

Care Concern (Homecare) Limited

# Care Concern (Homecare) Limited

## Inspection report

Barley Mow Centre  
10 Barley Mow Passage  
London  
W4 4PH

Tel: 02039416080  
Website: [www.careconcern.org.uk](http://www.careconcern.org.uk)

Date of inspection visit:  
20 May 2019

Date of publication:  
28 June 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Care Concern (Homecare) Limited provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with the experience of dementia.

Not everyone using Care Concern (Homecare) Limited received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 35 people were receiving personal care and all were paying for their own care.

People's experience of using this service:

People received care and support that was very responsive to their individual needs. People told us they received 'excellent' care. They were involved in developing their own care plans which reflected their needs and their preferences. Care staff were skilled in delivering people's care in the way they preferred and which improved their quality of life. People reaching the end of their lives received outstanding care and support from staff.

The service was exceptionally well led. The provider and management team were passionate about providing an outstanding service to people to enable them to live meaningful lives. Their values were shared with the care staff who held strong person-centred values and delivered care that reflected these.

There was an open and positive culture which focused on people who used the service, and this was strongly embedded in every area of the service delivery.

People told us that the staff were very caring and communicated effectively with them, responded to their needs promptly and treated them with respect and kindness. The staff knew people well and delivered exceptional care to people and made them feel valued. The provider and senior team were passionate about promoting person-centred values and ensured these were followed consistently by all staff.

People's needs were met in a safe way. Staff received training in safeguarding adults and knew how to recognise signs of abuse and how to report any concerns.

The agency focused on promoting people's independence while helping them to stay safe. They assessed risks to people's safety and wellbeing and there were guidelines on how to reduce these.

People were supported to manage their medicines safely. Staff were observant and responded promptly to any changes in people's health. They worked closely with other health care professionals to meet people's health care needs.

People were supported with their nutritional needs and these were met according to people's choices.

There were enough staff available to meet the needs of people who used the service according to their individual assessed needs. This was 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. Staff told us they felt valued and supported by the management staff and felt confident in their role.

People's consent was obtained before support began. Where people had difficulty making decisions about their care and support, the provider followed the principles of the Mental Capacity Act 2005 to ensure people's rights were protected.

People knew how to make a complaint and felt confident that any concerns would be taken seriously. We saw that concerns were addressed in line with the provider's policy and procedures.

The provider sought people's views about the service and where concerns were identified, an action plan was put in place to make the necessary improvements.

There was an effective system of quality assurance. Senior staff undertook regular audits to identify where improvements were needed and took appropriate action to address these.

Rating at last inspection: At the last inspection on 16 September 2016 (published 17 November 2016), we undertook a comprehensive inspection. We rated caring and well led outstanding and the other key questions good. Therefore the overall rating for the service was outstanding.

Why we inspected: This was a scheduled inspection based on previous rating of outstanding.

Follow up: We will continue to monitor the service and will re-inspect based on the rating of outstanding. We may re-inspect earlier if we receive concerns about the service.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well led

Details are in our Well led findings below.

Outstanding ☆

# Care Concern (Homecare) Limited

## **Detailed findings**

### Background to this inspection

#### The inspection:

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

#### Inspection team:

The inspection was conducted by one inspector and an expert by experience undertook telephone interviews with people who used the service 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.

#### Service and service type:

Care Concern (Homecare) Limited provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with the experience of dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service two days' notice of the inspection site visit because the location provides a domiciliary care service and we needed to be sure that someone would be in.

#### What we did:

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 spoke with six people who used the service and eight relatives of other people to obtain feedback about their experiences of using the service.

During the inspection, we spoke with the provider, the registered manager, the care manager, the compliance manager and three care workers. We issued questionnaires to staff to obtain their feedback about the service and received 12 completed questionnaires.

After the inspection, we emailed seven healthcare professionals to seek their feedback about the service and received a reply from one.

