

New Concept Care . Nursing . Training Limited

New Concept Care Selby

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The last inspection took place on 12 November 2013 and the service was meeting the regulations we assessed.

This inspection took place on 30 October 2015. We visited the office and gave the service 48 hours' notice. We contacted people by telephone to gather their views and these calls took place on 20 and 23 November 2015.

The service provides personal care and support to people in their own home. The service predominantly supports older people. However they do provide some support to younger people with physical and/or learning difficulties. At the time of our inspection the service provided personal care and support to 121 people and employed 48 care staff. The service has a contract with North Yorkshire County Council.

The service had a manager registered with the CQC. 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.

Overall people told us they felt safe and feedback about the care provided was positive. However, some people expressed concern about the consistency of their care team. This was echoed by some of the care staff we spoke with, and they also raised concerns about not always having enough time between care calls.

Summary of findings

The service was continually recruiting new staff and was continuing to expand in terms of the amount of support they provided and the number of staff they employed. There was an effective recruitment and selection policy in place which meant staff were recruited safely.

The service offered effective training and support to new staff to ensure they provided a good standard of care. Following this there was ongoing training based on the individual needs of staff. Staff told us they were well supported and we saw there was access to regular supervision meetings with their manager.

The management team and staff we spoke with demonstrated an understanding of the principles of the Mental Capacity Act (2005) and explained they sought consent from people before they provided care and support.

People told us care staff were kind and caring and they felt well supported. Staff spoke with enthusiasm about their roles and were keen to support people to receive good care. Despite the fact that some staff were

concerned about, consistency of care and travelling time between care calls, all of the staff we spoke with said they would be happy for their relative to receive support from the service, if they needed this type of care.

Care plans contained relevant information to enable care staff to provide the support people required, however, the care plans we reviewed were focused on tasks to complete. Staff might be able to deliver more personalised care, particularly for people living with dementia, if they were more person centred. Despite this people told us they were happy with their care and had regular reviews. Where necessary we saw the service accessed support from health and social care professionals. Care plans contained risk assessments and people were protected from avoidable harm.

People were provided with information about how to make a complaint.

The registered manager demonstrated a good awareness of the strengths of the service and areas where further development was required. Staff told us they were well supported and the service had effective systems in place to review the quality of care they delivered.

Summary of findings

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 required some improvements to ensure it was consistently safe.

There were some concerns about the consistency of care calls, and staff told us they did not always have sufficient time to travel to care calls. We have made a recommendation about this.

Medicines were managed safely. However, the system for completing MAR charts required review. The registered manager explained they were working on this with a local pharmacist.

There had been a number of safeguarding referrals and some of these were still being investigated. However, the service had taken appropriate action where required. They had an up to date safeguarding policy.

Risks to people had been assessed and risk management plans were in place.

Requires improvement



Is the service effective?

The service was effective. Staff were provided with an induction programme to support them to deliver effective care. Ongoing training was available to staff and we saw regular supervision took place to support staff.

The service understood and followed the principles of the Mental Capacity Act (2005). Staff had access to training about this legislation and were aware of the importance of seeking consent.

People were supported to maintain a balanced diet and had access to support from health and social care professionals as required.

Good



Is the service caring?

The service was caring. People told us they were well cared for. Staff demonstrated a commitment to providing good care, they gave us examples of how they ensured people's dignity and privacy was respected.

Staff supported people to maintain important relationships in their lives.

Good



Is the service responsive?

The service was responsive. It ensured people's care was reviewed on a regular basis. Although the care plans contained some person centred information they were task orientated.

People knew how to make complaints and the service responded to these in line with their policy.

Good



Summary of findings

Is the service well-led?

The service was well-led. The registered manager was clear about their role and responsibilities. They were aware of the strengths of the service and had put plans in place to address areas for improvement.

Despite some concerns from staff regarding consistency of care and travel time staff morale was in the main good.

The service had effective systems in place to monitor and review the quality of the care they provided.

Good



New Concept Care Selby

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 30 October 2015. The inspection was announced, the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to talk with us.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We reviewed all of the notifications the service submitted to CQC. We contacted Healthwatch, which is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. They did not provide any feedback. The local authority provided feedback on their quality assurance meetings and the safeguarding referrals which had been investigated.

On our visit to the office we spoke with six members of staff which included two care workers, a moving and handling assessor, the registered manager and deputy manager and the managing director of the company. After the office visit spoke with a further five care workers on the telephone.

