

## Concept Care Solutions Limited

# Concept Care Solutions

### Inspection report

Unit 7, Ground Floor Office, Capricorn Centre  
Cranes Farm Road  
Basildon  
SS14 3JJ

Tel: 01702567430

Website: [www.conceptcaresolutions.com](http://www.conceptcaresolutions.com)

Date of inspection visit:  
15 November 2022

Date of publication:  
06 December 2022

### 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

### About the service

Concept Care Solutions is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 27 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People received safe care from staff who knew them. There was a safeguarding policy in place and the management team and staff knew how to identify and report concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited and pre employment checks carried out.

Staff supported people with their medicines. People told us they received their medicines on time.

Staff had received an induction and training to enable them to meet people's needs. Supervisions, spot checks and competency assessments for staff were carried out and the majority of staff told us they felt supported by the senior team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service carried out an assessment of each person's needs and how they liked to be cared for and care plans included guidance for staff on how to meet those needs.

Staff had access to personal protective equipment (PPE) and there were effective infection control measures in place.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet.

The registered manager and senior management team sought support and liaised with other health and social care professionals when needed.

The majority of people, relatives and staff spoke positively about the management.

There were systems in place to monitor, maintain and improve the quality of the service.

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

#### Rating at last inspection

The last rating for this service at the previous premises was good (published March 2019)

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Concept Care Solutions on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Concept Care Solutions

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 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.

#### Service and service type

Concept Care Solutions is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The provider was also in the process of recruiting a second registered manager to support in the day to day management of the service.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 November 2022 and ended on 22 November 2022. We visited the location's office on 15 November 2022.

### What we did before the inspection

We received information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the nominated individual who is also the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the area manager who was currently supporting the service. We reviewed a range of records. This included 5 people's support plans and 3 people's Medication Administration Records [MAR]. We looked at 4 staff files in relation to recruitment, training and supervision. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the inspection to Concept Care Solutions, we continued to seek further clarification from the registered manager and area manager to validate evidence found. We spoke to 4 staff members, 5 people using the service and 8 relatives to obtain feedback of their experience.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and knew how to identify and report any concerns. One staff member told us, "I would report my concerns to a senior member of staff, if nothing happened, I would report to the police or CQC."
- People told us they felt safe, one person told us, "I am more than happy, and feel very safe with my carers, all is well." Another person told us, "I am safe, cared for and have no complaints at all."

Assessing risk, safety monitoring and management

- Risk's associated with people's care and environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised. One person told us, "I feel safe when I am in the hoist."
- Staff had received appropriate training both online and face to face to use equipment correctly. One staff member told us, "I have had training on how to use a rotunda transfer aid, and how to use slide sheets when assisting a person in bed."

Staffing and recruitment

- Staff had been safely recruited and pre employment checks carried out which included obtaining references and Disclosure and Barring Services (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. People told us calls had not been missed and if staff ran late, they were notified. One staff member told us, "My visits are close to where I live, I don't like to keep people waiting." One person told us, "The carers call on me 4 times a day, if they are going to be late they let me know" A relative told us, "There have been no missed calls, the care is consistent and regular, both during the week and at weekends."

Using medicines safely

- Staff received training in safe medicine management and were assessed as competent before administering medicines.
- People told us they received their medicines when they needed them and on time. One person told us, "They [carers] help me with my medicines and make sure I have taken all my tablets." One relative told us, "Medicines are given safely to [name] and we have had no issues."
- Medication administration records (MAR) had been audited regularly with records of actions taken if any concerns were identified.

#### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as masks, gloves and aprons were provided for them. People confirmed staff were following correct infection control procedures, one person told us, "The carers wear their masks and gloves." A relative told us, "The carers always wear their PPE."
- Staff told us, "We wear gloves, masks in people's homes, we also have aprons and access to footwear protection if required." Another staff member told us, "PPE is replenished in people's homes by the office, we have lots of PPE available to us."

#### Learning lessons when things go wrong

- The registered manager and area manager had systems in place to monitor accidents, incidents and complaints. At the time of the inspection, there had been no significant accidents or incidents.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to commencing the service. One person told us, "I have a care plan which lists my health conditions so they [carers] are aware." One relative told us, "They [carers] know what [name] likes and dislikes as a care plan was completed at the start of the service, and I was involved."
- People's care plans gave clear information around how care and support should be delivered. For example, when carrying out skin care for one person, there was clear guidance on exactly how to soak the person's feet, how to clean and dry their skin and the application of their prescribed cream.
- People's support needs were regularly reviewed to ensure care continued to be delivered as they required.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. This included an induction and shadowing of more experienced staff until they felt confident in their role. One member of staff told us, "I shadowed more experienced members of staff for 2 weeks, over 5 or 6 different shifts."
- We saw new members of staff had completed The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink in line with their care plans. We saw from daily notes and care plans, individual people's preferences for meals and their preferred drinks and how staff supported people with eating and drinking. For example, one person required their food to be cut up into small bite sized pieces to enable them to manage independently.
- One staff member told us, "I read people's care notes, see if they have any allergies and also ask people what they would like."
- People told us, "The girls keep me looking well, feed me and make sure I have drinks and always leave me my milk that I like." And, "They do everything for me, prepare my meals and drinks, I am most satisfied."

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

- The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to health and social care professionals to ensure people received the support they needed.
- The area manager told us, "At the initial assessment period, we find out what a person's care

requirements are with involvement from the person and their relative. We prepare a personalised care plan for them and identify if they require input from other external health professionals. For example, one person receives additional support from an external health professional for their injections."