We inspected a range of records. These included the care records for five people who used the service, four staff files, training records, records of audits, quality assurance and a range of policies and procedures.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe receiving care and support from Care Concern (Homecare) Limited staff. People's comments included, "Oh yeah, perfectly safe. [Care worker] is like a good friend" and "I certainly do feel safe." Relatives echoed this and said, "Yes, my [family member] would tell us if anything was wrong" and "Absolutely [safe] and they know how to handle [family member]."
- There was a safeguarding policy and procedures in place and staff were aware of these. Information about safeguarding and important contact details were provided for people who used the service. The provider knew to raise safeguarding concerns with the local authority where necessary and inform the CQC by sending statutory notifications. However, there had not been any safeguarding concerns in the last year.
- Staff received training in safeguarding and this was regularly refreshed. The staff we spoke with demonstrated a sound knowledge about how to protect people from harm and what to do if they had concerns. One staff member told us, "I had safeguarding training. It is about making my clients' lives as safe as I can. When to report. If I had concerns, I would immediately call my manager and be straight on it." They went on to give us an example when they had suspected financial abuse in the past, and said they took immediate action such as calling the office. They added that appropriate action was taken without delay.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety, these had been assessed. We saw that risk assessments were detailed and included guidelines for staff on how to mitigate risks. Risk assessments were designed to encourage people to maintain their independence and live as ordinary life as possible. Areas assessed included medicines, nutrition and hydration and moving and handling.
- We saw that where people required a moving and handling risk assessment, this was detailed and thorough, and looked at each area of the person's needs. For example, if they needed to be moved with a hoist, if the person was mobile, if they were at risk of falls and of skin deterioration. Where necessary, a separate risk assessment was in place such as skin care, falls assessment and bathing and showering. One of the senior staff was a qualified moving and handling trainer, and was able to train staff as and when they needed, and assess people's needs when these changed. This helped ensure a personalised service to support the needs of people who used the service.
- Each person's environment was assessed to check for any risks or hazard, which included lighting, steps or any other risk area identified. The assessments included advice and instructions to staff when they visited people, such as how to access a person's property and any risks they need to be aware of, such as a step to the front door.

## Staffing and recruitment

- The staff rota indicated there were always enough staff available to cover all shifts and meet the needs of people who used the service according to their care plans. People who used the service and their relatives told us they received their care visits as planned and staff stayed the agreed length of time. One person stated, "[Staff] is always very punctual and stays the full hour. She's conscientious" and another said, "Yep, their timekeeping is very good." One relative told us, "There's a consistent team of six carers and they go over and above chasing prescriptions at the pharmacists and reporting things to the GP. They're a lifesaver." One staff member told us, "The time slots are pretty good, so we get enough time to spend with people. They assess them well. If they need more help, we inform the office immediately, and they allocate more time if necessary. It happened recently. One [person] had an operation and needed more time. That happened."
- The provider told us they ensured staff were scheduled to work within small geographic areas to reduce travel time and ensure people received their care visits on time. They added they also recruited locally and said, "Both of these factors reduce the impact of travel delays." Staff we spoke with confirmed this was the case.
- Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications to work in social care. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. Recruitment files we viewed showed that all checks were appropriately carried out.

## Using medicines safely

- Staff completed Medicines Administration Record (MAR) charts using the software system on their mobile phones each time they supported a person with their medicines. These were available in real time, so office staff could check if a person had been supported with their medicines. We viewed the MAR charts for seven people who used the service and saw these were completed appropriately and signed correctly by staff.
- The care manager ensured that people who used the service received their medicines safely and regularly. Where a person had experienced problems with the delivery of their medicines, they had worked with the person and their GP to ensure their medicines were ordered and delivered regularly and on time. As a result, this had reduced the person's anxiety.
- Office staff carried out regular audits of medicines in people's homes when they undertook spot checks, and whenever there had been a change of medicines. One staff member told us, "The managers can see immediately if something is wrong, such as medicines errors. They are on it straight away. There are very few errors."
- There were medicines policy and procedures in place. These included a protocol for administering medicines prescribed to be given 'as required' (PRN), so staff knew how to support people with these. Staff received medicines training and had their competencies checked regularly. This helped ensure people received their medicines safely and as prescribed.

## Preventing and controlling infection

- There was an infection control policy and staff were aware of this. The provider had appropriate infection control procedures in place. Staff were issued with all necessary personal protective equipment such as gloves and aprons, which were kept at the office. Staff also received regular infection control training to



ensure they kept their knowledge up to date.

