

## Concept Care Solutions Limited

# Concept Care Solutions - 1st Floor Middlesex House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



### Overall summary

We undertook an announced inspection of Concept Care Solutions – 1st Floor Middlesex House on 14 December 2015.

At our last inspection on 28 October and 13 November 2014 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the service not providing consistent care for people who used the service, failing to record and respond to complaints appropriately and not having adequate systems in place to accurately monitor the quality of services provided.

Following the previous inspection, the service sent us an action plan detailing improvements that the service was going to make. During this inspection on 14 December 2015 we noted that the service had made improvements in respect of the breaches previously identified. However this inspection found that there were new breaches in respect of proper and safe management of medicines and information in people's care records were not always clear and consistent.

# Summary of findings

Concept Care Solutions – 1st Floor Middlesex House is a domiciliary care service. It provides personal care to people in their own homes in Hertfordshire. At the time of our inspection, the service was providing care to 88 people.

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

We checked the arrangements in place in respect of medicines. Staff had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were gaps in these. The registered manager confirmed that the medicines had been administered. We found that medicines administered to people were not consistently documented and found a breach of regulations in respect of this.

People's care needs assessments were detailed however support plans were task focused and were not person centred. Some support plans were difficult to follow and information about people's support was not always clear and consistent. Information in support plans were inconsistent as some contained more detail than others. We found a breach of regulations in respect of this.

Risks to people were identified and managed, however risk assessments did not clearly reflect all the potential risks to people. This meant that risks might not be appropriately managed which could result in people receiving unsafe care.

People who used the service told us that they felt safe around care staff and this was confirmed by relatives we spoke with. Systems and processes were in place to help protect people from the risk of harm and the majority of staff we spoke with demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. We saw evidence that necessary employment checks were carried out before staff started working at the service.

Our previous inspection in 2014 found that the service was not following the Mental Capacity Act 2005 (MCA). We noted that the service had taken action since the last inspection and had made improvements in respect of the MCA. During our inspection on 14 December 2015, training records confirmed that the majority of staff had received training in the MCA.

The previous inspection identified that people did not have a regular care staff to provide their care and there were complaints about lateness of care staff. During this inspection, people told us that there was consistency in respect of care staff and they usually had the same care staff. They also told us that staff were punctual and had no concerns about lateness. It was evident that the service had made positive improvements in respect of this.

The previous inspection also found that people did not feel confident that their concerns would be listened to and acted on by the service. There were also concerns that the service did not record and respond to complaints accurately. Our inspection in December 2015 found that the service had a comprehensive procedure for receiving, handling and responding to comments and complaints. Further, feedback received from people and relatives indicated that the service listened to people's concerns and took the appropriate action. The service had a system for recording complaints and we saw evidence that complaints had been dealt with appropriately in accordance with their policy.

People were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Training records showed that staff had completed training in areas that helped them to meet people's needs. All staff spoke positively about the training they received and said that the service focused on ensuring staff received continuous training. There was evidence that staff had received regular supervision sessions and

# Summary of findings

yearly appraisals and this was confirmed by staff we spoke with. All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service.

People and relatives we spoke with told us that they felt the service was caring and had no concerns in respect of this. The service had a policy on “dignity in care” which focused on supporting and promoting people’s self-respect. The policy provided staff with practical guidance on how to ensure people were respected and their privacy was respected whilst also promoting self-esteem and autonomy. Care staff were aware of the importance of respecting people’s privacy and maintaining their dignity.

Our previous inspection found that the service did not have an adequate system in place to accurately monitor the quality of services provided. During the inspection in

December 2015, we found that since the last inspection the service undertook a range of checks and audits of the quality of the service and took necessary action to improve the service as a result.

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The provider carried out monthly monitoring visits, unannounced staff spot checks and quarterly satisfaction surveys.

We found breaches of the regulations relating to the proper and safe management of medicines and person-centred care in that information in people’s care records were not always clear and consistent. You can see what action we told the provider to take at the back of the full version of the report.

# 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?

There were aspects of the service that were not safe. The provider was not managing medicines properly and this was putting people at risk.

Risks to people were identified and managed however risk assessments did not clearly reflect all the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

People we spoke with told us that they felt safe around care staff. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

Requires improvement



### Is the service effective?

The service was effective. People were cared for by staff who felt they were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

Staff had completed various training to enable them to care for people effectively. Staff were supervised and felt well supported by their peers and management.

