives echoed this and said, "It's very good. We are very pleased" and "I would recommend them."

Care workers had a good understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many care workers were needed to support people in their home and the time and length of each visit. This was in line with their assessed needs. The staff rota showed that care and support was provided by a consistent team of care staff.

Care workers understood their role in protecting people from avoidable harm. All of them had received training on the safeguarding of vulnerable adults and were able to explain how they would respond to any incident of suspected abuse. They said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The provider and senior team had a sound knowledge of safeguarding and had raised issues with the local authority's safeguarding team when concerns had been identified.

The service had risk assessments in place which reflected the values of the service. They were designed to encourage people to maintain their independence and live as ordinary a life as possible. These assessments had been completed as part of the care assessment process and provided care workers with guidance on how to protect both the person and themselves from each identified risk. This included a referral to the fire service when it was identified that a person using the service did not have a fire detector.

In discussions with staff it was clear they recognised the need to keep people safe while ensuring they were not overly restricted. The care plans provided care workers with clear guidance and direction on how the person should be supported in relation to each specific identified risk. This included safe moving and handling guidance for a person who had reduced lower limb function. The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

The service was using a recognised tool for the monitoring of pressure ulcers. This was recently used for a person in the last weeks of their life, where they were at risk of developing pressure ulcers, and was currently being used for a person with poor mobility. This meant that care workers knew how the person had been

positioned in the last 24 hours, and could report any changes in skin condition to the district nurses at the earliest possible stage.

Where accidents and incidents had occurred, these had been reported to the service's managers and documented in the service's accident book. All accidents and incidents had been fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring.

The rota coordinator organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. The provider told us that care workers cared about the people they provided support for, and if a colleague was absent, they would often volunteer to cover for them to ensure people received their calls as planned. We were also informed that the care coordinators were always available to cover a visit at short notice.

The senior team operated an on call system outside of office hours. Care workers told us managers responded promptly to any queries. People and a relative told us they had not needed to call for assistance during the evening/night but knew how to contact staff if needed.

People told us they always received their planned visits. Their comments included, "No, never missed", "Not a time that I can think of" and "No never." Only one person told us that a planned visit was missed. They said, "Only once in four years. They were very apologetic. It was a miscommunication." People told us their visits were on time but there were 'rare occasions' when care staff could be slightly late for their planned visits. However, people, and relatives, did not have a concern regarding this as they understood that any lateness would be due to care staff needing to provide extra support to a person in an emergency or travel issues. Their comments included, "They are very good. Within the time allowed and have never failed me", "Always on time", "Not had any issues on timing", "Yes they are very punctual. Exceptional. Always within 15 minutes" and "They always come on time." The service had robust and effective procedures in place to ensure that all planned care visits were provided. People received a timesheet for the week that identified which care worker would be supporting them, and at what time. People told us they were never supported by someone they did not know. All staff were provided with photographic identification badges to enable people to confirm the identity of the care workers. However, people said new care workers were introduced by a member of staff whom they already knew.

New employees underwent relevant employment checks before starting work to show they were suitable and safe to work in a care environment. References from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The service had appropriate infection control procedures in place and personal protective equipment was available. One recently bereaved relative told us, "They were always very polite and would wash their hands and wear gloves. Infection control was excellent."

The arrangements for the prompting and administration of medicines were robust. Care plans clearly stated what medicines were prescribed and the support people would need to take them. This included individual risk assessments and guidance to staff if it was identified that a person had difficulty swallowing, or demonstrated behaviour that could indicate non-compliance. Care workers completed Medicine Administration Records (MAR) appropriately. The care workers were trained in the administration of medicines and senior staff carried out regular audits of people's medicines.

Our findings

People consistently told us that care staff met their care needs in a competent manner. Comments received included, "Yes, they've got initiative", "I'm sure they do. They are very capable", "Oh yes. I've just had a bath board installed and I can now get in the bath with a little help. They let me do as much as I can myself to help with my independence. I know they are there if I need them." Relatives echoed this and said, "They have a lot of experience and have helped with the new wheelchair and exercising to keep [family member] more mobile", "Absolutely. They worked their half an hour and stayed longer if he needed longer" and "Oh yes. They have been well trained and respond immediately to any problems."