#### Learning lessons when things go wrong

- The compliance manager told us that, to keep improving the service, they had started collating all feedback they received from people and relatives, so they could observe trends and the frequency of issues. The negative feedback, classified as grumbles, dissatisfactions and complaints, was recorded and included what actions were taken and what changes were needed to improve a specific area. They added that this system also applied to their incident and accident auditing. They had added a section to their audit forms to record what was learnt from each incident or accident. Where there were learning points, these were discussed in team meetings to help prevent reoccurrence.

# Is the service effective?

## Our findings

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

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

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

- People's needs were assessed before they started using the service and care plans were developed from these assessments. Initial assessments were thorough and included how the person wanted their care and support, their likes, dislikes, fears and hopes, hobbies and health and nutritional needs. All the people who used the service were funding their own care. People we spoke with told us their needs were met and choices respected. Their comments included, "Yes I'm happy with it. I get on very well with my carer. So far, so good" and "Yes, they're very pleasant people, I appreciate them." A relative agreed and said, "I've found they deliver what they say they'll do. They are superbly responsive especially in emergencies."

- Where concerns were identified during the initial assessment, we saw that staff supported people to sort these out. For example, they had helped a person to sort out concerns about their living arrangements and some minor health and safety issues prior to the care commencing.

Staff support: induction, training, skills and experience

- People who used the service received care and support from staff who were well trained and supported and knew their needs well. Newly recruited staff were expected to complete an induction period where they spent time shadowing more experienced members of staff. One staff member told us, "I came and did the Care Certificate, which was great. They helped me. I did shadowing which was lovely, then started on my own. They supported me well, called me and checked if I had any problems." The Care Certificate is a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting. New staff were observed by senior staff throughout their induction. After several observations and shadow shifts, the mentor assessed whether the new staff had gained the necessary skills and was able to work unsupervised.

- The induction period included an introduction to staff and people who used the service, the provider's code of conduct, including dress code and house rules, security and health and safety, fire procedure, policies and procedures and various forms such as incident reports and daily logs. Staff were expected to sign when a section was completed to show their understanding.

- Staff received training in subjects the provider identified as mandatory such as medicines, health and safety, safeguarding and infection control. They also received training in subjects specific to the needs of people who used the service, such as dementia care. One relative told us, "They're trained and understand dementia. My [family member] has moods and used to accuse people of stealing but [they] don't do that anymore with these carers; they know how to deal with [them]."

- Staff received regular supervision, where they had an opportunity to discuss any concerns, areas for improvements, training needs and feedback from spot checks. Where there were areas for improvement, these were discussed with the staff member and an action plan recorded. For example, where one staff member was not always communicating effectively with office staff, this was recorded as an expectation for improvement.

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

- People's likes and dislikes in relation to food were recorded in their care plan. Where necessary, staff supported people with preparing meals and drinks of their choice. Care plans included specific instructions to staff to help ensure they met people's nutritional needs. These included, 'Care workers will serve [person] their meals' and 'It would be helpful to encourage and remind [person] to drink more water'. One relative told us, "[Family member] has problems chewing and swallowing so [the staff] puree food."

- Where people who used the service had specific dietary requirements, we saw these were recorded and respected. For example, one person's medical condition meant it was important that the staff met their nutritional needs. The compliance manager stated, "Our carers take this into account when they support [Person] with [their] diet and nutrition. One carer does [their] shopping each week so knows exactly what [their] preferences are. Another carer prepares and cooks fresh meals for the week ahead, also according to [Person's] preferences. Having home cooked meals has had a huge impact on [Person's] life and [they] feel more in control of [their] nutrition."

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

- People's care records showed that the staff team worked effectively with other health and social care services to ensure people's needs were met. The staff communicated with the management team where they had concerns about a person's health, and we saw evidence that action was taken without delay.

- The management team had detailed knowledge about the health needs of the people who used the service and contacted relevant professionals as needed. For example, they liaised with GPs, pharmacists, and end of life nurses for a person who was currently receiving end of life care. The compliance manager told us, "We are very proud of how quickly we respond to our clients' changing needs. We work closely with a range of healthcare professionals to ensure our clients receive prompt attention and treatment."