Care plans included information about people's capacity to make decisions. The majority of staff had received Mental Capacity Act 2005 training.

Good



### Is the service caring?

This service was caring. People and relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care.

Staff had an understanding of people's care and support needs and gave us examples of how they communicated with people and responded in a caring way.

Good



### Is the service responsive?

There were aspects of the service which were not responsive. People's care needs assessments were detailed however support plans were task focused and were not person centred.

Some support plans were difficult to follow and information about people's support was not always clear and consistent.

Requires improvement



# Summary of findings

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

## Is the service well-led?

The service was well led. People who used the service and relatives told us that the service had improved since the last inspection.

The home had a clear management structure in place with a team of care staff, field care supervisors, office staff and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular audits and observations were carried regularly. There were systems in place to make necessary improvements.

**Good**



# Concept Care Solutions - 1st Floor Middlesex House

## 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, and to provide a rating for the service under the Care Act 2014.

Two inspectors carried out the announced inspection on 14 December 2015. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed ten people's care plans, ten staff files, training records and records relating to the management of the service such as audits, policies and procedures. We spoke with nine people who used the service, twelve relatives and thirteen members of staff including care staff, field support supervisors, office staff and the registered manager. We also spoke with two care professionals who had contact with the service.

# Is the service safe?

## Our findings

People who used the service told us that they felt safe around care staff. One person said, "Yes I do feel safe, carers help me using a hoist and I always feel they know what they are doing." Another person told us, "Yes I feel safe." All relatives we spoke with told us that they had no concerns about whether people were safe around care staff. One relative said, "[My relative] is very safe around care staff." Another person told us, "[My relative] is 100% safe with care staff."

We checked the arrangements in place in respect of medicines. Records showed and care staff confirmed they had received medicines training and policies and procedures were in place. There were people who could self-administer their own medicines or where their medicines were given to them by the family carer. Where people needed support by the care staff, the appropriate support for that person was outlined in their support plans.

The registered manager explained that people's current medicines administration records (MARs) were kept in people's home and therefore at the time of the inspection we were unable to check these. However we viewed a sample of MARs for different people for various dates between May 2015 and November 2015. We noted that there were gaps in some of the MARs we viewed. For example, we noted that one person's MAR sheet for November 2015 stated that they were to be administered a medicine every Tuesday. However we saw that the MAR sheet had only been signed to confirm that it had been administered to the person on 10 November 2015. There were gaps on 3, 17 and 24 November 2015. We also noted that another person's MAR for May 2015 stated that they were to be administered a medicine two times a day. However we saw that nothing was recorded in the person's MAR sheet. Further, in another person's MAR sheet for September 2015 we saw that they were prescribed another medicine two times a day. However nothing was recorded for the whole month on the MAR sheet. We spoke with the registered manager about the gaps in the MARs. She confirmed that the medicines had been administered. She explained that these medicines formed part of the blister pack and these had been signed for on the MAR sheets as the 'blister pack' which we noted. However we found that it was not clear what medicines formed part of the blister pack as these were not clearly detailed. All medicines

whether or not they are provided in blister packs must be recorded. The service can sign 'contents of blister pack' as long as those contents are listed and the service was not clearly doing this. It was therefore not evident what medicines formed part of the blister pack and therefore we were unable to clearly see what medicines had been administered. We found that medicines administered to people were not consistently documented and there was no clear audit trail about the management of these medicines.

The service confirmed that they carried out medicine audits as part of their monthly monitoring. The registered manager confirmed that field care supervisors carried out visits to people's homes as part of their monitoring and checked the MARs. The service's audits failed to identify the issues in respect of medicines administration recording. We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines. Following the inspection the registered manager informed us that they had designed a new medicines audit process which they implemented immediately after our inspection. The registered manager sent us evidence of the new medicine audit process which included more thorough and comprehensive checks regarding medicines. We were however unable to monitor the effectiveness of this process at the time of our inspection.

### **The information above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for each person using the service. Risk assessments were in place for various areas such as health and safety, the environment, medicines and moving and handling. We noted that some areas of potential risks to people had not been identified and included in the risk assessments. For example, some people using the service required supervision and support with their personal care however there were no risk assessments in place that identified any potential hazards and risks to ensure this was done safely by staff.