People received care and support from staff that were well trained and supported and knew their needs and preferences well. The provider told us, "We have a great team of care workers. They care about people and ensure they meet their needs." The senior staff monitored the care workers' induction and training. From our discussion with the team it was evident that there was a strong emphasis on training and continued professional development. New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. Care Concern (Homecare) Limited had fully integrated the Care Certificate into their staff induction process. The Care Certificate is a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting. Care workers received training in all of the fundamental standards of care during their probationary period. We saw records which confirmed other new employees had completed the Care Certificate successfully. The service tailored all their training to the Care Certificate standards. For example, a senior member of staff carried out two annual workplace observations for all the care workers. In each observation, they observed practice with regards to half of the standards. If any poor practice was observed, additional training was provided on the appropriate Care Certificate standard. This ensured that the care workers continued to deliver a high level of care to people who used the service.

The induction consisted of training, followed by shadowing and observing the care provided by an experienced member of care staff. The care workers we spoke with confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "I shadowed a senior member of staff for two weeks. It got me to know people and how to care for them. I was fully prepared by the time I started on my own" and "I got all the training I needed during my induction. It was really good." All staff were encouraged and supported to complete the level two or three care diploma once they had successfully completed their induction.

The compliance manager told us new care workers would not visit people on their own until they had

assessed them as being competent in their role and the care worker felt confident to work on their own. Training records showed staff had received training in a variety of topics including, manual handling, safeguarding adults and medicines. Care workers told us, "I love the training. The training is really good", "Training is really good. We have all the mandatory training either here or at the town hall" and "We get a lot of support with training." Staff explained they were able to request additional training in specific areas that they found particularly interesting, for example dementia and end of life care training.

Staff received regular one to one supervision and annual performance appraisals. The provider also organised group supervision sessions which included a variety of themes such as watching a film about dementia care, reflective practice, and free sessions where care workers could bring questions to the meetings. We were told that these sessions were valuable and promoted discussion and effective communication. Staff said their supervisions and appraisals were meaningful and provided them with an opportunity to reflect on how they worked and in what areas they would like to expand their skills. One care worker told us, "We get supervision and appraisal. It's nice to hear where you are and how you are doing." In addition, the care coordinators carried out regular spot checks to confirm each member of staff was providing appropriate standards of care and support. One care worker told us, "We have spot checks regularly. They pop in."

The provider told us that it was difficult to get all the care workers together to attend team meetings; however they ensured that they met in small teams regularly to discuss any issues. Care workers told us they were provided with an opportunity to share information about people's care needs and discuss any changes within the organisation.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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. We checked that the service was working within the principles of the MCA. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that care workers always asked for permission before providing care or support. People's comments included, "Yes they certainly do ask", "They are just brilliant" and "Yes, always." A relative echoed these comments.

The provider told us that there were 'quick guides' to the MCA inside every person's folder kept in their homes. This was to ensure that all the care workers were reminded how to adhere to the act and how to support clients to make their own decisions.

Where people had been assessed as lacking capacity, we saw evidence that the service had made appropriate applications to their local authority, and were waiting for the appropriate assessments to take place and for any restrictions to be authorised by the Court of Protection.

People were supported to maintain a healthy lifestyle where this was part of their support plan. People's nutritional needs were assessed prior to receiving a service. Care workers supported some people with their food shopping and assisted them with the preparation and cooking of their meals. People's choices of the

foods they wished to purchase were respected. People told us, "Yes, they get my breakfast and make homemade soup and will marinate meat for me", "Yes, choices vary but I am happy with their help" and "I get my meals, but they will do bits of shopping. They will check the fridge and bring anything I need in the next morning. I'm not sure that's in their remit." One relative said, "Yes they prepare ready meals for her and one cooks rice pudding which goes down well." Care records showed that any changes to dietary requirements were discussed with the person, their representative and health professionals when needed. Daily care records included details of how care workers had supported each person to ensure they were able to access adequate quantities of food and drinks.