Following the office visit we spoke, on the telephone, with four people who used the service and five relatives. We tried to speak with a further 16 people but they were unavailable. We spoke with people on 20 and 23 November 2015. A relative contacted us following the inspection to give their views on the service.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at five care plan records and three staff files.

Is the service safe?

Our findings

Overall people who used the service told us they felt safe. One person said, “I see my carers three times a day and I feel very safe with them, I am quite content.” Another told us, “I feel very safe with my carers and I can’t fault them.” A relative told us, “We certainly feel safe with our carers.”

Despite this we received mixed feedback about the consistency of care staff. Some people told us they had a consistent team of care staff whilst others said they had many different care staff calling. One relative said, “I can’t say we really feel safe with carers. It’s a very large group of carers which makes it difficult for my [relative]. What we need is a more consistent group of carers.” Another person told us, “I feel very safe with the people who come to see me. In the past I used to get a lot of different carers but recently I have been getting the same group of carers.”

We received mixed feedback from staff about the consistency of care staff and call times. Half of the staff we spoke with told us they were concerned about a lack of consistency in the care they provided, and some of these staff also told us they did not think they had sufficient travelling time between care calls. Some staff explained they started work early or worked through their breaks to prevent this having an impact on the people they supported.

The registered manager explained the service had taken over a local authority contract earlier in the year and told us there had been a number of challenges associated with this. They said there had been some issues with staffing levels and consistency of care. However, they felt the situation was now improving.

The service told us they were in the process of purchasing an electronic call monitoring system. This would enable them to be able to capture more accurate data about missed calls, and the timing of care calls. We saw the provider meeting minutes from 13 October 2015. They had reviewed late and missed calls for September 2015. The service had not missed any calls and had attended 85 per cent of all care calls within twenty minutes of the person’s allocated time.

The registered manager explained there was an ongoing recruitment drive to ensure they had sufficient staff to run a

safe service which was continually expanding. They had employed a member of staff who was solely responsible for staff recruitment. They used social media and held regular recruitment fairs.

The service had safe systems in place to recruit staff. We reviewed three staff files. They contained application forms and interview notes which showed how the provider assessed new staff to have the skills and experience to work at the service. Appropriate checks had been undertaken before staff began work; each had two references recorded and checks through the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members were not barred from working with vulnerable people.

There was a record of probationary period supervision. The probationary period was three months. The registered manager explained this helped them to be sure that the member of staff was working effectively before being offered a permanent contract.

We reviewed the staff rota and spoke with a care co-ordinator who demonstrated the system to us. The service had an electronic system in place which enabled the care co-ordinator to plan people’s care visits. However, one relative contacted us following the inspection to raise concerns about the lack of consistency of care staff. They told us care calls were frequently at the wrong times.

We recommend the provider reviews the systems they have in place to ensure consistent care is provided to people who use the service.

People were protected from avoidable harm. Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. Staff records we saw confirmed this.

Since the last inspection the service had submitted 21 safeguarding notifications to the Care Quality Commission (CQC). We reviewed these with the registered manager who demonstrated detailed knowledge of each situation. Six of

Is the service safe?

the notifications were linked and the provider was working with the local authority and police to support the investigation. We could see where action was required to prevent further safeguarding incidents taking place.

The service had a whistle blowing policy and staff knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively by the provider.

People had appropriate risk assessments and management plans in place which were developed based on their individual needs. These included moving and handling, pressure area care, falls assessments and environmental risk assessments as the care was delivered in the person's own home. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk any spread of infection. Additional provision was available in the office which was open week days 7am until 5pm.

The service had a medicine policy which provided staff with up to date best practice guidance. We saw staff had training in the administration of medicines and had a competency check. Medication Administration Records were completed

by care staff, and these were returned to the office every month to enable the deputy manager to audit them. We looked at MAR charts and could see they had been completed correctly and we did not see any gaps in records. However, they had been handwritten and completed by one member of staff. Good practice guidance states when MAR charts are handwritten they should be checked and counter signed by a member of staff to avoid any potential errors. We discussed this with the registered manager during the inspection who told us they were in the process of reviewing their medicine practice and were liaising with a pharmacist for support.

There was an on-call system which provided support to care staff outside of office working hours this meant staff and people could contact the service for advice or support. The registered manager told us that people knew about the on-call contact numbers and this was confirmed by the people we spoke with. Staff we spoke with knew how to seek support outside of office hours and one person described making contact with the on call team when a person they supported had fallen, they told us they found this support helpful.

Is the service effective?