- The provider also worked in collaboration with a specialist nurse, occupational therapist and physiotherapist to promote and maintain a person's mobility in their home. Staff supported the person to attend various appointments using their wheelchair. They assessed the person's moving and handling needs and met the physiotherapist to ensure the equipment was appropriate to their requirements. The compliance manager told us, "We utilise our carers' skills in order to maintain [Person's] routine. Recently, with [Person's] consent, we arranged for the delivery of a hospital bed which has provided a safer environment to support [Person] with [their] mobility."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA. Managers and staff received training and understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

- People confirmed they were consulted in all aspects of their care and where possible, had signed to evidence this. Where people had been assessed as lacking mental capacity and could have been subjected to restrictions that could have amounted to a deprivation of liberty, we saw the provider had made appropriate applications to the local authority to help with authorisations to deprive the person of their liberty through the Court of Protection. We saw that one person was receiving their medicines covertly. There was evidence this decision has been made with the involvement of healthcare professionals, including the GP following a best interests meeting.

## Is the service caring?

### Our findings

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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

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

- All the people and relatives we spoke with were very positive about the service. When asked if they were treated in a caring and compassionate manner, people told us, "I get on very well with my carer. Having the same one makes the difference. I've had her for about a year. We get on very well", "I'm very happy with it. I like the person; she's very well-organised" and "Yes they're very pleasant people I appreciate them." Relatives echoed this and said, "Yes. They come on time, are pleasant, considerate and they talk to [family member]" and "They're helpful and kind and their timekeeping is very good."
- One healthcare professional told us they would "Recommend the company whole heartedly." They added that people were looked after very well. They said, "[Care worker] is a real asset to the team, in my opinion. [They] only ever give 110% and offer [their] whole heart to the clients. I asked [them] once how [they] do it. [Care worker] responded without skipping a beat, 'You just have to love them and treat them as if they are your family'. I thought this was an absolutely fantastic attitude, and this seems to be the general ethos of Care Concern."
- One person who used the service was living with dementia and their needs had recently increased. The person had no immediate family living near to them so depended on staff for all their needs. Staff described how the level of interaction and engagement that the person received from them had clearly impacted on their mental health. The compliance manager stated, "[Person's] carers know [their] interests, some of them sing with [them], some of them put music on for [them], and some of them show videos to [Person] on their tablets." They added, "We work with other professionals such as her GP, the dietician and dementia link worker, chiropodist and the hairdresser. [Person's] nutrition, hydration and mobility have been maintained even though [their] dementia has deteriorated."
- Another person who used the service was worried that their pet would have to be rehomed during a period of ill health as they were unable to look after them. The office staff scheduled visits for care staff to take care of the pet. This meant that the person was able to keep their pet and did not have to think about having them re-homed.
- The provider was committed to ensuring an inclusive environment for people who used the service and employees. They had reviewed their equality and diversity policy to include specific reference to the protected characteristics outlined in the Equality Act 2010. There were specific sections about the Lesbian, Gay, Bisexual and Transsexual (LGBT+) community and about supporting people with relationships and sexuality. The provider told us that an abridged version of the policy would be included in their brochure going forward.

- The provider had also made relevant changes to the pre-admission assessment format. The section on "Family and important relationships" had been separated into two sections including, "People who are important to me" and "Support I need to maintain my relationships", with the intention of initiating a dedicated conversation about the person's relationships and how staff could support them with their needs. The provider told us that a recently implemented equality monitoring form used with staff was going to be adapted and used for people too. The data would be anonymous but would provide information about the diversity of people using the service and highlight needs the provider might otherwise have been unaware of.

- Staff said they supported people in a kind and caring way and demonstrated they were passionate about caring for people. Their comments included, "People ask for me. It's lovely. I have a nice relationship with all of them", "I love my job" and "Everything is good. We are all happy and work as a team."

#### Respecting and promoting people's privacy, dignity and independence

- People told us the care staff respected their privacy, dignity and independence. One person stated, "Having somebody help me instead of having to depend on relatives; it gives me my independence." A relative agreed and said, "They let [family member] do as much as [they] can for [themselves]."

- Relatives told us they were very happy with the care their family members received from the agency and said, "[Staff] is ever so nice. [They] are smiley and patient. [They] are very conscientious and attentive to [family member's] personal preferences. [They] go that extra mile", "It's the continuity and regularity and the breaks they offer me. It's also the sense of dignity they give [family member] with personal care." and "They're streets ahead because of the quality of care and I wouldn't have any other agency. The difference between them and other companies is like night and day. [Family member] has been able to stay at home because of the care."

- The provider had a 'Dignity Pledge'. This listed how the service expected to meet people's expectations, such as '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.' Our conversations with people and relatives indicated that the agency lived up to these standards.