Safeguarding policies and procedures were in place to help protect people and minimise the risks of abuse to people. We noted that the policy referred to the local authority,

## Is the service safe?

police and the CQC. However the policy did not include the correct contact details for the CQC. We raised this with the registered manager and she confirmed that the policy would be updated. Following the inspection, the registered manager sent us the updated policy. Staff had received training in safeguarding people and training records confirmed this. All the staff we spoke with, with the exception of two members of staff were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to management. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC. The registered manager confirmed that all staff would receive refresher safeguarding training to ensure all staff were fully aware of their responsibilities. The service had a whistleblowing policy and contact numbers to report issues were available. However, the majority of staff we spoke with were not familiar with the whistleblowing procedure. Although all staff we spoke with told us that they felt able to raise any

concerns they had with the management. We raised the issue of whistleblowing training with the registered manager and she confirmed that all staff would receive refresher training on this topic.

Through our discussions with staff and management, we found there were enough staff to meet the needs of people who used the service. All care staff were provided with a mobile phone so that they could access important information such as their rota. The registered manager explained that the staff rota on the whole remained the same as the same care staff provided care to the same people.

We looked at the recruitment process to see if the required checks had been carried out before staff started working with people who used the service. We looked at the recruitment records for ten members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for staff.



# Is the service effective?

## Our findings

All people and relatives told us that they had confidence in care staff and the service. One person said, "I'm over the moon with all the carers, they are fantastic." Another person told us, "yes they are very good and nearly always on time." Another person said, "They do anything I ask them, they are all very good." One relative said, "I can't fault Concept Care. The care staff are lovely people. Quite honestly I am very pleased with the care." Another relative told us, "I am very very happy with the service. The service is absolutely brilliant." Another relative said, "I am generally very happy with the care. It has improved a lot in the last year."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Our previous inspection in 2014 found that the service was not following the Mental Capacity Act 2005 (MCA) to make sure that people who did not have the capacity to make decision for themselves had their legal rights protected. The inspection found that care plans did not provide information about people's capacity to make decisions about their care and treatment. During the inspection on 14 December 2015 we saw that care plans now included details about people's capacity to make decisions under the "my cognition (memory and understanding)" section of the care plan. We noted that the service had taken action since the last inspection and had made improvements in respect of the MCA. However we noted that information in people's care plans did vary. Some care plans included sufficient detail in respect of MCA but some care plans were brief and included generic information. The registered manager confirmed that care plans would include more detailed information about people's ability to make decisions so that this information could be used by care staff when communicating with people.

At the previous inspection, training records did not demonstrate that staff had received training in the MCA and it was not evident that staff understood the issues surrounding consent and how they would support people

who lacked the capacity to make specific decisions. During this inspection the registered manager confirmed that all staff had received "an introduction to mental capacity" training as part of their induction and training records confirmed this. She also confirmed that 52 out of 68 care staff had completed a further mental capacity training course. The registered manager explained that staff who had MCA training outstanding were recently employed by the service and had MCA training scheduled for December 2015. The majority of staff we spoke with had knowledge of the MCA and were aware that they should inform the registered manager of any concerns regarding people's capacity to make their own decisions. They were also aware of the importance of ensuring people were involved in decision making. Where people were unable to make decisions, they were aware of the importance of involving their representatives.

Training records showed that care staff had undertaken an induction when they started work and completed training in areas that helped them to provide the support people needed which included moving and handling, medicines, safeguarding of vulnerable adults, person centred care, food and hygiene, health and safety, basic first aid and dementia awareness. Records confirmed that all staff had received a full induction and staff we spoke with confirmed this. We asked staff if they thought the induction they received was adequate and prepared them to do their job effectively. All care staff spoke positively of the induction. One care staff said, "I had a good induction." Another told us, "It really helped me."

Staff received ongoing training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that staff had completed training in areas that helped them to meet people's needs. Topics included dignity and respect, safeguarding, medication awareness, first aid and health and safety. The service confirmed that they had started the Care Certificate training for all newly appointed staff in May 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. All staff spoke positively about the training they received and said that the service focused on ensuring staff received continuous training. One member of staff said, "The training is most definitely helpful. Concept care is really supportive when it comes to training. They are very good." Another member of staff told us, "Training is helpful. Training opportunities are

## Is the service effective?

absolutely always available.” Another member of staff said, “I always look forward to training. It has been brilliant. Management always encourage training. Training is always refreshed.”

