Concept Care Solutions Limited

Concept Care Solutions Northampton

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

This inspection took place on 26 and 27 July 2018 and was announced.

At the last comprehensive inspection on 08 June and 10 June 2016, the service was rated Good.

At this announced inspection on 26 and 27 July, found the service remained 'Good'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses. It provides a service to older adults.

Concept Care Solutions, Northampton provides a personal care service to people who live in their own homes in the community, including a live- in service for some people. At the time of our inspection the service was supporting 44 people.

The service had 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 and associated Regulations about how the service is run.

People continued to receive safe care. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role.

People's medicines were managed safely and in line with best practice guidelines. Systems were in place to ensure that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with best practice that met their diverse needs. Staff received an induction process when they first commenced work at the service and received on-going training to ensure they were able to provide care based on current practice when supporting people.

People received enough to eat and drink and staff gave support when required. People were supported to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. People were supported to access health appointments when required, including

opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People's consent was gained before any care was provided. 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 support this practice.

People continued to receive good care. They had developed positive relationship with the staff who understood their needs. Staff were kind, caring and treated people with dignity and respect.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Records showed that people and their relatives were involved in the care planning process. There was a complaints procedure in place to enable people to raise complaints about the service.

The management and leadership within the service had a clear structure and the registered manager was knowledgeable about people's needs and key issues and challenges within the service. Staff felt supported and valued. There were systems in place to monitor the quality of the care provided and to ensure the values; aims and objectives of the service were met. The registered manager was aware of their responsibility to report events that occurred within the service to the Care Quality Commission (CQC) and external agencies.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Concept Care Solutions Northampton

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.

This was an announced comprehensive inspection that took place on 26 and 27 July 2018 and was carried out by one inspector. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection. On the first day of our inspection we visited the main office to exam records and to talk with the manager and staff. On the second day we made phone calls to people using the service and relatives.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. This was used to inform our inspection judgements.

During the inspection visit we spoke with three people who used the service and four relatives. In addition, we also had discussions with the registered manager, the care co-ordinator and five care and support staff.

We looked at the care records of five people who used the service. We also looked at other information relation to the management of the service. This included five staff recruitment records, training records, information about the service such as policies, procedures and arrangements for managing complaints care and how the quality of service was monitored.

Good

Is the service safe?

Our findings

People continued to feel safe when staff were providing their care. One told us, "I feel absolutely safe with them. They take their time, never rush me and always make sure I'm safe walking." Another person said, "My carers support me with patience and they know what I can do and can't do." One relative commented, "I know the carers make sure [relative] is well looked after and safe. They will always call me if they think something is not safe."

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member explained, "If we had concerns we would act straight away. We would talk to the manager, or report it to social services, the Care Quality Commission (CQC) and the police if needed. We talk about safeguarding a lot. Abuse is not acceptable." This demonstrated that staff followed their own safeguarding processes. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

Risk assessments had been completed either prior to, or on the day people's care and support packages commenced. This enabled the staff to identify any risks presented to either the person using the service or themselves during the delivery of the person's care. Risk assessments had been completed on people's home environment where their care and support was to be provided. All risk assessments were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks.

People told us there was enough staff available to meet people's needs and to keep them safe and this was confirmed in discussions with people and their relatives. One person said, "Staff are very reliable, they never fail me." Another told us, "I don't have any issues with staffing at all. It's all very organised and well planned." A relative commented, "I have no worries that staff are not going to turn up when they should. The carers are very professional."

Care records completed by staff and the staff rotas we viewed showed that people received care and support from a regular team of staff, which promoted continuity of care. The registered manager also undertook regular shifts which they said was a good way to check that people were still receiving the care they needed or if any changes were required.

Records demonstrated that the service carried out safe and robust recruitment procedures. We looked at staff files that showed staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place showed that people's medicines were managed consistently and safely by staff. Staff

had received training in the safe administration of medicines. One staff member said, "We have had medicine training and we know how to administer people's tablets safely." Medicines were being obtained, stored, administered and disposed of appropriately. Records confirmed that people were receiving their medicines as prescribed by their GP. Where people had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management.

