

## Concept Care Solutions Limited

# Concept Care Solutions

### Inspection report

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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

The announced inspection took place on the 16, 17 and 19 August 2016.

Concept Care Solutions provides personal care and support to people in their own homes. At the time of inspection there were 27 people who used the service.

The service is required to and did have 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.

The service was developing their quality assurance systems to improve robustness and drive improvements. Although systems were in place to make sure that people's views were gathered, analysis and action plans were not in place to make effective use of people's views.

Staff provided care and support effectively. People's safety was ensured and care was provided in a way that intended to promote people's independence and wellbeing. A robust recruitment process was in place and staff were employed upon completion of appropriate checks.

Qualified staff supported people satisfactorily with the administration of their medications and responded appropriately and immediately to concerns raised, which ensured people's medicines were managed effectively.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). The registered manager knew how to apply such measures appropriately.

Staff supported people to receive healthcare services when required. Staff also worked with a range of external services, such as social workers and GPs, to ensure care and support was delivered as requested by health professionals.

People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. Staff were respectful and caring towards people ensuring privacy and dignity was valued. People were supported to improve their health to increase independence.

## 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.

People felt safe being supported in their own homes. Risk assessments were implemented appropriately to ensure the safety of people and care workers.

People were supported to take their medications safely. Management responded to concerns immediately.

Appropriate checks had been carried out making the recruitment process effective in recruiting fit and proper staff.

### Is the service effective?

Good ●

The service was effective.

People were supported with their dietary needs and any changes in need were managed effectively to ensure people's health and wellbeing.

People were supported to attend healthcare appointments.

Staff were supported to advance and refresh their training, which enabled them to apply knowledge to support people effectively.

### Is the service caring?

Good ●

The service was caring.

Staff treated people kindly and respectfully.

Staff knew people well and positive relationships had been created between them.

People were supported to express their views about the care provided, monthly.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care responsive to their needs.

Care plans contained all relevant information needed to meet people's needs.

Complaints were responded to in line with service policy and being developed to facilitate improvements.

**Is the service well-led?**

**Good** ●

The service was well-led.

Effective quality assurance systems were being developed to improve robustness and drive improvements.

There were systems in place to seek the views of people who used the service however systems were being developed in order for them to be fully effective.

Staff felt supported within their roles and guidance was provided to promote a high standard of care for people.

# Concept Care Solutions

## **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.

We inspected Concept Care Solutions on the 16, 17 and 19 August 2016 and the inspection was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to ensure that someone would be available. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the Care Quality Commission (CQC) database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with six people, five relatives, seven members of staff, quality assurance and training manager and the registered manager. We observed interactions between staff and people. We looked at management records including samples of rotas, seven people's individual support plans, risk assessments and daily records of care and support given. We looked at four staff recruitment and support files, training records and quality assurance information. We also reviewed audits of two people's medical administration record (MAR) sheets.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "I tell them [care workers] when I feel safe standing up and only then will they step away from me, I trust them." Relatives consistently told us that they knew their relatives were safe when support was being provided by staff from Concept Care Solutions. One relative told us the difficulties of living a distance away from their relative and how they are reassured, "I feel they [relative] are as safe as they can be. The carers make sure they [relative] wear their care line pendant so help can be called when no-one else is there." Care workers repeatedly told us the importance of keeping people safe. One care worker told us, "We must keep people safe even when we leave, it is so important to make sure the door is shut properly behind you when you leave and put key codes back to 0000 so people are secure in their own homes." Another care worker told us, "When we use a hoist there must always be two people, doing it alone is forbidden."

Staff knew how to protect people from harm and keep people safe. Care workers described to us how people may be at risk of different types of harm or abuse and what they could do to protect people. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One care worker told us, "I have done a lot of training around safeguarding and I would report any concerns I had immediately." The service had a whistle blowing policy. One member of staff told us, "I know exactly who I would need to report to no matter who it involved." The registered manager and staff had a good understanding of their responsibility to safeguard people and showed us documentation which revealed how safeguarding concerns had been managed objectively and appropriately. Management meeting minutes revealed discussions of safeguarding concerns and the registered manager told us how they have created good relations with the local authorities safeguarding teams and communicates concerns effectively.

Care workers had the information they needed to support people safely. They told us that they are updated if changes are made to people's support. The registered manager also informed us that they had recently implemented a daily procedures log, which staff signed to confirm they had completed various tasks during their visits including checking the care plan for updates.

The registered manager, care co-ordinator and administrator were responsible for updating care plans and risk assessments. Care plans had current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. Risk assessments and practical approaches to keep people safe had been discussed with people and their relatives and documented in care records to allow staff to manage risks appropriately. For example, in one person's care records we saw risk assessments enabling the person to manage their mobility with potential risks of falling. This documentation displayed how to support and protect the person as much as possible whilst their freedom was respected to make their own choices. In turn, we saw other risk assessments covering areas such as; nutrition, finances, medication, continence and skin integrity.

