

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

About the service

Concept Care Solutions (Northampton) is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection 33 people were receiving personal care.

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

People continued to be cared for safely. Risk assessments were in place and reviewed regularly and as needs changed. Staff understood safeguarding procedures. Safe recruitment practices were followed to ensure staff were suitable for their roles.

There were enough staff to meet people's care needs and people usually received care at the agreed times. People were supported with their medicines and good infection control practices were in place.

People's care records contained clear information covering all aspects of their care and support needs. Staff had a good understanding of people's wishes and individual preferences. People's personal histories, preferences and dislikes, diversity needs such as cultural or religious needs and links with family were all considered within the care plans. Staff received training to meet people's needs.

Where required, people were supported with their eating and drinking to ensure their dietary requirements were met. People were supported to access health care services when needed.

People received support from reliable, compassionate staff. Staff enjoyed working at the service and there was good communication and team work. Staff were caring in their approach and had good relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

The registered manager was also the provider and they monitored the quality of the service provided, along with the management team. They were aware of their legal responsibilities and worked in an open and transparent way. People and their relatives knew how to make a complaint.

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 last rating for this service was good (published 17 August 2018).

This was a planned inspection which took place sooner than usual due to changes being made to the location address on the computer system. This meant the inspection date was brought forward.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Concept Care Solutions (Northampton)

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

The inspection was carried out by two inspectors.

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

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider. 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 48 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, care coordinator, field care coordinators, office manager, system administrator and four care staff. We spoke with a consultant who was working with the service.

We reviewed a range of records. This included three people's care records. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training records, policies and procedures, safeguarding information and accidents and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff meeting records and 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continue to be cared for safely. People told us they felt safe with the staff that came to support them. One person said, "My carers make me feel safe because they know me well and they know what I want."
- The provider had systems in place to safeguard people from abuse and they followed local safeguarding protocols when required.
- Staff had received training to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- People's risks were assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and skin integrity. Care and risk support plans informed staff how to provide care that reduced known risks.
- Although risk assessments were not always reviewed within the timescales set out in the policy of the service we found no negative impact had been caused by this.
- People and their relatives were happy with how risks were managed whilst enabling people to maintain independence as far as possible.

Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and experience for their roles.
- People and relatives told us they felt there were enough staff working for the service. One person said, "There are always enough staff to help me. My carers are reliable and turn up when they should. The staff are good."
- Some people and relatives told us that their call times were usually consistent but were sometimes affected when their usual carers were on holiday or ill, or if staff were delayed due to traffic. When those situations arose there was good communication from the office team so people knew what was going on.
- There was an electronic system in place to monitor the times that staff were attending people's homes. This helped ensure that calls were taking place at the right time and lasted the right length of time.

Using medicines safely

- People continued to be supported with their medicines by trained staff. Some people managed their own medicines or had support from family. There was good communication between staff and relatives where people were sometimes supported by staff and sometimes supported by family.

- Regular audits of medicine administration records (MAR) took place which informed managers of any issues. These were seen to be followed up and rectified in a timely manner.

Preventing and controlling infection

- People and staff told us they used personal protective equipment (PPE) when providing personal care to people which included gloves and aprons.
- Staff were trained in infection control. People and staff confirmed PPE supplies were kept in people's homes.
- When people used equipment to help them mobilise such as a hoist, care plans included details of infection control measures. For example, one person's care plan confirmed the different colours of slings to be used depending on the activity.

Learning lessons when things go wrong

- Staff knew how to respond to incidents and accidents. Accidents and incidents were reviewed, and action taken to address any identified concerns.
- Staff meeting notes showed that arising issues were discussed at staff meetings so that ongoing improvements could be made to the service people received.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured there were sufficiently trained staff to provide the care and support required.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.
- Staff used evidence-based tools to assess people's risks and needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member. Mandatory training included safeguarding, medicines, moving and handling, infection control.
- Ongoing training was provided to refresh staff knowledge and learn new skills when required. For example, staff undertook specialist training to support people's specific health conditions.
- Staff meetings took place but there was no system currently in place for staff to attend regular supervision with a senior member of staff. The registered manager planned to develop and implement this. Staff received annual appraisals and felt well supported. They felt they could approach senior staff freely to discuss anything they wanted to.

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

- Detailed information was included in people's care plans as to people's preferences, dietary and support needs in relation to eating and drinking. Monitoring of food and fluid intake was carried out when required to ensure people had enough to eat and drink.
- People told us they were supported by staff to ensure they had a suitable diet. One person said, "I get help with my meals. My carers know what I like and don't like. They will always ask me first what I want."

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

- Staff told us, and records showed, they worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses, occupational therapists and physiotherapists.
- Staff had a good knowledge and understanding about people's healthcare requirements. People had an individual emergency grab sheet on their file and in their home. This ensured people received co-ordinated and person-centred care in case of medical emergency.
- One staff member gave an example when there were concerned about a person they cared for, "They got the CPN (community psychiatric nurse) to come out to see them, they sorted that out really quickly, I was really impressed with how they dealt with things."

