

Concord Care Services Ltd

Concord Care Services

Inspection report

2 Walton Avenue
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21 March 2022

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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

About the service

Concord Care Services is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, there were no people using the service, although they had recently stopped providing personal care to three people in February 2022.

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

People and their relatives were satisfied with the provider and told us they felt safe in the presence of care workers. The provider had robust recruitment checks in place and there were enough staff employed to meet people's needs. The provider followed good infection control practice. Risks to people were assessed and managed, this helped to the provider to deliver care in a safe way.

Staff were competent and trained to carry out their roles. The provider sought appropriate consent from people before starting to support them. People's dietary and ongoing health needs were met by the provider.

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 was caring, we received positive feedback about the caring attitude and empathy shown by the care workers. People were involved in planning and directing their own care and they were supported to remain as independent as possible.

Care plans were up to date and reviewed on a regular basis. Care workers supported people in line with their wishes. People told us they had no complaints about the service and were satisfied with how it was managed.

The registered manager operated a service that was well-managed. They were approachable and sought feedback from people, relatives and staff. Quality assurance checks to monitor the quality of service took place. The registered manager was aware of her regulatory duties.

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 3 December 2020.

Why we inspected

This was a planned inspection based on when the service registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Concord Care Services

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 Care Act 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

The service had a manager registered with the CQC. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 21 March 2022 and finished on 23 March 2022. We visited the office location on 21 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with the registered manager and the care co-ordinator.

We reviewed a range of records. This included two care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We spoke with two people that had used the service up until February 2022 and one relative. We contacted two care staff to find out their experiences of using or working for or with this provider.

We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and records relating to governance including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe in the presence of care workers. They said they had no concerns with regards to their safety, comments included, "Absolutely (safe), no concerns" and "Yes I felt safe."
- The registered manager confirmed there had been no safeguarding concerns but was clear on what steps to take if an allegation was brought to attention.
- The provider had a safeguarding policy in place which reflected current guidance.
- Care workers that we spoke with were aware of what steps they would take to keep people safe and their reporting responsibilities if they were concerned about people. They told us, "Safeguarding is protecting the clients from abuse, financial or physical. I would report to my manager or the CQC."

Staffing and recruitment

- We were assured that staff were recruited in a safe manner.
- Employment files included completed application forms, identity and right to work checks, health questionnaire and references.
- Disclosure and Barring service (DBS) checks had been sought for staff, these are criminal record check that employers undertake to make safer recruitment decisions.
- The registered manager went through the recruitment process which included inviting people in for an interview and ensuring all the necessary checks were in place before confirming their employment.
- People and their relatives told us that care workers were always on time and stayed for their expected duration. Comments included, "Yes, no issues, they were very reliable and always on time" and "I got the same carer and she was always on time."

Assessing risk, safety monitoring and management

- The provider assessed risk to people, and their environment which helped to ensure that care workers could support them in a safe way.
- Risk assessments were used to identify and manage risks. These included the actions that were needed to reduce the risk and keep people safe from harm.

Using medicines safely

- The provider had an up-to-date medicines policy in place.
- None of the people using the service had needed to be supported with their medicines, however medicines assessments were in place that the provider completed to show that people were able to manage their own medicines.

- Medicines records and medicines support plans were in place if required.
- Care workers told us, and records confirmed, they had received training in medicines administration.

Preventing and controlling infection

- On our arrival at the office staff failed to ask us for evidence to show we did not have COVID-19, contrary to the provider's own infection control/COVID-19 procedures for visitors.

We signposted the provider at the time of our inspection to resources to help them develop their infection prevention and control approach.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing

- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Learning lessons when things go wrong

- The registered manager told us, and records confirmed that there had been no reportable incidents or accidents.
- Care records contained incident/accident logs for care workers to record any such incidents.

Care workers we spoke with told us the type of incidents and accidents they would report, for example unexplained bruising or people refusing care. They said they would record these in the incident forms and would also follow this by reporting to the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We were assured that care workers received appropriate training to carry out their duties effectively and safely.
- People and their relatives told us that care workers were capable, telling us, "Yes, they knew what they were doing" and "They do what they are supposed to do well."
- New staff were issued with a staff handbook which gave them written information about the service, the principles and values of the service and the aims and philosophy of care.
- The provider had a system of induction training, delivered by an external training provider which staff attended. This covered training that the provider considered mandatory such as safeguarding, infection control, health and safety, moving and assisting and medicines amongst others.
- Care workers told us they were happy with the training and support they received from the provider.
- Records showed that care workers received supervision and competency checks of their practice which helped to ensure they were competent to carry out their roles.

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

- The registered manager carried out thorough needs assessments prior to providing support to people. This meant they were able to capture people's support needs which were then included in a care plan.
- Care plans were written up and agreed with people, gaining their consent to their content. People were given the opportunity to consider their care plans and make changes if needed.
- Assessments included any risks to people, their preferred visit times and their preferences in relation to their care needs.

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 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.

- People and, if appropriate, their relatives were given copies of care plans so they could make an informed decision about their care needs.
- Care plans included people's consent for data use and MCA and consent forms which had been signed by people, indicating their consent.
- People and their relatives told us that care workers respected their choices and supported them according to their wishes. All of the people that the provider supported were able to make decisions for themselves.
- Care workers were familiar with the MCA and its application. One care worker said, "MCA is when people cannot make decisions for themselves, so they have to be helped by their relatives. We cannot make decisions for them, but we speak with them and their relatives to find out their wishes."