Records showed that the service worked effectively with other health and social care services to ensure people's care needs were met. We saw the service had acted to ensure people's needs were recognised by healthcare professionals. The management team had detailed knowledge of people's health needs and contacted professionals as needed. This included where it had been identified that a person's needs had changed during a review. A healthcare professional confirmed this.



Our findings

People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. People and their relatives were keen to tell us how caring staff were. People were very positive about the care workers who supported them and said they were treated with consideration and respect.

When asked if the care workers treated them in a caring and compassionate manner, people's comments included, "Oh yes, very much so", "My prime carer is kind and caring. She loves her job", "They are extremely patient and always very competent", "Yes they are very kind and respectful", "Yes I am very happy with them", "Yes, very kind and caring. Very respectful of us both and our home", "I would say they are very caring. [Care worker] is like a member of the family and the others are jolly and equally caring" and "They came in initially whilst we were still using a previous service. They showed enormous compassion and thoughtfulness throughout the short period we used them. I wish we had switched earlier!" Healthcare professionals were equally positive about the service. Their comments included, "I could not rate Care Concern (Homecare) Limited more highly" and "The carers show genuine concern and empathy for their clients, and the feedback I have had from the clients about their carers has been consistently positive."

Everyone said they would recommend Care Concern (Homecare) Limited to others who needed support. We saw letters of thanks to staff from people and their relatives. Everyone spoke highly of the kindness and compassion that care workers showed to them. Comments included, 'I was impressed by your efficiency and the care and kindness I received', 'We developed a very energising bond and caring relationship', 'Very grateful for the excellent care you and your carers have provided', 'Very reassuring to know mum and dad were in good hands with their lovely ladies', 'Carers were all superb. All very different and wonderful' and 'Thank you. Everybody has been amazing. As always.'

Staff were highly motivated and inspired to offer kind and compassionate care and support. This included a care worker who brought their own tablet with downloaded programmes to a person whose TV had broken down. Care workers spoke about the people they supported fondly and displayed pride in people's accomplishments and a willingness to support people to develop and maintain their skills. For example where one person's mobility had deteriorated, they told us, "I am always pleased to see them. They have been very helpful in helping me to come to terms with my mobility problem." Their relative echoed this and said, "The most important thing is that they know how to care for him and help with his exercises." This meant that the person was supported to maintain their independence, self-esteem and confidence.

The service had a strong, visible person-centred culture and staff were exceptional at helping people to express their views so they understood things from their points of view. For example, care workers were aware that a person using the service enjoyed reading a book and two particular newspapers, and this was reflected in their care plan. People were supported by a consistent team of care workers who were able to build a relationship with them over a period of time and develop an understanding of their individual needs. The senior team tried to 'match' care workers with people they supported so that they had common interests and outlooks. For example, one person described as an academic was matched with a care worker who shared their intellectual interests. One relative told us, "[Care worker] is a chatterbox and keeps my wife happy." Care workers and managers knew people very well and demonstrated during their conversations with us a detailed understanding of both people's care needs and individual preferences. Care workers told us they enjoyed their role and were passionate about achieving a high standard of care for each person they supported. One care worker told us, "I am passionate about what I do" and "It's so nice to be part of an agency that is good. I would recommend it to a relative."

One of the senior staff had qualified as a moving and handling specialist. They had implemented client specific one-to-one training with the care workers. This meant that where a person using the service had moving and handling needs, each care worker was trained individually in the person's home to ensure that they knew exactly what the person's requirements and preferences were. The provider told us, "For us, this is the epitome of personalised care."

Peoples' preferences in relation to the gender of their care workers were respected during the visit planning process. People told us they were asked if they wanted a male or female care worker and their wishes were respected. Staff told us they always checked before providing personal care and ensured people were happy to continue. They were able to explain what they would do if personal care was refused.