There was evidence that staff had received regular supervision sessions and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. We also saw evidence that staff had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

All staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, “Yes of course I am supported. It has been smooth. The managers are definitely approachable.” Another member of staff said, “Management do listen and take things on board. I feel able to raise issues if I need to. My manager is down to earth, nice and approachable. He listens.” Another member of staff told us, “It is open here. Management encourage us to come forward and they listen. Office staff call to check if we are ok.”

Staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

We spoke with the registered manager about how the service monitored people’s health and nutrition. She explained that field care supervisors reviewed people’s care support plans and spoke with people who used the service, their relatives and staff on a regular basis so that they could amend the care support plans if necessary and monitor people’s progress. The registered manager explained that if care staff had concerns about people’s weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. The office staff would follow up and record all progress and developments, ensuring that care staff were regularly informed and updated of any changes in the care plan. The registered manager also confirmed that staff had received training on how to complete food and fluid charts and had also received training on how to monitor a person’s physical appearance for example in respect of malnutrition or dehydration. Field care supervisors also checked people’s physical condition during their visits as part of their monthly monitoring.

# Is the service caring?

## Our findings

People and relatives we spoke with told us that they felt the service was caring and had no concerns in respect of this. When asked what people thought about care staff, one person said, "They are very kind I have two very nice ones, it's nice to know you have the same ones coming." Another person told us, "They are all very friendly and good communicators and they listen to anything I say." Another person said, "I like the carers very much and the people above them are all very caring." One relative said, "Staff are very caring. They treat [my relative] with courtesy and respect. They treat him very well. They are friendly and professional." Another relative told us, "Care staff are friendly, lovely and obliging. They are respectful and always dignified when providing care."

The previous inspection found that there were mixed views from people about the standards of the service and concerns about people not having regular care staff visiting them. There was also a concern that care staff did not know how to prepare basic food and use a microwave oven. During this inspection people spoke positively about the care they received. They told us that things had improved since the last inspection and confirmed that they did have regular care staff visit them on most occasions. One relative told us, "They've come on in leaps and bounds and I couldn't criticise. If I have any concerns I speak directly to the manager and any changes required are dealt with." Another relative said, "If ever I've raised an issue the care has been changed." The registered manager also confirmed that all staff received training in food preparation and as part of the training they were given practical training in respect of using a microwave.

There were arrangements in place to ensure people were involved in expressing their views. People who used the service were involved in an initial assessment about their needs when they started using the service. The previous inspection found that care plans had not been signed by people or relatives to show that they had been involved in planning their care. During the inspection in December 2015, we saw that care plans had been signed by people who used the service or their relatives. The registered manager confirmed that they ensured that care plans were signed and said that all care plans had been signed by people who used the service or their relative. However we noted that it was not always clear as to whether care plans

were signed by the person receiving care or their relative and raised this with the registered manager. The registered manager confirmed that they would ensure that it was clearly documented as to who signed the care plan.

People's care plans were reviewed by field care supervisors every six months or sooner if necessary. The care supervisors told us that if there were any changes, the care plan would be amended accordingly. We noted that there were review meetings with people using the service and relatives so that the service could discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes. When speaking with people who used the service, there were mixed views about whether they had regular reviews. However relatives we spoke with confirmed that regular reviews had taken place and that they were asked for their feedback and comments. One person said, "They came to review my care package yesterday and I'm told it will be reviewed again." Another person told us, "I completed a big questionnaire and I've had reviews." However, another person said, "I don't think I've ever had a review." One relative told us, "They always ask for feedback and really do listen." Another relative said, "I know how to complain if I had to, they do regular checks every six weeks."

The service had a policy on "dignity in care" which focused on supporting and promoting people's self-respect. The policy provided staff with practical guidance on how to ensure people and their privacy were respected whilst also promoting self-esteem and autonomy. The policy was part of a continuing process of informing people of their rights and privileges to enable them to make informed choices with regards to their care.