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

- People and their relatives told us care workers assisted them with their meals, either helping to prepare meals or helping them with feeding.
- Care plans in relation to dietary and nutrition needs were completed. These contained the support that people needed in this area and how this support could be delivered by care workers.
- Care workers told us they followed the appropriate care plans but were also careful about asking people what they wanted to eat and drink. They were aware of any dietary needs of the people they supported.

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

- People were supported by care workers to live healthier lives.
- Comments from people and their relatives included, "[My relative] was well looked after", "Yes, they looked out for me, my general health and wellbeing."
- Care plans contained details of any professionals involved in people's care such as their GP.
- Care workers told us they looked out for signs that people were feeling unwell and would always record this in the log books and report to the registered manager if needed. They said if it was an emergency, they would call the ambulance. Training records showed they had received first aid training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives praised the care workers for their caring and empathy, telling us they were treated with compassion. Comments included, "The carer had a friendly demeanour, very friendly" and "The care was really good, I would say exceptional."
- Care workers told us they treated people like they would their own family, they gave us examples of how they respected their choices and wishes.
- People told us they received the same care worker consistently which meant that they were able to develop good relationships with them and helped with familiarity. They said that care workers were open to working with them in a way that was responsive to their needs.
- Staff were given enough time to meet people's needs and were not rushed into completing their visits. One person said, "They stay for the required time, they complete all their tasks."
- Care records included reference to people's likes and dislikes, including any needs in relation to their protected characteristics such as sexuality, religious needs or disability.

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

- People and their relatives were involved in all stages of planning their care and were fully involved in planning their own care. Comments included, "Yes, the care plan was shared with me, I got a copy of it" and "Yes, my views were listened to."
- Care plans included details of how people wanted care workers to support them, their preferences were recorded and included in each care plan. This included their preferences in relation to personal care, eating and drinking, their personal care to be delivered, their preferences in relation to eating and drinking and mobility. People and their relatives told us that care workers delivered care in line with the care plans in place.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence, enabling them to stay at home in line with their wishes.
- One person was supported with regards to their independent living skills, they told us "I needed help to increase my independence." They said care workers worked in a really supportive manner, working with them until they felt confident enough to reduce the number of visits and eventually not needing support from the provider. They praised the care workers and the provider in helping them to get to this stage.
- Care plans included details of people's level of independence and the support they needed from care workers to promote their independence.
- People and their relatives told us that personal care was delivered in a respectful and discreet way. They

gave us examples of how care workers did this in practice, ensuring their privacy at all times and in way that made them feel at ease.

- Record keeping was secure and data held by the provider was in line with accepted guidance. The provider was registered with the Information Commissioners Office on the Data Protection Register.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Meeting people's communication needs

- The provider used an electronic care planning system which allowed them to make changes to people's care plans and other records in a timely manner.
- People and their relatives told us, "We went through the care plan and [the registered manager] called us and went through everything, making sure things were OK."
- Care records covered a number of areas relevant to their support needs and included outcomes that people wished to achieve.
- Care workers completed daily visit records, detailing how they supported people during each visit. These were brought back to the office for auditing purposes.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- None of the people who had used the service had specific communication needs in relation to disability or sensory impairment. However, communication care plans were in place and these captured any support needs such as language barriers or understanding.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had not needed to raise any formal complaints to the provider but were aware of the process if they needed to do so. They were given a service user guide which contained information about the complaints procedure and how to provide feedback. This included details about the complaints handling procedure and timescales for responding to complaints.
- There had been no formal complaints received by the provider. However, feedback from people and their relatives was sought during quality assurance checks.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 supported by a care coordinator and there was a division of duties which helped the registered manager to manage the service.

- Quality assurance checks took place to monitor the quality of service. These included checks to assess care workers were competent in carrying out their duties and to the required standard and also to gather feedback from people and their relatives about the quality of care.

More informal telephone monitoring also took place just to make sure that people were happy with the service. People and their relatives said, "There was regular contact, [The registered manager], kept in touch."

- The size of the service, and the support that people received, meant that medicines audits, incidents and accidents audits and complaints monitoring were not needed. However, the provider had up to date policies in place in case these were required.

- The registered manager confirmed there had been no notifiable incidents to the CQC needed, however she was aware of when these were required.

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

- The service was well-led. We received positive feedback from people, relatives and staff about the registered manager and the management of the service. Comments included, "[The registered manager] is amazing", "She is great", "It's a very good service. I would definitely recommend it", and "They are very professional. A lot better than other care agencies I have used."

- The registered manager told us she wanted to create an open, transparent culture where people felt comfortable in approaching her and providing feedback. This was reflected in the comments from people, relatives and staff which pointed to an open culture. Care workers told us the registered manager was honest with them.

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

- The registered manager was aware of her responsibilities under duty of candour, although there had not been a need to act under this. This was reflected in the feedback we received from people and the other records we saw.

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

characteristics

- Due to the short length of time the provider had been operating, no formal surveys had been sent to people. However, records showed the provider regularly engaged with people, relatives and staff seeking their views through telephone monitoring, spot checks, and supervisions.
- Team meetings between the registered manager and care co-ordinator took place on a regular basis, sometimes these were informal due to the size of the service.

Working in partnership with others

- There was evidence that the registered manager worked in partnership with other stakeholders such as training providers, compliance consultants and attended forums to meet with other registered managers to share learning.