The agency issued a brochure to all people using the service and prospective new clients. This included information about their background, staff, the service they offered, what people could expect from the service, and quotes that people and relatives had submitted to the NHS Choices reviews. These included, 'Care workers always arrived at the scheduled time and because there was very little turnover, she got to know them all well and enjoyed the daily visit. They were, without exception, competent, kind, gentle and respectful' and 'They have been able to respond very flexibly to her changing needs, and provided extra support in liaising with the community services, her GP and in many other areas, which went well beyond the service that they were contracted to provide.'

The service had a 'Dignity Pledge'. This listed how the service expected to meet the potential client's expectations, including, 'To be treated with dignity and respect throughout their care', 'to decide how involved they want to be in making decisions', 'privacy and dignity to be respected at all times' and 'to be treated in a manner which respects and accommodates their ability, gender, culture, religious beliefs and sexual orientation.'

Care workers received training in end of life care, and a member of the senior team was scheduled to attend a 'train the trainer' course in this subject in October 2016. The provider told us that they would then be able to deliver regular training and workshops to the care workers, to reinforce and enhance their knowledge and give them greater confidence in caring for people at the end of their life. The workshops would also provide the care workers with an opportunity to share experience and discuss good practice. A recently bereaved relative advised us of the "excellent service and the brilliant staff who took care of [family member] in the last month of their life". They told us that the care workers made their family member's end of life comfortable by the care they gave, and added, "Each of the girls took the trouble to post a condolence card through the letter box. I thought that was an extremely caring gesture."

Our findings

People and their relatives were involved in the development and review of their care plans and records we viewed confirmed this. One person told us, "They came three weeks ago to discuss my care package. They come in regularly. I make my decisions." Care workers thought the care plans were detailed and told them all they needed to know. Care plans were developed with the assistance of the management and the care staff who knew people well.

All of the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plan included details of their preferences in relation to how their care should be provided. For example, one person's care plan provided staff with clear instructions regarding their mealtime management. It stated, 'Please make sure you ask [person] what food she would like moved to the top of the fridge. This will allow her to be more independent so she can make her own supper'.

This showed that the care plan was specific to the person's individual needs.

People's care plans were developed from information provided by people and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment, a care plan was developed and agreed with the person. Care workers then provided care and support in accordance with this care plan. The initial care plan was updated and expanded to help ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was signed by the person, or their representative, to formally record their consent to the care as described. Each care plan included specific objectives that had been developed collaboratively with the person in need of support. For example, a person who loved gardening was regularly taken to the garden centre by his care worker. This showed that the care provided took into account the person's identified goals. Each care plan included details of the person's background, likes and interests as well as information about their medical history. This information helped staff to understand how people's background influenced who they were and provided useful tips for staff on topics of conversation the person might enjoy.

There was evidence that the service was responsive to people's needs when they were discharged from hospital. This included communication with the discharge officer and hospital occupational therapist, and liaising with the family members and other relevant professionals. We were told that a member of the management team always visited people on the day of their return from hospital to update their risk

assessments and care plans, and ensured that appropriate equipment was ordered, and specialist assessments took place. This included pressure relieving equipment and a visit from a moving and handling specialist where a person's mobility had changed.

Daily records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were written in a caring and respectful way and were signed by staff.

We asked people if the service was responsive to their needs. Their comments included, "Definitely", "They respond and have changed the schedule to help me", "They are punctual and reliable", "I have no concerns. Yes they respond to our requests" and "Yes they are." Relatives agreed. Their comments included, "Yes, very much so", "Very good actually. They are human and really lovely people" and "Yes absolutely. They made sure the girls that came were qualified and care for [family member] and me at a very vulnerable time." One healthcare professional told us that any instruction and advice was always followed by the care workers and communication was very good. They gave us an example where a concern regarding a person who used the service was raised, and this was addressed immediately. The company operated a bespoke service where they tried to meet the needs of the people who used the service and the care workers to ensure mutual satisfaction. This confirmed that the service was responsive and ensured that people's needs were met by a motivated staff team.