Care staff were aware of the importance of respecting people's privacy and maintaining their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One member of staff said, "I encourage people as much as I can and am supportive. I talk to people and have a conversation with them. I encourage independence and offer choices especially with personal care. I make sure people are comfortable." Another member of staff told us, "I always take time to talk to people. Reassure them and have a chat. I listen to people. I treat people like individuals. I appreciate that everyone is different. I treat people like how

## Is the service caring?

I would like to be treated and put myself in people's shoes to understand them. Empathy is important." Another

member of staff said, "I always introduce myself. Tell people what I am doing beforehand. Give people choices. They are in control. I listen to them and let them make decisions themselves."

# Is the service responsive?

## Our findings

People who used the service and relatives informed us that they were satisfied with the care provided by the service. They told us that the provider listened to them if they had any concerns and they felt able to raise them directly with the service. One person said, "If I have a problem I feel I can speak to the carers face-to-face and deal with it that way." Another person told us, "They are very good. When things changed they changed my care plan." One relative said, "It is such a good service. They are always obliging when we ask anything." Another relative told us, "They are very open and transparent. They deal with things immediately. They contact me with updates. I am very impressed by the service. They take a great weight off my mind." Another relative said, "They really do listen. Office staff are very much involved and are helpful."

We looked at ten people's care plans as part of the inspection in December 2015. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments were detailed and provided information about people's life history, medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, eating and drinking, communication, mobility and medicines.

We found support plans were difficult to follow and information about people's support was not always clear and consistent. For example; in one person's care plan under the "relevant health and social history" section it stated that the person was "totally dependent on adult care for all their needs". However under the "my psychological and emotional needs" section it stated that this person "relied on adult care for day to day living". It was not clear what these statements meant and therefore did not provide clear guidance for care staff when supporting that person with their care.

We found that information in support plans were inconsistent as some contained more detail than others. For example in one support plan, we noted that the person was epileptic and there were clear instructions about what care staff should do in case of a seizure. However in another support plan for a different person who was also

epileptic, there was limited guidance in respect of what action to take in the event of a seizure. The support plan stated, "seizures – if [name of person] has a seizure, carer to comfort [this person] by speaking to them and stroking/ distracting them out of the seizure. Sudden loud noises often trigger a seizure so we try and avoid them. Usually straight after a seizure [this person] has a bout of coughing to clear the secretions". There was no further guidance provided and therefore not enough detail for care staff to respond effectively in the event of a seizure.

We also found that support plans contained limited information on how to communicate with people. People's support plans were not person centred and were task focused. They contained information about the tasks care staff needed to do during each visit however, there was a lack of information about people's life history, their interests and preferences. We noted that support plans included a section titled "my work and play". This section was aimed to provide information about people's interests and hobbies. However we found that the information recorded in this section was limited and did not provide sufficient information about the person's interests and background.

### **The information above is a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We noted that care plans included a section titled, "my care at a glance" and noted that this included clear instructions about people's aims and how staff should support people to meet them. This document was helpful for staff as it provided a basic summary of important information to help staff meet that person's needs. Staff we spoke with told us that they found care plans to be helpful to them when providing care to people and said that they included the necessary information.

The registered manager explained that the service was in the process of implementing an electronic system where people's care plans were stored electronically and staff would have access to these on the mobile phones provided by the service. She explained that the idea behind this new system was that information would continuously be updated in people's care plans. The registered manager explained that they hoped to have this system fully operational in the next few months.

## Is the service responsive?

The previous inspection found that there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because all people we spoke with told us that they did not have a regular care staff to provide their care and we found the service was not providing consistent care for people. There were also concerns that the service did not inform people of changes and that care staff were frequently late. During this inspection people told us that they were receiving care from the same care staff and people spoke positively about this. One person said, "A few months ago it was terrible, sometimes they came sometimes they didn't, my daughter had to come instead. It has improved and recently they come on time." Relatives we spoke with told us, "Staff are punctual. If they are late they always call to explain why there is a delay and absolutely no missed visits." Another relative told us, "There are the same carers. There is consistency." There were no concerns raised about people having different care staff or care staff being late on a regular basis or missing visits. We noted that the service had taken action in respect of this and improvements had been made.

