

Concept Care Practice Limited

Concept Care Practice Limited - 20 Cross Street

Inspection report

20 Cross Street
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 29 September and was announced.

Concept Care Practice Limited - 20 Cross Street, is a care agency which provides staff to support people in their own homes. People with various care needs can use this service including people with physical disabilities and older people. At the time of this inspection two people received care from this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People and their relatives told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were complementary of the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff and would recommend the service to other people.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people very well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored through regular discussions and action was taken when issues were identified.

Concept Care Practice Limited - 20 Cross Street

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 the 29 September 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and office based and we needed to be sure that relevant staff were available.

Before the inspection the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager and the homecare co-ordinator. We received spoke on the telephone with one person and a relative of another person who received a service. We requested feedback from two commissioners but received no responses.

We looked at two people's records and documentation that was used by the service to monitor their care. In addition we looked at three staff recruitment files of the most recently appointed staff. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

People were safe at Concept Care Practice Limited. One relative said, "The carers provide excellent care - and treats [name] as an individual. I know he is safe and happy with them. I can go out confident that he is being looked after". One staff member commented, this is a "very good agency, friendly and supportive, approachable and helpful". People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). The service had no reported incidents of alleged abuse/or abuse since the last inspection in February 2014.

We were assured that staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The information we received confirmed that they knew what to do if they suspected people they supported were at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. All risk assessments were reviewed regularly a minimum of annually and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers and guidance available for staff should there be an emergency.

One person's relative informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training was sourced to ensure it aligned with the needs of the service and provided staff with the knowledge and skills to fulfil their roles.

Some staff had received training in the safe management of medicines. The registered manager had obtained relevant policies and procedures and reviewed them to ensure that the medicine policy, related risk assessment and medicine administration records were appropriate. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines.

The provider's recruitment procedures were mostly thorough and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. We found that a full employment history was not evident from within one of the staff files we reviewed. However, this related to a mature and experienced carer whose employment history was extensive. The registered manager confirmed that this was clarified at the interview but acknowledged that this was not

always recorded. The registered manager undertook to ensure that any omissions in work history were clarified and recorded in the future. This had not adversely impacted on people using the service.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. There were eleven staff employed to meet the needs of the people who were currently using the service. Because of the nature of the service call times were lengthy and allowed for a range of activities/tasks to be undertaken according to the preferences of the person that was cared for. We saw that there had been no reported accidents since the last inspection.

Is the service effective?

Our findings

The service was effective. People informed us that they received care and support from friendly, familiar, well trained and consistent staff. One relative said, "The service we have received is excellent, all the staff are well trained courteous and respectful, we would not hesitate to recommend this service provider." The registered manager told us that they would not consider calls that were insufficient in time to allow carers to undertake their duties to a very good standard. One person was very complementary about the organisation of the service and the individual carers. They described working together with the agency and their local authority representatives as all working jointly and effectively as a team.

Staff were rostered to cover calls to each person's home at variable times of the day. Each staff member had a regular timetable of calls to the people they supported. This was to provide support and / or personal care. A person's relative said, "The carers always arrive at the time agreed unless they are held up and then they always let me know."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident within people's records. People who required support with their meals received assistance from staff within an agreed and appropriate timescale to promote their nutritional needs. Staff were prompted within care plans to obtain consent from people before any task or activities were commenced with them.

A person's relative said that staff had the skills and knowledge to give the cared for person the care and support they needed. Information was provided within a staff handbook which was made available to all staff. However, this handbook was generic and was used by care staff who were allocated to work within other care providers by the agency. Staff told us that they had received an induction that enabled them to support people confidently. However, individual induction was not formally recorded. We saw from records that staff had completed regular updated training and received one to one supervision.

Spot checks were carried out to ensure that the care provided was of a good standard. We were told that all spot check visits were known about in advance by people but not by the staff. The schedule of staff supervision was that each staff member received four sessions each year with additional time for an annual appraisal. The service benefitted from a low rate of staff sickness and staff turnover. This contributed to the effective running of the service and enabled consistent care to be provided by regular staff support workers.

The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support individual people. The registered manager was in the process of reviewing the staff induction and planned to align it with the care certificate. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The registered manager provided training in some topics through electronic learning, but core areas such as moving and handling and first aid were provided by an external trainer. Specific topics were provided by a specialist nurse led organisation. The majority of staff were either qualified nurses or held qualifications in Health and Social Care. Since their appointment two care staff had

signed up for the care certificate. The registered manager told us that they were always looking for opportunities to improve staff training to promote further learning and development.