Our findings

People received effective care, they told us care staff knew them well and they were confident care staff had received training to support them to deliver effective care. One person said, “Oh yes they are well trained and certainly know what they are doing. They always ask if it’s alright to do the personal things. They are really polite.” Relatives shared this view, one relative said, “Our carer’s are well trained and certainly know what they are doing.” Another relative said, “The carers help my husband know what they are doing, particularly when it comes to using the hoist. We do have some new carers who are shadowing the more experienced carers to make sure they know how to do things.”

Staff had the skills and knowledge required to support people who used the service. Staff told us they had a good induction which they felt equipped them to deliver effective care. One member of staff said the induction, “covered all I needed to know.” They told us the induction included mandatory training such as; moving and handling, medicines, safeguarding adults and dementia awareness.

The managing director explained the induction training had recently been updated and now reflected changes in line with the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It provides care workers with introductory skills, knowledge and behaviours to provide appropriate care and support. The training provided included five days of face to face training, and whilst completing their induction they had detailed workbooks on specific topics such as administering medicines and the Mental Capacity Act 2005. Following the taught period of the induction new staff then shadowed experienced support staff. A member of staff told us, “I asked for more shadowing before I started, the manager arranged this. You don’t come off shadowing until you are 100 per cent comfortable.” After the induction period staff had their practice observed by a senior member of staff. This was completed by the moving and handling assessor, they also completed the first supervision session with the person. This enabled them to reflect positive areas of practice and highlight any ongoing development needs. Staff were then signed off as being ‘care competent’. This meant the service assessed the skills of care staff to ensure

they were confident to deliver effective care to people in their own homes. Following on from this staff had access to more specific training courses such as end of life care, pressure area care, catheter care and dementia and depression awareness.

Staff had access to regular supervision. Supervision is an opportunity for staff to discuss any training and development needs or concerns they have about the people they support, and for their manager to give feedback on their practice. Records showed that supervisions took place approximately every two to three months. Staff told us they had access to regular supervision and felt well supported by the management team. They said they could go into the office and seek support from staff there when they needed it.

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.

Staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people’s consent. People were asked to sign a consent form to show they agreed to their care and support. This showed the service recognised the importance of people giving their permission to receive support.

Where required there was information in people’s support plans about people’s needs in relation to eating and drinking. For example, we saw records of people’s particular preferences, and specific guidance for staff about the type of support the person required. This showed that people were provided with appropriate support to maintain a balanced diet.

We saw evidence that the service liaised with relevant health professionals based on people’s needs. For example the community nursing service and GP’s. We spoke with a care worker who gave us an example of someone they had supported for a long time; they said the person was ‘behaving out of character one day’. They liaised with the office and arranged a GP visit; the person had a urine infection and was prescribed antibiotics.

Is the service caring?

Our findings

People told us they felt well cared for. One person said, “The carers I get are caring; nothing is too much trouble for them. They are very polite and courteous and do treat me with respect.” Another told us, “Some of my carers are marvellous and nothing is too much trouble. An odd one or two are not so good, those are the new ones. They are very respectful and nothing is too much trouble. They get me to do exercise for my hands to try and improve my grip and help me pick things up.”

People told us care staff respected their privacy and always made sure the care they received was dignified. One person said, “The care I get is good. They are easy to talk to and they are all local girls. I have respect for them as they have for me.” A relative echoed this, “The care my husband gets is good. They work very hard with my husband and treat him with real empathy. They are very careful when working with him.”

One person told us they were supported to maintain relationships with important people in their life. They said, “The care I get is excellent and I cannot fault it. The ‘girls’ [care workers] treat me with real respect and they are delightful. They help me to keep going. They help me to go shopping and meet up with my friends.”

Staff demonstrated an awareness of the importance of providing care which respected people’s privacy and dignity. One member of staff told us, “I always make sure I check the person is okay for me to deliver care. [When delivering personal care] I always make sure the curtains are drawn and the bedroom door is shut. I use a towel to protect the person’s dignity.”

The deputy manager described having a staff team that were willing to go above and beyond. They gave us examples of staff who had taken bread and milk in for one service where there were issues about access to money, another member of staff had taken someone’s bedding home to wash and made sure their home was warm and cosy for when they came home from hospital.

People were given an information pack at the start of the service. This contained essential information about the care service and included a service user’s guide and a contact sheet to enable families and other professionals to provide feedback to care staff.

Although some staff told us about the challenges of not having enough time between care calls and some inconsistency of support they all said they would be happy for a relative of theirs to receive care from the service. Staff spoke of their commitment to provide good care to the people they supported. One member of staff said, “Without a doubt we are a good team, we care about our service users.” Another member of staff said, “We provide the best care we can. When we are with a customer we don’t rush they are our main focus.”