- The senior staff carried out regular unannounced spot checks in people's homes and recorded their observations. During these checks, they identified if the staff member provided care in a person-centred way and respected people's privacy and dignity. We viewed a sample of these checks and saw comments which evidenced that staff were providing high quality care and support to people who used the service. Comments included, '[Staff] provided sensitive and thoughtful care towards [Person], gaining consent before carrying out personal care', '[Staff] treated [Person] with respect and dignity throughout the visit and pulled the bathroom door closed to provide privacy while assisting person with personal care' and '[Staff] communicated well with [Person] throughout the visit and treated her like an equal'. Another observation stated that the member of staff was checking the person's facial expressions as they were unable to verbally communicate.

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

- People were consulted and involved in decisions about their care. People told us they were consulted about their preferences regarding the gender of their care worker and this was respected. People were able to express their views during one to one meetings with senior staff and were consulted via regular quality surveys.

# Is the service responsive?

## Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### End of life care and support

- We saw evidence that a person who used the service was receiving excellent coordinated end of life care from a committed and effective team. For example, as the person's condition had declined, this had impacted on their ability to take their medicines and to go upstairs in their house. Senior staff spent time with the person and encouraged them to have a hospital bed in a suitable room downstairs, near the window so they could see their garden. With the person's agreement, staff arranged for the bed to be delivered. This meant the person was now able to rest properly throughout the day and they were very happy they could stay in their home close to their relatives and personal possessions. The compliance manager told us they were working closely with the hospice nurse and the GP to meet the person's changing care needs as their condition deteriorated. The care staff were responsive to the person's frequently changing care requirements and also worked very closely together, updating each other regarding the person's well-being during and after their visits.
- One staff member was caring for a person living with dementia who had lost their ability to communicate verbally and who was receiving end of life care. The staff member reported how they had played a favourite song to the person in the days prior to them passing away. When the person heard the song, they responded by opening their eyes and turning their head towards the music. The song was played several times in their final hours and appeared to comfort them.
- We saw another example where the excellent care a person received had positively impacted on their quality of life. When they started using the service over a year ago, their consultant had indicated they might only live for a few more weeks. The compliance manager stated, "[Person] has said that the carers 'bring joy to [their] life'. [They] love giving the carers cooking lessons during their visits. Our carers support [them] with personal care, shopping outings, visits to the hairdresser and cooking meals for [their] family who visit regularly. [Person's] relatives have told us that the team of carers who visit have had a huge impact on [their] mental health and [they] look forward to having stimulating conversation and learning about their lives."
- The provider had an end of life policy in place and staff had received training in end of life care. Care plans included an 'advanced statement'. This was a document which allowed people to describe their wishes and preference about their future care, should they be unable to express these when they reached that stage.

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

- The service was exceptionally responsive to people's individual needs and worked hard to improve each person's quality of life. For example, a person who used the service was provided with a standing hoist for their personal use but did not know how to use it. The care manager, who had a 'train the trainer'

qualification in moving and handling, trained the person to ensure they were confident using the new equipment. Furthermore, they offered to organise another visit to train the person's partner.