Environmental risk assessments had been carried out to ensure the safety of people living in their own homes and safe working environments for staff. One person told us, "They [care workers] have helped us

clear so much away so now I can get around the house in my wheelchair." Care workers we spoke with were confident when answering questions about how they would respond to emergencies in people's homes. They told us they would; contact emergency services, provide First Aid if required and inform the registered manager, who would contact the person's relatives.

An effective system was in place for safe staff recruitment. The recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The administrator involved in recruitment told us, "We look for specific qualities in people. Although we do look for qualifications and experience, if they don't have experience but have the correct personal qualities we know we can provide the training. We want people who are passionate and want to work from the heart."

There were sufficient staff employed to keep people safe and meet their needs. The registered manager showed us daily monitoring and weekly auditing systems which demonstrated how the service ensured people were receiving their visits at the correct times for the correct length of time. Although two care workers told us how they had experienced problems with the computerised system there were also contingency plans in place for monitoring calls when the computerised system failed. People consistently told us how happy they were with the consistency of call time visits. One person told us, "They [care workers] always arrive three times a day at the same time every day, they are really good." Another person told us, "It was such a relief they started coming to us, they are just amazing, if they are ever running a bit late they will ring us and let us know."

Medication management in the service was safe and where needed management response to concerns was robust and appropriate. The majority of people and relatives told us they self-medicated which was indicated in people's care records. Three people required medication to be administered by care workers who had received training in medication administration and management. People had signed consent forms in agreement to receiving assistance with their medication and medication risk assessments had been completed where appropriate, in line with company policy. Trained care workers recorded people's administered medication on charts which were audited by the registered manager. We were satisfied that the registered manager responded appropriately to concerns to ensure people's medications were always managed safely.

## Is the service effective?

### Our findings

Care workers received appropriate formal supervision which was documented in staff files we saw. The registered manager provided us with the service's staff supervision and development policy which indicated supervisions take place every two months. Although supervision notes in staff records appeared to be every three months, announced and unannounced competency spot checks were also carried out every two months which ensured safe practice, quality standards and effective performance. Staff told us they felt supported and spoke with the registered manager and care co-ordinator for informal supervision frequently. One member of staff told us, "I feel really supported by [registered manager's name] and [care co-ordinator's name]."

Staff were supported to obtain the knowledge and skills to provide continuous good care. People received effective care from staff who had completed nationally recognised qualifications in Health and Social Care. Staff were also being supported to increase and refresh their knowledge by attending regular one to one sessions and group sessions with the registered manager to learn specific topics. One care worker told us, "The training we are given allows me to be confident in my role, people's needs are specific and it is important to refresh your knowledge on all topics." The registered manager was also in the processes of developing relationships with external organisations such as Dementia Action Alliance, hospices and local authorities in order to increase training opportunities for staff. The registered manager confirmed that suitable new staff would be enrolled on the Care Certificate. This is an industry recognised set of minimum standards to be included as part of the induction training of new care staff.

Care workers received an induction into the service before starting work. The induction period allowed staff to complete mandatory training and get to know their role and the people they were supporting by shadowing experienced members of staff. Staff consistently told us they felt they were given enough time to learn people's needs by reading their personal care records, meeting them and understanding how they needed to care for each individual in their own homes. Staff told us they were given continuity in the people they provided care to which allowed them to build trust with people and carry out their role effectively as they were able to identify and communicate any changes required imminently.

Consent to care and treatment was always sought. Care plans were signed by people or an appropriate person, where required, agreeing to the care provided. We also saw care workers politely ask for permission to carry out a task before they did it.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The manager was aware of the Mental Capacity Act 2005 and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. Information regarding one person's lasting power of attorney was clearly documented in their care records along with decisions made in the person's best interest. Actions care workers needed to take in the person's best



interests were clearly outlined regarding finances. This told us people's rights were protected.

People were supported with their dietary needs. Staff helped people to maintain their independence by supporting food shopping. One person told us, "They [care workers] will take me out food shopping when I need to as I'm a bit unsteady on my feet, it's a great help." The registered manager explained to us that over time they learnt about one person's difficulties surrounding food. Relationships of trust between the person and care workers were built upon and the time and length of calls were reviewed with the person and funding authorities in order to help support their nutritional needs effectively. We also saw one care worker effectively prompt and encourage a person to eat healthily before they returned for their next visit. One care worker expressed, "It's so important to go to the same people consistently; I know people's appointments, when family are taking them out and exactly what their diets are. That way I can meet their needs well."