Despite this we were aware the local authority had received a number of concerns about the standards of care which were being provided, these were under investigation. CQC will monitor the outcome of these. One relative we spoke with shared concerns about the care provided and these concerns were shared with NYCC and the service. The service explained they had active involvement with NYCC in respect of the issues which had been raised.

Is the service responsive?

Our findings

People received care that was responsive to their needs. People and their families told us they were involved in setting up and reviewing the care provided by the service. One person said, “My carers certainly know what I like and what I don’t like. They do really understand me. I have never complained. I have no reason to. If did I would ring the office. I had a check call two weeks ago to see how things were.”

Care plans contained information about people’s care routines and preferences. They included some information about what was important to the individual however, they were written in a task orientated way. They read as instructions to care staff about how to provide support rather than a person centred approach which would enable staff to support people to achieve what was important to them. Despite this the majority of feedback about the care provided was positive, however, the lack of person centred care planning was a missed opportunity to support staff to understand what was important to each individual. This was more important for people living with dementia, as their ability to tell staff what was important to them may be affected.

The service had systems in place to review support provided to people and people told us their care was reviewed on a regular basis. The deputy manager explained that they reviewed people’s support after staff had been working with them for about six to eight weeks. This enabled the service to see whether people were happy and to check their needs were being met or whether any changes were required. They told us this had become one of the main parts of their role since the service had expanded and explained a new member of staff was due to start supporting them with this work.

We saw evidence within people’s care plans that the service worked with health and social care professionals to review people’s support and we could see evidence of reassessments of care when people’s needs changed. Where appropriate family members had been included in these discussions.

Records of care call logs were reviewed for three people who used the service. They contained information which showed support was delivered in line with their care plan. We saw records of health and social care professionals being appropriately consulted for advice and support.

The service employed a moving and handling assessor, they explained care staff contacted them if they had any specific concerns in relation to people’s safety and mobility. The assessor would then arrange to visit with care staff and liaise with other professionals to ensure appropriate equipment and risk assessments were in place. They told us they also referred people for lifeline pendants and other technology which was designed to support people to remain independent within their own home as safely as possible.

The service had an up to date complaints policy and information about how to make a complaint was provided in each customer pack. People we spoke with told us they knew how to make a complaint. The service had a complaints file and we saw complaints had been dealt with in line with the service’s own policies and procedures. Following the inspection we were contacted by a family member who did not feel their complaint had been resolved. We have asked the provider to investigate the matter.

Is the service well-led?

Our findings

The service had a registered manager in post. They were also registered as the manager for the service provided in another area. However, they told us they split their office time 50/50 between each service and at either office have access to all of same systems.

The registered manager understood their role and responsibilities. The service had effective and robust systems in place to audit the quality of the care they provided to people. These included audits of MAR charts, and care reviews. The service had up to date policies based on good practice guidance and up to date legislation. This showed the service provided guidance to staff that was based on best practice. The management team were committed to ensuring staff delivered a good standard of care.

Staff told us they were well supported. The office in Selby was open during office hours and staff were encouraged to drop in whenever they wanted. On the day of our inspection there was staff training taking place and other staff visited the office to discuss things with the management team. In addition to this staff meetings took place on a regular basis. There was a detailed record of the discussions which took place, and the service had a list of actions they were working on following the meeting. The provider had booked Selby Town Hall to enable all of their staff team to attend and give their views on the running of the service. Staff confirmed they used the staff meetings to raise any concerns they had.

There was clear information about the aims and objectives of the service in the Statement of Purpose which had been updated in August 2015. The mission statement described the values of the service, “To provide person centred holistic care services which enable independence and opportunity whilst respecting personal dignity and providing a supportive environment for service users and care workers.” Staff were able to describe the culture of the service and consistently told us about their commitment to provide good care. The deputy manager said, “The company ethos is good, we care about people. This starts from the very top of the organisation.”

The service routinely asked for feedback from people, families and support staff. The registered manager told us questionnaires were sent to a random sample of people, relatives and care staff every three months. These were reviewed and any areas of concerns were picked up and addressed. The deputy manager explained some concerns had been raised via the questionnaire, they visited the person to discuss the issues and we could see this was recorded within their care file. The concern had been resolved following the visit by the deputy manager; this showed the service wanted to hear from people and work to resolve issues when they were raised.

The registered manager demonstrated an awareness of service’s strengths and areas for development. They had an overarching development plan which they were working towards and had regular meetings with the local authority to review the service. The issues we raised during the inspection were already being addressed by the registered manager and the service.