- Staff were responsive to people who had visual impairments. The provider told us that despite sending large print rotas to people, some were still unable to read these. As a result, office staff had started calling these people every Friday afternoon to let them know their rotas, when their next care visit was and who was coming. This kept people informed and helped reduce anxiety.
- We saw an example where staff responded to a person's needs with patience and devotion which then contributed to a person's ability to remain in their own home and receive care. This was despite their progressing condition meant they often displayed behaviour that challenged the service. They were reluctant to accept support with personal care and there were communication difficulties which meant the person could not always communicate with their relatives and staff. Their reluctance to accept care had contributed to the person's skin deteriorating. Slowly over time, the staff gained the person's confidence and they gradually allowed the staff to gently bathe [them] or give [them] a strip wash. After several weeks, the person's skin started to improve. The compliance manager told us that the person's relative was "absolutely delighted with the time and effort that the carers had put in to get this far."
- The provider ensured that people who used the service were fully supported when significant event affected their lives and wellbeing. For example, one person's close relative had recently died and there was a risk that grief was leading the person to self-neglect. Staff supported the person to attend all [their] medical appointments. In consultation with the person and their solicitor, they also facilitated improvements to their environment by arranging for a deep clean of the person's home and for minor repairs to be made. Staff also ensured the person received the emotional support they needed. This included supporting them with their daily activities, social activities and mobility by taking them out shopping, going on outings and having meals out. The compliance manager stated, "[Person] has responded very positively to this support. [They] have a strong rapport with [their] regular carers and seem to be enjoying [their] life."
- Staff were very observant and demonstrated how this had contributed to improving a person's quality of life. When they noticed a person turning up the television volume higher than they used to, staff arranged for the GP to visit. This confirmed the person needed treatment to their ears. Staff organised specialised transport and escorted the person to the surgery for the treatment. The compliance manager stated, "Now [they] can hear better and communicate better with [their] carers which has led to an improvement in [their] quality of life."
- Care plans were developed from the initial assessments and were regularly reviewed. All the care plans we looked at were detailed and personalised and included all aspects of the person's care and support. They include detailed guidelines for staff to follow about how to meet each person's specific care needs, according to their wishes and choices. People's care plans included information about their background so staff could understand the person better and meet their needs. The provider told us, "Our first step when creating a care plan for a client is to ask them what outcomes they would like to achieve from our service. Each care plan has personalised outcomes and personalised tasks that tell the care workers how to achieve the outcomes."
- People who used the service and their relatives were fully involved in the development and review of their care plans and records we viewed confirmed this. One person told us, "Once a month, [Senior staff] visits and reviews things" and another said, "Once a year for the care plan reviews and they do spot checks as well; they always let me know when they're going to do them but they don't tell the carers about their visits."



A relative stated, "[Family member] was more able when we did the original care plan so they review it every six months."

- Care notes were recorded by staff in real time via an application (or app) on their mobile phones. The app enabled each staff member to access the care plans and risk assessments of each person they supported, so they were able to read these during visits to ensure they knew exactly what support the person required. They were also able to update care records in real time, and these could be checked by the office staff. This helped ensure that any concerns or errors could be quickly identified and rectified. This also meant that records were 'live' and always up to date.
- We viewed the care notes for five people who used the service and saw these were recorded accurately and in detail, and in a respectful manner. Care workers recorded each task undertaken during each visit, medicines administered, what the person ate and drank, their physical health and any activity or interactions they had. Each care plan included details about the person's chosen routine, such as a person's day care and night care support for each care visit, and staff had access to these.

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

- There was a complaints policy and procedures and people were aware of these. There had not been any formal complaints received in the last year, and the provider told us they rarely had any problems. They added that there had been the odd 'niggle' which had been dealt with straight away. They said that all concerns, no matter how small, were discussed in team meetings to ensure that measures were in place to mitigate the risk of reoccurrence. Records we viewed evidenced this.
- The provider kept a log of compliments they received from people and relatives. Comments we viewed included, "Sincere thanks for all your help in keeping [family member] independent for so long in her flat", "Thank you so much for all the help given through the year" and "Thank you for caring for me so well."

## Is the service well-led?

### Our findings

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People who used the service and their relatives were exceptionally complimentary about the care and support they received from the agency. Their comments included, "They are excellent and came highly recommended", "They're really, really good", "[Registered manager] is wonderful", "They're very nice, considerate and a competent company. [Family members] are safe and secure with them", "They're very helpful and I've never had any problems. I have a good rapport with them; they're very good, like personal friends", "I'm very happy with them. They have a very good reputation. My GP also says they're excellent", "I'd give my carer 10 out of 10", "They're excellent; 10 out of 10. Full marks; they're a quality care company" and "I trust them 100%; I have peace of mind."
- 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. Staff told us they learnt about these values during their induction. All the people we spoke with 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 managers were fully involved to ensure people received outstanding care at all times. We saw many examples where exceptional leadership had made a difference to people's lives. For example, an email from a relative stated, "I would like to thank you all for the care you gave [family member]. It provided [them] with another year of independence, something [they] really wanted. .... I was reading through some of [their] memoirs [they] had written, something you had helped [them] to do. It is a lovely memory for us to have."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The management team consistently promoted high standards of care by sharing their experience and knowledge to the wider social care network, to help other providers deliver good and outstanding care to people using their services. Following our last inspection of the service, the provider had been invited by Skills for Care to contribute to their 'Good and Outstanding Care Guide' published in 2018. The provider's contributions were included in the sections on 'Safe Staffing', 'Care Plans' and 'Communication'.
- The provider acted as a role model and had delivered a presentation at the Ealing Registered Manager

Network meeting about, "Our journey to outstanding". They told us this was well received and hoped this would encourage other providers to aim for the same outcome. They had also been invited to an event run by the United Kingdom Homecare Association (UKHCA) to share ideas and examples of best practice with other providers. We saw emails received by organisers to thank them for their commitment. Following this, they were invited to contribute to Skills for Care's 'Guide to Improvement' which was published in 2019.