People were supported to attend healthcare appointments. One relative told us, "If we have a hospital appointment to attend they [care workers] are always obliging and come earlier to get [person's name] ready to leave in time." One care worker told us how they accompanied one person to frequent hospital appointments as the person requested help from someone they trust when listening and understanding medical advice. The person confirmed they had been supported in that way.

## Is the service caring?

### Our findings

Care workers had developed positive relationships with people using the service. People told us they really liked the staff who supported them. One person told us, "I know every person's [care worker's] name that comes here." When we visited another person they told us, "Oh, [care worker's name] has just been, they are lovely." One relative told us, "They really make you feel like someone's there that does give a damn. We would do anything for them because they do everything for us." We saw thoughtful, jovial and gentle interactions from care workers towards people. One person happily told us, "I've got no complaints, I've just had a lovely bath by [care worker's name]." We saw people and care workers were really relaxed in each other's company.

Care workers had also created positive relationships between each other and told us how they all communicated to meet people's needs. One care worker told us, "We really do support each other." They told us that if one person went sick another member of that team would be able to support people safely and effectively as they all communicated by detailed daily diaries. We saw open, kind and caring relations between care workers.

People and their homes were treated respectfully and with kindness. People and relatives told us that staff who supported them treated them and their homes respectfully. One care worker told us the importance they placed on respect. They said, "You must never assume that someone might like to be called darling or dear and you should never put a label on anyone." Care workers we spoke with understood the significance of offering people choice and we saw care workers kindly ask for permission to carry out a task before they did it. We saw one care worker ask a person what they would like to wear that day and patiently waited for an answer from the person who had chronic breathing difficulties. The care worker had good knowledge of the person, their illness and equipment the person used. They also explained how to help them recover when they became breathless. We saw the respectful nature of care workers and the positive relationships that had been developed.

The registered manager, care co-ordinator and care workers supported people to express their views. Relatives and people told us that the registered manager and staff listened to their needs and made adjustments if need be. One person told us how they had requested not to be supported by a care worker of the opposite sex. This request was accommodated consistently. The registered manager also told us that a computerised system was in place which flagged up when a monthly one to one meeting was due with each person to discuss the service that was being provided to them and care worker performance. We saw the documentation that was produced from these monthly meetings where people expressed positive reviews.

The registered manager told us that no one currently had a need for advocacy services. However they had arranged for people to use advocacy services in the past and were very aware of how to help people's voice be represented effectively. People were supported to maintain healthy relationships with their friends and family. Care workers told us how their role was not just about helping people but their relatives also. One care worker warmly expressed, "My main objective is to lift people's spirits. I help people with their personal care and support them but I also feel I give emotional support to their families when they need it." The care

workers we spoke with passionately echoed the same view.

## Is the service responsive?

### Our findings

Before people used the service their needs were assessed, by the registered manager and care co-ordinator. People and their relatives told us they had been spoken with to ensure the service was suitable for their needs. One person told us, "[Registered manager's name] is very pleasant I met with them first." We saw the pre-assessment forms which were kept in people's care records in the office and in people's homes.

People's care and relatives' support needs were well understood by the service. This was reflected in detailed person centred care plans and individual risk assessments specific to the individual. People were aware of their care plans and we saw detailed care plans and records in each person's house we visited. We saw one care plan that indicated exactly how the person liked to be assisted out of bed in the morning and sit on the edge to perform strengthening exercises with aids. People's care records also contained information sheets specific to their own diagnoses such as, diabetes and atrial fibrillation. The registered manager explained the purpose of this was to refresh care workers knowledge of illnesses and help people and their relatives understand their own health needs. The registered manager also expressed how they were beginning to implement Preferred Priorities of Care documents to ensure they understood exactly how they could provide effective and person centred end of life care.

The registered manager told us care plans were reviewed every six months or when a change in need arose. Care workers also told us they updated the registered manager and care co-ordinator if they identified a change in support is needed. We heard one member of staff inform and discuss with the registered manager ways that support could be improved for one person. A meeting was arranged to discuss the change in need with the person and their next of kin.

A relative told us, "The carer that visits [person] every day comes at the fixed time every day, which is very useful as I know when to call and speak to them. [Care worker's name] identified problems with continence and they contacted the GP for me as I live a distance away. We have discussions about changes needed and they make the changes to [person's] routine." One person told us, "I have regular meetings with [registered manager or care coordinator name's] but if there's any changes before then they talk to me about it and I sign the revised care plan to agree to it." The registered manager told us when they reviewed people's needs they discussed any increase or decrease in care provision with the person, their relatives and funding authorities.

People received personalised care responsive to their needs. Care workers understood how the care they provided made a difference to people's lives. One person told us, "Everyday cream is put on my feet, [care worker's name] is so gentle and they are so much better now, it's made a real difference to my life." A relative told us the provision of consistent care workers was so important due to their relative being visually impaired. The person happily expressed further that no-one ever visits to provide them with care that they don't know. They told us, "I trust [care worker's name] and now I have built up the confidence to have a bath using the aids with their support. This ensured people's individual preferences were supported, such as personal care preferences.