People and their relatives described communication as very good. In response to questions about effective communication we were told that the office based staff were always available and relevant information was passed on without delay. Some staff provided feedback which indicated that changes were communicated appropriately. We saw that a complaint had been made by a member of staff about the availability of the on call duty person. This had been investigated and dealt with appropriately.

People's legal rights to make their own decisions were upheld and understood by staff who had a clear understanding of the Mental Capacity Act (2005) (MCA). The 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 when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection.

The registered manager had received mental capacity training and provided staff with information through staff meetings. At the time of our visit, no one was being deprived of their liberty or lacked capacity.

Is the service caring?

Our findings

The service was caring. People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One relative told us, "I would just like to say how much I appreciate the service given. It feels like a lifeline and wonderful to be able to have time to myself while knowing my son is being well cared for".

People's diverse needs and how to meet them were contained in people's individual care plans. We saw they included cultural and spiritual needs, where they had been identified. People's relatives said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning where appropriate. The recording of people's preferences, likes and dislikes was an area that was being further developed and will be included in all care plans using a document called 'All about me – At a glance'. The registered manager and care staff kept in regular contact with the person's relatives by phone and in person. Written notes in the care plan recorded all communications undertaken by the relevant staff.

The registered manager told us the service through the home care coordinator frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed care staff were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes.

Information was provided for people and their carers that gave guidance about what to expect from the service and included contact details should they need to speak with someone either during or out of office hours.

People's care records were kept secure in locked cabinets in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other clients or their carers when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete. A relative commented, "I have no worries about confidentiality." We asked people if their workers protected their privacy and dignity. They told us they did, one person commenting, "Yes, very much so. They are fantastic and treat me with the utmost respect".

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. Wherever possible prospective care staff were introduced to people before the service commenced. Care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives and retained as much independence wherever they were able and when appropriate. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes which were used to improve record keeping overall. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes.

Some of the care provided related to companionship for people and were focussed on supporting people to be involved in activities either within or outside the home. Staff told us how they responded to people or their carers changing needs. This was confirmed through feedback from people and their relatives. One relative told us they were, "Very happy, particularly with them stepping in quickly when I needed. They have been a blessing." A situation was described where support was requested late in the evening from one of the care staff who was not due to start until the following morning. This care staff member stayed all night as the person was very unwell at the time. Staff wrote any concerns in the daily notes and informed the office immediately. We were told that office staff would then inform the next care staff member due to visit the person and/or inform the carer. They would also take action if a more in depth review of the care was needed. Daily notes were of good quality. They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the home care coordinator on a periodic basis dependent on the level of care provided.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any formal complaints from people or their relatives since the current registered manager's appointment in July 2015. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. There had been no safeguarding issues raised in the last three years.

Is the service well-led?

Our findings

The service was well led. People and their families were complementary of the services provided by the service. They told us that the agency listened to what they had to say and acted on this to promote person centred care and improve services. Comments from staff about the service included, "I have worked for two agencies in

Reading and this one surpasses the other by a long way", and "I work very few hours now but consider that this agency is, for the most part, caring, attentive to detail and reasonably efficient". The feedback we received from people, their families and staff identified a positive culture, which was person centred and demonstrated a good understanding of equality and respect.

People benefitted from a staff team that were happy and well supported in their work. Staff indicated they enjoyed working for the service. There was confidence that any concerns could be taken to the management and they would be taken seriously and managers would take action where appropriate. Staff members told us the office based management team was accessible and approachable and dealt effectively with any concerns they raised. The registered manager was open with them and always communicated what was happening at the service and with the people they support.

The service had identified that they needed to improve their quality assurance processes. This had not been a high priority as the service was very small. However, the registered manager wanted to expand their personal care operation and understood that a more formal and robust quality assurance process needed to be implemented alongside any planned expansion. New paperwork was being introduced to support this initiative and we were shown examples of feedback and recording tools. There was a policy and document review programme in place which ensured that all of the organisational policies and procedures were fit for purpose. Care plans, daily records and risk assessments were reviewed on an on-going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix.

Quality assurance systems that were currently in place included weekly calls to people by the homecare coordinator to discuss the quality of the service and to check if there were any concerns which needed to be addressed. Also all care staff were encouraged to communicate with the office based staff on a regular basis to discuss their role, advise them on any issues they may have and to communicate relevant information regarding the person they support. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service.

The service was a member of both a local care services association and relevant national organisations. These provided access to advice, support and workshops which were designed to enhance the functioning and quality of the service provided. The registered manager had attended various workshops run by them on a range of topics. All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.