People described how staff provided support and encouragement for them to do things independently and within their local communities and pursue their interests. For example, one person was connected with a relevant organisation, and another was put in contact with a companionship service which helped to reduce social isolation. Visit times were scheduled at times that allowed people to pursue their social interests and their changing needs.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service. People told us they understood how to report any concerns or complaints about the service. People reported they had rarely made a complaint but when they had, their concerns were taken seriously and the issues were resolved in a timely manner. Their comments included, "Yes, if there has been an issue, they have acted immediately", "We have had no issue with them" and "All the information is in the book. I have no concern."



Our findings

People and their relatives told us of the consistent high standards of care and support they received from Care Concern Ltd. Their comments included, "They are excellent", "They are very good and I am very pleased with them", "They have been excellent going beyond the call of duty. I cannot praise them enough", "The service we are getting has made a difference to [family member]. Could not ask for more", "I think they are all nice", "They are particularly helpful" and "I would recommend them."

People and relatives were also complimentary about the management team and felt that they were approachable and they could speak with them at any time. One relative said, "They are an excellent service and I have absolutely nothing to complain about."

There was a manager in post who was being registered with the Care Quality Commission at the time of our inspection. They had been employed by the company since May 2005 and had been involved in the development of the service. We received evidence that their application had been successful two days after our inspection.

The provider placed people at the heart of the service. Their values were based on the person coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Care workers told us they learnt about these values during their induction. People told us they were treated with dignity and respect at all times. In addition to their values, the provider had a customer service promise which outlined what people should expect to receive from them in terms of quality of care and service. A brochure containing details of this was issued to all people who used the service.

The office staff and the care workers we spoke with were highly motivated and proud of the care and support they provided. A senior member of staff told us, "We know we are good at what we do. We care, work as a team, and we have a fantastic team!" The service's commitment to ensuring people's care needs were met was demonstrated by the service's response to a person's health needs changing. This demonstrated how the service's caring and proactive approach ensured people received effective care in a timely manner.

Care Concern (Homecare) Limited provided care and support to their work force. We heard of numerous examples from care workers where the management team had provided them with support through periods of personal difficulties such as illness and changing family circumstances. Care workers also told us that the

management team offered support when a person who used the service died. One care worker said, "One of my clients passed away and I was upset. I phoned the office and they asked if I needed someone to come and meet me. That's so nice! I really appreciated this."

The management team acknowledged that the staff team worked with vulnerable people and work could be challenging. They were mindful that care staff might feel isolated and wanted to support them as much as possible. They had introduced therapeutic sessions led by a qualified therapist every two months where care workers were able to share any personal or work issues if they wished to. One care worker told us that this was paid for by the company and that they found the forums helpful. In addition, the service organised monthly quiz nights and a Christmas party. One care worker told us, "It is nice because we work on our own." This demonstrated the management team's commitment to supporting their staff to help ensure they were equipped to provide the highest quality care.

The provider had a recruitment incentive scheme for existing employees. For example, if an employee introduced a new care worker and this appointment was successful, the member of staff received a financial bonus. The service had successfully employed three new care workers since introducing this incentive. The provider recruited care workers in a variety of ways. These included local websites, social media, local network meetings and word of mouth. This meant that all staff knew the local geography and travel network, thus reducing the risk of lateness, and could engage with people who used the service about the local area and local news.

Care workers told us the management team were approachable and they felt very well supported by their line managers. Their comments included, "It is brilliant! I like the support they give. You can call them anytime. They are ready to come and meet you anywhere you are", "The management are nice and organised. I like their team work. They make sure everything is done properly", "They tell us if we make any mistakes", "They are good at communication. Emails, texts etc."

Care workers thought the service was well-led. One care worker told us, "I love it. They have a good reputation around this area" and another said, "It's a fantastic company. The best company in the city. They are the most supportive. There is respect and the management are great. I am happy!"