Policies and procedures in place in relation to infection control were easily accessible to staff. A staff member said, "We know what to do to make sure people are protected from the spread of infection. We have gloves and aprons and hand gels that we use all the time." This showed that infection control procedures were followed and assured people that they were protected from avoidable harm. Records confirmed that staff had completed training to ensure they were up to date with the most recent guidance to keep people safe from the spread of infection. Observations and spot checks took place, to ensure staff followed infection control practices.

The service understood how to record and report incidents, and used information to make improvements when necessary. The registered manager told us that staff meetings were used to address any problems or emergencies, and discuss any learning points and actions required.

Good

Is the service effective?

Our findings

People's needs were assessed to achieve the best outcomes for them. We saw that detailed pre-assessments of people's needs were undertaken before care was delivered, to ensure each person's needs could be met. Assessments included a summary of people's cultural and religious needs so staff were aware of these as soon as people began using the service and could ensure they were met. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place.

People said the staff were well-trained and knowledgeable. One person told us, "The staff do a lot of training and know how to look after me." Another person said, "My carers are very good at helping me. They help me walk." A relative commented, "New staff watch experienced staff before they start working alone. We are introduced to new staff."

Staff told us they were satisfied with the training they received. One staff member told us they had completed an induction before they started to work at the service. They said, "My induction was very good. I learnt a lot." Another staff member told us, "There's good support and encouragement here to do training." Records showed that staff were trained and aware of how to support people with a wide range of needs and preferences, for example, moving and handling training so staff were confident using equipment such as lifting hoists. Records confirmed that all training was kept up to date and staff feedback was that the training was good and equipped them for their roles.

Staff supported people to eat and drink sufficient amounts when required. A relative told us, "I know the carers go out of their way to make sure [relative] has enough to eat. They know [relative] doesn't have a good appetite so they try to tempt them with lots of different choices." All staff we spoke with said that a lot of the people they supported, had family to help them with meals, but they did get involved with this type of support sometimes. The staff had a good knowledge of the preferences and requirements people had with food and drink, and staff were trained in food hygiene and knew how to prepare food safely.

The service worked and communicated with other agencies and staff to enable effective care and support. The registered manager told us that the service regularly liaised with health professionals such as occupational therapists, doctors and district nurses. Detailed information regarding people's health requirements was kept by staff, and staff we spoke with were knowledgeable and confident supporting people with their health requirements.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person told us, "A little while ago I was not feeling well. My carer called my doctor who came to visit me the same day." A staff member told us that if they had any concerns about a person's health needs they would call the office and speak with the person's family. Records contained information about people's medical history and current health needs that were frequently monitored and discussed with them and if appropriate their relatives.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager understood their responsibility about what they needed to do if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. The staff explained that they always sought people's consent before providing any care or support and people we spoke with confirmed this. One told us, "They always ask me first. They never do anything I don't want them to do."

Good

Is the service caring?

Our findings

Positive and caring relationships had developed between staff and people using the service. One person told us, "The staff are lovely, so kind and patient." Another person said, "The care I get is second to none. I am always amazed every day at how kind the staff are." A relative commented, "I'm very happy with the care [relative] gets. I have no concerns and can relax knowing they are in good hands."

Staff felt able to spend the time they needed getting to know people to develop positive relationships. One staff member said, "We have enough time to spend with people. We don't rush and can spend time having a chat with people."

The staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. Plans of care demonstrated people and their relatives had been actively involved in making decisions about their care and support. People's plans of care included details about their personal history, their personal preferences and their likes and dislikes. A relative told us, "The carers know [relative] really well and know exactly what help they need. [Relative] likes things to be done in a certain way and staff respect that."

People's choices and preferences were recorded in their care plans and staff were introduced to the people they would support. The registered manager and staff we spoke with described people's preferences and daily routines. The examples described were consistent with the information documented in the care records about how people wished to be cared for.

The registered manager told us they would provide people with information about how to access advocacy services if required and we saw this information displayed around the service. This is an independent service which is about enabling people to speak up and make their own

People told us that staff respected and promoted their privacy and dignity. One person said, "The carers are very respectful to me. They have such lovely manners." A relative commented, "[Relatives] carers make sure their dignity is maintained at all times. They are very patient and really respect [relative] as an individual." The staff knew how to maintain people's privacy while providing personal care. Staff had received training about respecting equality, diversity and upholding people's human rights. A staff member said, "I always talk to people how I would like to be spoken to; with respect. I always respect people's choices."