- They were also invited to join a Skills for Care steering group which was developing guidance for lone workers. The registered manager and staff contributed to the research by telephone interview. In addition, the provider's moving and handling trainer was invited to contribute a blog post to the Department of Health and Social Care (DHSC) website.
- The provider ensured they brought new ideas to the service from external engagements to continue to improve the service for the benefit of people who used it. For example, the registered manager had gathered information from different organisations to develop their equality and diversity policy and include support for people from the LGBT+ community. They shared the information with care staff so they could signpost people who used the service and others in the community to the services available for people with dementia, their carers and relatives. Additionally, they had received a number of weekly wall planners from a company, which they were going to use for people living with dementia who lived independently. They told us, "We hope that the weekly planner will help them not to miss their appointments and be ready for upcoming plans in the week."
- One healthcare professional told us, "I cannot rate Care Concern more highly. I have been looking after a group of Care Concern clients for a few years now and I have only ever heard great things from the clients and seen generous, patient and loving care from the carers."

#### Continuous learning and improving care

- The provider was continually striving to improve the service for the benefit of people who used it. An innovative electronic system was fully implemented, and staff had received training to ensure they felt confident to use it. Staff were able to access the records of the people they supported via an app on their mobile phones. All the staff we spoke with told us the system was "brilliant". One staff member stated, "We have the person's care notes on our phones, so we can read and update in real time. In my opinion, it is really good."
- We saw evidence that the electronic system had provided positive outcomes for people who used the service and their relatives. For example, we saw evidence that a person's next of kin who lived abroad felt fully involved in the care of their family member because they were able to communicate with staff via the electronic system. The provider stated that accessing people's care notes in real time had enabled them to notice that a person's health condition had not improved after their course of prescribed medicines. They contacted the GP immediately who was able to start the person on another course of medicines on the same day.
- Managers also had digital tablets, so they could access information about people when they were working out in the field. This helped them stay up to date and access the latest information. This system meant that managers could monitor care 'live' so that any issues could be addressed without delay. This 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 with people's care very quickly. For example, if they noticed that a person's medicines had not been signed, they could immediately contact the member of staff or visit the person's home to check, and take appropriate action.

- There were systems and processes in place to monitor the quality of the service. The senior staff carried out regular audits in all aspects of the service and we saw evidence that these were thorough. These included medicines audits, people's care records, staff records, including if their supervision, training and appraisals were up to date. Where improvements were needed, the scheme managers told us they put an action plan in place to ensure they made the necessary improvements. Any concerns were discussed in staff meetings and people's individual supervision meetings.
- The provider had a comprehensive ongoing improvement plan in place which was based on the CQC's key lines of enquiry. They told us this enabled them to identify any shortfalls in the running of the agency and address these to make the necessary improvements.
- The provider told us, "When a particular concern arises, we discuss in our weekly care team meeting the action we need to take. We also create an "Event" on our rostering software, linked to the relevant client, that contains a detailed log of the action planned and taken, to address and resolve the issue. These "Events" remain "open" until the desired outcome has been achieved and the situation concluded." They added that action plans included working in collaboration with other professionals in the community, following their advice and supporting people to attend appointments to address issues such as medicines management, skin integrity, mobility and nutrition. Records we viewed confirmed this.
- The provider recognised the importance for the management team to keep themselves abreast of development within the social care sector by attending regular events, such as provider forums, workshops and seminars including a 'CQC regulations seminar' and training sessions. The registered manager was a trained dementia champion with the Alzheimer's society and they were providing free dementia information sessions in the local community with the aim of informing people about dementia and encouraging them to become dementia friends. The registered manager had conducted meetings with the relatives of two of the people who used the service who were living with dementia during which they shared information and knowledge about how best to support and respond to their family members. Following this support, one of the relatives stated they now understood that their feelings and emotions about their family member and the challenges they faced were valid. The provider told us this relative was now more willing and open to gain information about how to respond better to their family member's needs.
- The provider told us they had reviewed and updated training sessions in a range of subjects such as dementia care, end of life care, medicines administration and moving and handling. They stated that the improved training had received positive reviews from the staff who said they had gained greater confidence in supporting people. Following an improved training in the administration of medicines, staff demonstrated they became more vigilant at identifying concerns that could escalate to medicines errors. For example, a staff member noticed that the pharmacist had delivered the wrong blister pack for a person who used the service. Prompt action resulted in the right medicines being provided to the person on the same day. Staff said they had also gained confidence and were more willing to ask for support and share examples with their colleagues about what has worked or not worked with individual people.