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider, the compliance manager and manager showed effective leadership. People told us the service was well organised and managed. The management team told us they had an ongoing conversation about how to maintain and enhance their company culture, staff satisfaction, performance and ultimately the standard of care provided to people. One of their comments included, "We never stand still and the ultimate priority is the service we are providing to our clients and seeking ways to improve this."

The registered provider, manager, compliance manager and care coordinators had a strong and positive working relationship and recognised each other's strengths. The organisation received support from their administrator to help with the running of the organisation. Training was provided to everyone, which meant they were able to keep up to date with developments in the field. The provider told us that they had a very strong relationship with their local Skills for Care locality manager and had signed up to their Social Care Commitment. We saw that the agency was a 2014/2015 finalist for the Accolades Awards for the best employer for under 250 staff. The provider told us, "Everything we expect our workers to do, we do!"

The manager recognised the importance for the senior team to keep themselves abreast of changes within the social care sector by attending relevant workshops and seminars organised by Skills for Care. They also

attended registered managers' network meetings and consulted the Care Quality Commission (CQC) website and provider's handbook. The manager was a member of the Skills for Care Registered Manager Network and attended regular meetings with the Three-Boroughs Registered Manager Network and the recently created Ealing Registered Manager Network.

The company subscribed to the Expert Care Manager magazine, a quarterly publication that provides up to date compliance information and industry commentary. They also had access to their online resource of documents that they could tailor to their service.

The compliance manager was a member of the North West London Workforce Development Network hosted by Skills for Care. This group met quarterly to discuss the recruitment opportunities and challenges in the local area, and learning and development opportunities for staff.

The service liaised with the local fire brigade to request Home Fire Safety Checks on behalf of people who used the service. We saw that this service was offered to all people who received a service from the agency.

The provider was continually striving to improve the service. They had identified, purchased and were implementing an innovative electronic care recording system to enable them to deliver a high quality service to people. Care workers were being supported through the introduction of the new system and were receiving training and support to ensure they were competent and felt able to use it. The new care planning and recording system was entirely electronic and enabled all staff to have immediate access to information input about people's care on smart phones supplied by the provider. Care workers had to enter on the system the care they had provided for the person and if an aspect of their care was not delivered. Initially this showed as an alert to the care worker if they were to try to leave without delivering the care and then an alert would be raised with the office for them to follow up. The system also included Medicines Administration Record (MAR) charts and meant that a potential error or missed signature would be identified by the office staff quickly and an action could be in place without delay. People's care was being monitored 'live' rather than issues with their care delivery not being identified until care staff raised it or their care notes were returned to the office. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them for the person. The provider had begun to use the system and was hopeful that it would be fully in use by the end of the year. The innovative and effective use of technology had positively impacted upon the responsiveness of the service in being able to monitor people's care delivery almost, 'as it happened' and to identify and address any issues for people's care very quickly. The system was an innovative way of ensuring staff were kept up to date with changes to people's care.

There were systems in place to monitor the quality of the service provided to people. People had been asked for their views about the service via a questionnaire. Each care coordinator had a caseload of up to 15 people, and reviewed people's care at their fortnightly caseload meetings. They each ensured that weekly audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the finding of these surveys and noted that people were highly satisfied with the care provided by trained and competent care workers. Where they highlighted any issues, we saw that the service responded quickly. For example, where a person who used the service was unsure if they had received a complaints policy, this was emailed to them immediately. This meant that the service used their quality assurance process effectively.

Quality assurance surveys were sent to external professionals involved with the service to obtain their views of the service. We viewed a sample of six surveys and saw that all comments were highly positive. Comments included, "The quality of the service I have witnessed, I would consider to be 'outstanding'", "Yes, they were very lovely and caring towards the service user", "Always got the service user involved in decisions" and "excellent."

Care workers were issued regular newsletters informing them of any relevant news and information. We saw a newsletter sent in July 2016 which included information about the new electronic system, CQC inspections and social events organised by the company.