

New Concept Care . Nursing . Training Limited

New Concept Care Selby

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The service supports people with personal care needs in their own home. Some people were also supported whilst their main family carer took a break from their caring role. Others were supported to access the community to reduce the likelihood of social isolation. The service supported 63 people when we inspected.

What life is like for people using this service:

Lots of checks were completed by staff, the registered manager and provider to check the quality and safety of the service. The provider had reflected on their approach and planned to make changes to how they recorded checks of the service. This included a review of the accident and incident system, medicines system and risk assessment of people's care needs.

Overall, people received care in a timely way from a regular team of care workers. However, people felt they needed better communication from the office to know who would be visiting their home and when staff would be delayed. The registered manager agreed to look at how improvements could be made to communication.

Everyone we spoke with told us that staff were kind and caring and that they were treated with respect. Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

People's health was well managed and staff had positive links with professionals which promoted wellbeing for them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had received appropriate training and support to enable them to carry out their role.

The registered manager and senior team worked well to lead the staff team in their roles and ensure people received a good service. People, their relatives and staff told us they were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements to the service.

More information is in Detailed Findings section below.

Rating at last inspection: Good (report published 14 January 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

New Concept Care Selby

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors visited the provider's office on day one of the inspection and two inspectors made telephone calls to staff. An expert by experience supported the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two one inspector carried out the visit.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults of all ages, some of whom were living with dementia. Also, people with physical disabilities and those with a learning disability and / or autism.

The service had a manager registered with the Care Quality Commission. They and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced to ensure the provider was available to support the process.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with six people who used the service and three relatives over the telephone to ask about their experience of the care provided. On day two we visited five people in their own homes.

We spoke with 13 members of staff including the registered manager, deputy manager, care coordinators and care workers. We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and two to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe. The provider agreed to implement recognised evidence based risk assessments for example, around the safe management of falls and pressure area care. This will ensure staff received more in-depth information to keep people safe.
- The provider had implemented new electronic care plans and risk assessments were not always linked to people's care plans on this new system. The registered manager was aware of this and work to update the new system was already underway
- The environment and equipment had been assessed for safety.

Learning lessons when things go wrong.

- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Records to evidence such learning were not in place.

We recommend that the provider review their accident and incident process to ensure it meets the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels.

- People and their relatives told us they received care in a timely way most of the time. They felt they did not always know when a call would be late and this made them feel frustrated. They also described that they had a core team of staff who supported them, however they did not always know which staff would be arriving from that team.
- We discussed this feedback with the management team and they described the challenges they faced responding to staff sickness, new people requiring a service and meeting requests for changes. The registered manager monitored the number of calls that were late longer than 20 minutes and investigated the cause promptly. The local authority also monitored their performance in this area. Minimal amounts of calls, less than 10% were delayed longer than 20 minutes and no missed calls were reported. The registered manager agreed to focus on better communication with people to endeavour to improve their experience in this area.
- The provider had recently invested in paid travel time for staff which had impacted positively on the reliability of the service.

Using medicines safely.

- Medicines were safely received, stored, administered and destroyed when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Protocols for 'as and when required' medicines were not used. Such records provide staff with the detail

they need to understand when to administer such medicine. Where people were prescribed creams and lotions specific instructions had not been provided by the GP to give staff guidance on when to administer them. The registered manager agreed to implement the changes needed.

- Where errors were found during checks we saw they were investigated. Since the last inspection the provider had started to use an electronic medicines system to improve safety and compliance. This had made a significant positive impact on the number of errors reported. This demonstrated the safety improvements.
- People told us they were happy with the support they received to take their medicines.

Safeguarding systems and processes.

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate and effective training in this topic area.
- People and their relatives told us they felt safe being supported by members of staff. One person told us, "I am safe. I have quite an issue with mobility. Staff look for hazards and always make sure I have a safe place to be."
- The provider operated a safe recruitment process. A screening tool was used to understand an applicant's values and personality. This helped the provider shortlist candidates that had compatible skills and traits to work in social care.

Preventing and controlling infection.

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

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

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.

- Assessments of people's needs were thorough and expected outcomes were identified. Care and support was reviewed regularly.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience.

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. A relative told us, "The carers are lovely, they are perfectly trained."
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. The registered managers had good systems to understand which staff needed their training to be refreshed and who required supervision. Staff told us they felt supported.

Supporting people to eat and drink enough with choice in a balanced diet.

- Where care workers needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.

Supporting people to live healthier lives, access healthcare services and support. Staff providing consistent, effective, timely care within and across organisations.

- Where people required support from healthcare professionals this was arranged and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as hospitals.
- Staff recognised where other professionals could support people to become more independent and made appropriate referrals for example to occupational therapists.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to

make sure decisions were taken in people's best interests.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Records were not always clear where decisions made had been made in people's best interests or to confirm that relatives had power of attorney in place to legally act on people's behalf. The registered manager agreed to ensure records were available in future.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "Staff are very friendly, professional and they treat me with respect. They are empathic, they understand some days are better than others." A relative said, "Staff are caring, interesting and show an interest in people. They are lovely people, they are all good. They talk to my family member and have a joke with them."
- Staff spent time to get to know people's preferences and used this knowledge to care for them in the way they liked.
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. One member of staff told us, "One person can become anxious when we use the hoist equipment to lift them. We reassure the person, we don't lift too high and tell them they will be alright, this seems to reduce their distress."
- People's right to privacy and confidentiality was respected.
- People were afforded choice and control in their day to day lives.
- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- We observed how staff treated people with dignity and respect and provided compassionate support in an individualised way. A member of staff explained how they worked in a way to maintain independence, they said, "I remind people to mobilise using their frames to stand and walk short distances. I encourage people to make cups of tea. I may fill the kettle so it is not too heavy and they can do the rest themselves."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care; End of life care and support.

- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. Progress was regularly monitored. A member of staff told us what person-centred care meant to them, they said, "It means giving people what they want, what they ask for and supporting them wherever we can. Taking their feelings into account and doing what they want to do. I like to follow each person's lead." Work to record people's preferences on the new electronic care plan system was on-going when we inspected.
- People were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.
- Staff supported some people with their social needs. They were supported to access the community, maintain and develop relationships alongside participating in hobbies or activities of their choice. One person told us, "Staff helped me make a tart to take to an event. They supervised it and did the bits I find difficult. I like to do crafts so they help me cut things when I need." A member of staff told us they supported one person to develop their confidence over time to visit new places and experience new activities. They told us, "The person has really come on. They do not like physical contact but now when I leave they give me a hug. I have got to know them and they trust me."
- The registered manager explained that when required people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.
- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- The service had also received compliments about the work they did. For example, one person who had been supported to become fully independent and therefore stop using the service fed back, 'Thank you for all your help. the kindness and consideration of the carers is much appreciated'.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Managers were accountable for their staff and understood the importance of their roles. Staff were held to account for their performance where required.
- The management team completed a series of checks and discussed their performance regularly with the provider. Records to show their reviews of quality and safety were not always robust. The nominated individual agreed to review their records relating to quality assurance, in particular the accident and incident system, as described in the safe section of this report.

Working in partnership with others.

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.
- The service worked continually with all partner agencies such as the NHS and local authority to coordinate the care and support people needed. People achieved positive outcomes because the relationships between the organisations were strong and effective.

Engaging and involving people using the service, the public and staff. Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and relatives had completed a survey of their views and the feedback had been used to continuously improve the service.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. Members of staff told us they enjoyed team meetings and felt they would benefit from more of them so they could discuss the service more as a team.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and those relatives and professionals involved.