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.

- Staff demonstrated they understood the principles of the MCA, supporting people to make choices.
- People confirmed the staff always asked their consent before providing their care.
- People, or their representatives where appropriate, had signed and consented to the care and support to be provided.
- People's care assessments contained information about people's insight and understanding about their care needs, and ability to make decisions about their care.
- People were supported in the least restrictive way possible.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to be well cared for and treated with respect and kindness.
- One person said, "I have no complaints, I'm very happy. All my carers are nice and do nice things for me. They get me things (shopping) if I need it, it's never too much trouble for them. They are very kind." Another person commented, "By and large I'm delighted with my carers. They know me well. I don't feel like I have strangers walking around in my house. We all fear that and thankfully it's not like that."

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

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us that staff read people's care plans so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes.
- One relative said, "The carers are excellent. They're brilliant. I can't fault them. We work as a team, they listen to me and they totally engage with me. There is excellent communication between us."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "My carers are very respectful to me, they make sure I am covered up when I have a wash, so I don't get embarrassed."
- People's independence was promoted. Staff followed people's requests and preferences. One person told us, "My carers are very respectful and polite. We have a bit of a laugh. They always ask what I want. They don't just do things."
- The care plans we reviewed promoted people's dignity, respect and independence and included important details for carers to follow. For example, "Please leave me to have privacy on the commode, I will call you when I have finished."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's personal history, family members, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans. Care plans included details of what tasks should be delivered during each visit. This meant people continued to receive personalised care.
- Staff had built positive, professional relationships with people. Staff had a good understanding of people's needs and their individual preferences. Staff told us communication and handovers within the team were effective. One staff member said, "Any changes are handed over so you're up to date with everything." One person told us, "My two carers are marvellous. I don't have to tell them anything. They know just what to do. We have a laugh and a joke. They are lovely."
- People were supported to engage in activities according to their preferences. One relative said, "They also keep (family member) entertained which is really important for their mental well-being."

Meeting people's communication needs

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.

- We saw a detailed communication aid which used pictures. This was developed alongside a person to assist them communicate effectively with staff and vice versa.
- People were provided with contact information for the service including the phone number and the name of their care coordinator on a large print sheet which was easily visible.
- Information could be made available to people in other formats, such as easy read or large format, as required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place so that complaints could be addressed in accordance with the provider's policy. People told us they knew how to make a complaint and almost everyone we spoke to would be confident that any issue raised would be dealt with appropriately. One person had not been satisfied a complaint had been dealt with fully, but they continued to be satisfied with the care provided.
- No complaints were made in the last six months.

End of life care and support

- The service was able to offer care to people at the end of their lives although there was no-one at the time of inspection with a specific end of life care plan.
- The service had an end of life policy in place which set out the way people could expect to be cared for according to their wishes.
- Not all care plans showed people's end of life wishes had been explored. This could be an area for development so that people and their families could be supported to openly discuss their end of life wishes if they wanted to.

Is the service well-led?

Our findings

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

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

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

- The registered manager was also the provider and was passionate about delivering good quality care for people in their homes. People and relatives did not know the registered manager well, but they had positive relationships with the management team.
- Office based staff offered strong and responsive support to people and care staff. One staff member said, "If I had a problem I would ring the office and someone would come out, they are always willing to come out and help. You are never left alone." Staff told us they were happy working at the service and felt supported by the management team. One staff member said, "I get brilliant support. Any concerns are taken seriously."
- Staff put people at the centre of the service and provided good quality care that focussed on people's immediate needs.

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 their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. Clear and accurate records were kept about people's care and also about staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and the management team were clear about their roles and responsibilities to the people they supported. A system of 'spot checks' was in place to ensure staff provided the care and support at the standards required, although some staff said they had not had a 'spot check' for a while.
- There were effective systems in place to monitor the quality and standard of the service. The provider had comprehensive audits in place relating to the running of the service. Follow up actions were recorded when any issues were identified.
- The service notified the CQC and other agencies of any incidents which affected people who used the service.
- A comprehensive set of policies was in place. Some of the policies could be refined and shortened to be more straightforward for staff to understand and follow.

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

- A system was in place to regularly seek feedback from people and relatives by telephone, in person and via feedback surveys. Records of recent feedback were seen in people's care files.
- Most people we spoke to were unclear when and how they had been last asked for feedback. Some aspects of the feedback process could be made clearer so that it was more effective for people.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- The provider was working with a consultancy service in order to drive further improvements of the service including plans to implement further electronic recording and monitoring systems.

Working in partnership with others

- The registered manager and management team worked well with health and social care professionals and responded promptly to people's changing needs. This included accessing specialist training to ensure that people's complex healthcare needs could be met.