The previous inspection found that there was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This was because people did not feel confident that their concerns would be listened to and acted on and the service did not record and respond to complaints accurately. Our inspection in December 2015 found that the service had a

comprehensive procedure for receiving, handling and responding to comments and complaints. One person told us, "Once I did complain and they sorted things out for me." One relative said, "They always ask for feedback, it's excellent. They are always open to suggestions and comments. I have not had to complain." All people and relatives we spoke with during this inspection expressed that they had confidence in the service and were satisfied that if they needed to complain about something, their concerns would be taken seriously and dealt with accordingly. It was evident from the feedback received from people and relatives that the service now listened to people's concerns and took the appropriate action. The service had a system for recording complaints and we saw evidence that complaints had been dealt with appropriately in accordance with their policy. This was also confirmed by the registered manager who explained that the service took every complaint seriously and worked hard to ensure that people were satisfied with the outcome. We noted that the number of complaints the service received had fallen considerably since the last inspection and this was also confirmed by one care professional we spoke with. The service also carried out a monthly audit of complaints received and analysed these as part of their way of improving the service.

The above demonstrates that the service had taken action to improve the service following breaches of legal requirements previously identified.



# Is the service well-led?

## Our findings

During our previous inspection, people told us that they did not have confidence in the management of the service and that there was not a consistent and effective management team. During our inspection in December 2015 people who used the service and relatives spoke positively about the management of the service. One relative told us, "They are very organised. Excellent communication there." Another relative said, "The service is very approachable. I have no complaints." Another relative told us, "I rang the office when I felt changes were required, they took it very seriously and dealt with it straight away."

Our previous inspection found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have an adequate system in place to appropriately monitor the quality of services provided. During the inspection in December 2015, we found that since the last inspection the service had created a "compliance" team that was responsible for monitoring and checking the quality of service provided. There was evidence that the service undertook a range of checks and audits of the quality of the service and took necessary action to improve the service as a result. The provider carried out regular audits looking at complaints received, safeguarding referrals, staff training, supervision sessions, staff spot checks, punctuality and completion of satisfaction surveys. They also analysed the information obtained as part of their audits so that they monitored their monthly progress but also to look at ways of improving the service and taking necessary action.

The previous inspection found concerns had been raised by people about the lateness of staff. During this inspection in December 2015 we found that the service were now accurately monitoring the lateness of staff using their electronic log-in process. People and relatives we spoke with during this inspection raised no concerns about the lateness of staff. During the last inspection there were concerns about the discrepancies in the reports of late and missed calls from the service and the local authority. We discussed this with the registered manager during this inspection in December 2015 and she confirmed that these previous errors were due to electronic discrepancies and confirmed that this issue had been resolved. We also spoke with a care professional who confirmed that this was no longer an issue and that information was accurate.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as safeguarding and health and safety. Staff were aware of these policies and procedures and followed them. People's care records and staff personal records were stored securely at the office which meant people could be assured that their personal information remained confidential.

Staff were informed of changes occurring within the home through staff meetings and we saw evidence that these meetings occurred monthly and were documented. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

There was a management structure in place with a team of care staff, field supervisors, office staff and the registered manager. Staff we spoke with told us that the morale within the service was good and spoke positively about working at the service. They told us that the management was supportive and felt able to raise any concerns and queries. One member of staff told us, "Communication is good. I am provided with the information I need." Another person told us, "Things have improved at Concept care since the last inspection definitely."

There was a comprehensive quality assurance policy which provided detailed information on the systems in place for the provider to obtain feedback about the care provided at the service. The registered manager explained that since the last inspection the service was eager to listen to the views of people who used the service and their relatives and find ways to improve the service. The service had a number of ways they did this in addition to audits. The service carried out monthly monitoring visits where the field care supervisors arranged to meet people in their homes and talk about their care and any areas for improvement. The service also carried out unannounced staff spot checks to ensure staff were providing the appropriate level of care. The service carried out quarterly satisfaction surveys which focused on listening to people's feedback and taking necessary action. We saw evidence that these surveys were analysed by the service and acted upon where necessary.

Accidents and incidents were recorded and analysed to prevent them reoccurring and to encourage staff and management to learn from these.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective arrangements for the management of medicines to protect people against the risks associated with this.</p> <p>Regulation 12(2)(g)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person was not maintaining an accurate and complete records in respect of each service user including record of the care and treatment provided to the service user.</p> <p>Regulation 17(2)(c)</p>