The registered manager, care workers and care co-ordinator supported people to increase and maintain their independence. One person emotionally told us how their health had deteriorated prior to receiving care from Concept Care Solutions. They expressed, "They [care workers] are so friendly and reassuring, they've managed to give me confidence and they've got me up walking again, even got me in the shower." A relative told us, "They [care workers] keep communication open with family, district nurses and occupational therapists. They all work well with the carers to help keep as much independence as possible." People told us how their hours of care provision had decreased due to their improvement of health.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and to direct complaints to management. One person told us, "The complaints procedures are in the care file." Another person expressed, "I'm a person that will criticise when need be but I have absolutely no reason to complain. I have to give praise where praise is due. These people [care workers] are brilliant." Complaints were documented and dealt with in line with the policy. The registered manager told us how they were going to facilitate improvements to the service by developing the complaints system to incorporate learning logs. This would enable the registered manager to further learn from people's experiences and implement change.

## Is the service well-led?

### Our findings

The service had a registered manager in place. The registered manager had successfully made people and relatives aware that their presence was full time and would be responsive to their needs even sooner if possible. One relative told us, "I even got a response straight away from [registered manager's name] when I emailed late at night. They are very responsive." Staff and people approached the registered manager with ease and we saw regular and consistent friendly interactions indicative of an open and positive culture.

The service was relatively new therefore quality assurance processes, although in place, were still being developed to ensure robust quality monitoring of the service. This was evident by the presence of the quality assurance and training manager within Concept Care Solutions who explained they were supporting the registered manager to implement robust quality assurance systems and processes. The registered manager explained how supported they felt from the provider and positive that resources from sister branches were openly available to implement uniform systems and processes. Additionally the registered manager clearly showed and expressed their passion for embedding these uniform systems and processes and understood the need to adapt certain systems to ensure they worked specifically for their service.

The registered manager advised us that they had not produced an annual report as yet; although they met with the provider monthly to discuss service development and were in contact regularly via telephone and email. The quality assurance and training manager informed us that the development of robust monthly audits would allow the registered manager to produce an annual report and action plan which they would be supported to produce in line with Concept Care Solutions procedures. Examples of systems that were in place but being developed were, robust weekly and monthly medication audits, clear monitoring of staff training, monitoring of missed and late calls, auditing of care plans and annual staff appraisals. The registered manager told us how they had identified the importance of the need to improve quality assurance which they had confidently begun to develop with the assistance of the care co-ordinator and the administrator. We saw that the registered manager worked effectively with this team and one care worker told us, "I see them [registered manager and care co-ordinator] working well together to support all of us [care workers] and the people."

Monthly meetings and questionnaires were used to gain feedback from people on the services provided. Although feedback from these interventions were positive they had not been analysed to drive improvement. The registered manager reported that findings from questionnaires distributed to people, relatives and other stakeholders would be analysed and action plans produced as part of the on-going improvements to quality assurance systems. Nevertheless people told us they had regular meetings with the registered manager and care co-ordinator who felt them to be approachable and responsive to their needs. We also observed that people knew them well and were accustomed to their presence.

The registered manager gathered staff's views on the service through informal face to face meetings with care workers and monthly management meetings. However group care worker meetings did not take place regularly; only if an urgent need arose. The registered manager advised this was due to difficulties gathering everyone together and prioritising people's home visits. The registered manager felt confident information

was always disseminated informally but effectively. However stated that effort would be made to implement regular care worker meetings if possible for care workers to express their views to help improve the service they provided.

The principle aim and objective of Concept Care Solutions is to provide a service that not only meets but exceeds people's expectations in all the dealings with them. This principle was put into practice by recruiting staff who had received an induction process and continued training to apply their knowledge to the service. One care worker told us, "They are all very supportive from the management in this office right to the top in London, especially with training." The service had retained care workers who voiced to us their objective was to provide valuable, effective support to people whilst working for Concept care Solutions. When we asked care workers what they thought the service was trying to achieve they told us, "I think it's our job to promote good care and prevent deterioration of people. We give good care and support families;" and "We are trying to maintain the wellbeing of people and care for them in a way that they can remain happy and safe in their own homes." Staff spoke with high regard of the registered manager and care co-ordinator one care worker told us, "[Registered manager's name] is very supportive, there is a good rapport between staff and if people are happy at work they can create happiness for people in their own homes." The registered manager valued their staff in return and told us how well staff communicated to meet the needs of people and was confident they would develop and improve the quality assurance together. This demonstrated a positive culture with an open door policy.