- We saw the service worked in partnership with people and relatives to ensure people had access to other healthcare services when required. One person told us, "The carers contact the district nurse if they think there is a problem with my catheter, so it is all managed very well." One relative told us, "The carers arrive on time, but are flexible when [name] goes to day centre. They [carers] come and get [name] ready earlier than usual which is very good, which then allows [name] to sleep longer in the mornings when [name] does not attend day centre"

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We saw evidence in peoples care plans where people and relatives were consulted and asked for their consent before providing care and support.
- Staff had completed MCA training and encouraged and supported people to make their own decisions. A member of staff told us, "People have the right to make their own decisions, even if at times their decision may seem unwise." Another staff member told us, "Making sure clients are making informed decisions about what happens to them, they understand the risks. If not go and talk to someone to assess, as it may be necessary to act in a person's best interests."

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received positive comments from people and their relatives who told us staff always treated them well and they felt respected. One person told us, "I am cared for, they [carers] are happy, friendly folk and great company." A relative told us, "The carers are very kind and caring and treat [name] so well." Another relative told us, "The carer always gives the impression she has all the time in the world for [name]."
- People were supported by staff who had got to know them well. One person told us, "I am very happy with my girls, they do everything I ask of them without hesitation."
- The area manager told us, "We do not discriminate when accepting new referrals, we accept people from all different ethnicities, backgrounds and cultures and are sensitive to the needs of the clients."
- Staff spoke positively about their roles and the people they care for. One staff member told us, "The people I work with are so welcoming, and lovely. They have showed me step by step and the clients are lovely, so helpful." Another member of staff told us, "The clients are the best thing, and we all work together."

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

- People and relatives told us they were involved in decisions about their or their loved one's care. One relative told us, "I was involved with [names] care planning with the manager. The carers always talk to [name] and inform him of what they are going to do and ask if [name] is happy with it." One person told us, "The manager will call and talk to me."
- People's care plans included details of people's involvement preferences and choices.
- The area manager told us, "People are able to have their own log in detail, which gives them access to their care plans. People's next of kin are also able to access their relatives care plan, daily notes, and carers logging in and out times for peace of mind."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected their privacy and dignity. One person told us, "They are so good at making sure I am covered up in bed when they wash various parts of me, which is very respectful." A relative told us, "They are very polite and respectful, providing [name] with as much privacy as is practical, [name] is very happy with them."
- Staff encourage and promote people's independence wherever possible. One relative told us, "They [staff] are well trained as [name] has dementia, they do their very best to encourage [name] to do things for themselves." Another relative told us, "The carers are very interactive with [name] and chat away and always give [name] the opportunity of doing things independently."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and reflective of their needs. They considered all aspects of people's care, including medical history, nutrition and hydration, personal care, greeting and communication.
- People and their relatives were involved with the development of their care plans wherever possible. People and relatives were encouraged to provide information and feedback so this could be used to update their care plans.
- The area manager told us, "When booking a review appointment, we like to have a person's next of kin with them or their preferred person, friend or neighbour. We have a general chat then will carry out an assessment of the person's needs and requirements to make sure we are able to meet the persons expectations."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs at the point of assessment and recorded in their care plans for staff to be aware of how to support each individual.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise any concerns or make a complaint and to whom. One person told us, "I know the managers number if I needed to contact them, but I have no issues." One relative told us, "The manager reviews [names] care and makes sure all is ok, so we have no complaints."
- The provider had systems in place to record and monitor complaints to ensure action was taken to address people or relative's concerns.

End of life care and support

- The service was not supporting anyone at the end of their life. The area manager told us they were qualified as a train the trainer for end of life care and would support staff and liaise with the appropriate healthcare professionals should it arise.
- Staff we spoke to had not received end of life training, however told us this training is in the process of being rolled out to them.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their legal responsibility to notify the Care Quality Commission as part of their regulatory requirements; however, we did find some safeguarding alerts the service had raised with the local authority we had not been notified of. The area manager explained why this had happened and took action to send them to CQC retrospectively.
- The registered manager and area manager had an on-going development plan for improving systems and processes to improve the quality of the service.
- The area manager told us, the senior team attend a weekly meeting to discuss any concerns, and identify improvements to be made. Staff confirmed regular staff meetings were held, face to face at the office and also via video link for those staff members who were unable to attend.
- People and relatives had been contacted for their feedback on the quality of the service. People and relatives overall appeared happy with the quality of the service and told us, "I don't think the service could be improved as the carers are well trained and communication is very good." And, "It is a lovely company and I have phone numbers of managers and they communicate well; I would recommend them to others."
- Staff we spoke to felt confident in their role and spoke positively about the new changes to the senior team and support they received. One staff member told us, "There was a bit of a rough patch, but the new senior team are supportive and approachable."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us about their positive experiences of care being delivered to them or their loved one. One person told us, "There is one carer who is very kind and is absolutely brilliant, [name] is amazing and can't do enough for me" And one relative told us, "The service is good and is meeting [names] needs and there is a care plan in place."
- The service provided people and relatives the opportunity to give feedback on the service they were receiving. This was in the form of a monthly monitoring form on the service's electronic app, telephone calls and face to face meetings.
- The area manager told us they were looking to provide a telephone automated system which would generate a satisfaction survey after every call. This would then obtain feedback from all callers such as relatives and other external professionals to help drive improvements across the service.

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

- People's care needs, and wishes were respected, their care plans were regularly reviewed and updated, and reviews of their care took place which involved them and their relatives. Relatives told us, "The manager contacts us to reviews [names] care." Another said, "The manager contacts us to make sure the service is running well."
- Staff told us they were kept updated of any changes either through meetings held face to face or virtually or through the electronic care planning app or through the services private messaging group chat.

Working in partnership with others

- The service worked in partnership with many external professionals such as the local authority, Integrated care boards (ICBs), Occupational therapists, Physiotherapists, district nurses and GP's. This was to ensure people received the right care, treatment and support individual to them,.