People had signed to confirm they agreed to the package of care and support to be provided. This included information as to how data held about people was stored and used. The provider had a policy to evidence they complied with the data protection act. Staff were aware of their responsibilities related to preserving people's personal information and their legal duty to protect personal information they encountered during the course of their work. This assured people that their information was held in accordance with the data protection act.

Good

Is the service responsive?

Our findings

People told us the staff provided them with person centred care that met their needs. One person said, "I get the care I need and I am totally satisfied." Another person told us," If there is anything I need my carers always help me out. I never get any problems [with my care]." People and relatives said calls were punctual and staff stayed for the correct amount of time when providing care and support.

The registered manager completed a comprehensive assessment before a care package was agreed. These focused on the person's 'goals for the future as well as obtaining information about their physical and emotional needs and preferred lifestyles, beliefs, hobbies and interests. The initial assessment formed the basis for the development of people's care plans. A relative said, "I am involved with [name of relatives] care as I want to make sure they get the care they need." We saw that people's life histories and experiences were documented, which provided staff with essential information on past experiences of the people they cared for.

People's care plans were personalised and recorded how staff would provide them with the care and support to meet their needs. Care plans were written in conjunction with the person themselves and others involved in their care. They gave staff the information they needed to help ensure people received support that was right for them. One staff member told us, "The care plans are good guides to how people want their care to be provided." The registered manager told us that when there was a change to a person's needs, the care plan was updated to reflect the change. Staff were made aware of any changes to ensure people received the relevant care and support.

Care plans were reviewed regularly or more often if people's needs changed. People and their relatives, where appropriate, were involved in reviews and had the opportunity to make changes to care packages if they wanted to.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

If people had any concerns or complaints they could use the complaints procedure in the 'welcome pack' they received when they began using the service. This advised them they could complain in person, by phone or by letter/email, or get a friend or relative to complain on their behalf. A relative told us, "I have raised a concern before and it was dealt with quickly. There was no fuss, it just got sorted."

Records showed that if a person made a complaint they were listened to and their concerns taken seriously. The registered manager carried out a thorough investigation, involving the complainant, and shared the resolution with them. This meant that a person making the complaint could be confident that the registered manager would take action to resolve it and make improvements to the service where necessary.

All complaints were logged and tracked so the provider could identify any trends and see if improvements were needed. We looked at the complaints log which showed that any issues people had were addressed and resolved.

At the time of our inspection there was no one receiving end of life care. The registered manager said they wanted to ensure when they did support someone at the end of their life they wanted to get it right. Therefore, they would work with other healthcare professionals such as doctors and district nurses.

Good

Is the service well-led?

Our findings

There was a registered manager in place. 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.

People were positive about the management of the service and were very satisfied with the care and support they received. One person said, "We have been very lucky to find this company. My carers are fantastic and such kind and caring people." A relative told us, "My [relative] is extremely well looked after and they get on so well with the carers. To top it all they get the best care. I would recommend them to anyone."

The registered manager promoted a positive and open culture within the service and clear leadership. They also provided care to people and worked alongside staff which enabled them to closely monitor the quality of care being provided and gather feedback from people. Staff told us that regular, unannounced spot checks of their work was also carried out and these shared people's views about staff performance. One staff member said, "We have regular spot checks to make sure our practice is the best it can be."

Staff told us the registered manager was approachable and supportive. Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. Staff knew about the provider' 'whistle blowing policy', this policy supported staff to raise concerns should they need to.

People's views about the quality of care were sought formally through surveys and individually through reviews. The latest survey results were positive about the quality of care people received. Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits, which highlighted areas where the service was performing well and areas which required further improvements. This supported the provider's commitment to quality assurance and development of the service and indicated the service continued to be well led.

The registered manager liaised with health and social care professionals and attended training and social care events. This helped them to ensure their knowledge was up to date with legislation, best practice, developments in the health and social care sector.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.