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

- Staff were extremely positive about the management team and said they were very supportive. Their comments included, "I think this company is very, very good", "Managers are good. They are all excellent. I have never come across anyone like that. I would not want to work anywhere else.", "I am really happy with this company", "The provider is brilliant. All the office staff are brilliant", "We are like a big family. It's a good company and I am proud to work for this service", "[Registered manager] is passionate about [their] work.

[They] have got the knowledge and experience. [They] are open, friendly and always smiling" and "I am lucky about having chosen this place. I love it. It's a good company and I can't see me leaving."

- Care staff told us communication was excellent within the company. Their comments included, "Communication is very good within the company. If I need help, I get that within five minutes" and "If anything has changed since the last inspection, it is for the better not the worse. Everything is good. We are all happy and work as a team." We saw evidence that a weekly email to staff was sent to inform them of any changes within the company. One staff member stated, "We now have a weekly newsletter by email which is really useful, even giving us information about transport or anything relevant for the week, who is on holiday, people's birthdays, government. They even talk about Brexit."

- There were regular team meetings, and the outcomes were recorded. One staff member told us, "We have meetings where we can talk about everything." We viewed a sample of the minutes and saw that a range of subjects were discussed including people who used the service, any incidents or accidents, and any relevant news or updates. We saw evidence that staff were involved in developing the service, and their suggestions had helped make improvements in a range of areas. For example, despite re-training and extra support, some staff were not performing as expected. A member of staff suggested implementing reflective practice sessions, and these were implemented. Feedback from the sessions led to a review of PRN medicines procedures. As a result, there was a reduction of medicines recording errors. In another example, a staff member was not always following safe moving and handling practices. Reflective practice was a critical part of improving their performance which led to safer outcomes for the staff member and the person they supported.

- There were also regular office team meetings and compliance meetings which included discussions about risk assessments, spot checks, any changes to people who used the service, including changes to their care needs or mental capacity. The provider told us meetings were a forum where suggestions were made to improve the service. For example, they told us, "Following a news report in a national newspaper about the death of a person due to poor coordination following a hospital discharge home, a member of staff suggested reviewing our process for supporting clients to achieve a smooth discharge from hospital. It led to improvements in how we share with relevant parties when a client returns home from hospital." They added, "Our lead on recruitment suggested making changes to how we recruit staff based on evidence from a specialist social care recruitment resource book. The changes have led to a much more targeted recruitment campaign to reach out to people who have the values we are looking for in our care workers. Successfully recruiting the right staff ensures we maintain our high standards."

- People and relatives were asked about their views regarding the care and support they received via regular questionnaires. The results of these were analysed and any areas for improvements were included in an action plan. For example, we saw that one person had mentioned that care support had been cancelled because of staff shortage. However, we saw that this had been due to two regular care workers being on annual leave and the person had refused another care worker. As a result, the provider had ensured to avoid annual leave clashes in the future, to reduce the chance of this happening again.

- We viewed the results of the most recent satisfaction survey and saw that people were happy with the care they received. Their comments included, "We have been very impressed with the carers" and "We have always been very pleased with Care Concern's excellent care, especially the level of communication with us as relatives and the initiative shown by the individual carer and office staff."

- The provider was thinking of ways to bring people who used the service together. They told us they were

organising 'tea and cake' afternoons. They said, "There is a lovely café on the ground floor of our office building where we are going to host tea and cake afternoons for our clients offering them an opportunity to meet each other and make connections. The first event is planned for the 3rd of July 2019."