New Concept Care . Nursing . Training Limited

New Concept Care Selby

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

New Concept Care Selby is a domiciliary care agency registered to provide personal care and support to people in their own homes in Selby and the surrounding villages. It provides services to older adults and younger people. The agency office is situated in Selby, where it is easily accessible for people to speak with staff.

The inspection took place on 29 and 30 November 2017. It was an announced comprehensive inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

At the time of our inspection, 89 people were using the service.

There was a registered manager in post. 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.

Staff had a good understanding of mental capacity, however documentation did not support staff and mental capacity assessments required detail and clarification on whether people could consent to care. Lasting Power of Attorney (LPA) records were not available and best interest meetings had not always taken place when necessary. Least restrictive options for care had not always been considered. We have made a recommendation for the provider to use the Mental Capacity Act 2005 code of practice to guide staff actions.

People were asked for their opinions through questionnaires and face-to-face meetings. However, people had not had access to the collated and analysed results. We have made a recommendation for the provider to ensure people receive the collated results of surveys and the actions taken to improve the service.

Audits did not always identify issues and when issues were identified, they were not always followed up. We have made a recommendation for the provider to produce clear action plans for audit findings, to ensure these are carried out and to use the results of audits to drive continuous improvements in the service.

People told us they felt safe in the care of the staff. People were protected from abuse and avoidable harm by staff who had received training in safeguarding vulnerable people. Checks and auditable processes were used to ensure people were billed correctly and safeguarded from financial abuse. Personal risk assessments and hazard identification assessments helped to keep people safe but we found further risk assessments were required to ensure all needs were properly assessed.

People received their oral medicines as prescribed although more care was needed with the application of topical creams.

People were supported by staff that had been recruited safely, received a thorough induction which was linked to the Care Certificate, and had received sufficient training. Staff received supervision and appraisal as required, and spot checks on their competencies were completed by management. Staffing levels were sufficient to meet people's needs, however sometimes staff were late to attend calls. We found rotas could be improved to enable staff to attend calls on time.

Staff had access to sufficient personal protective equipment (PPE) and had received training in infection control. The location premises were well-maintained and had been adapted to enable access for people with disabilities. Accidents and incidents were investigated and the outcomes used to develop the service and the practice of staff.

People were supported with their nutritional and health needs when required. People told us staff were caring and understood their needs. They said continuity of care was good and they received care from the same members of staff whenever possible. People also said staff asked their consent, and respected their privacy and dignity.

Staff were aware of the need to maintain confidentiality; records were stored securely and computers were protected by passwords. Policies took into account people's individual choices and equality and diversity needs, however policies were not always up-to-date and did not always reflect best practice.

People were supported to access activities in the community and staff would accommodate their changing plans. People were encouraged to be as independent as possible and involved in their care. We found the care was person-centred, people's needs were met and they were treated as individuals. However, some records required updating to reflect recent changes in people's needs.

People were happy with the management of the service and the care they received. The culture of the organisation was open and supportive. People told us they generally had no complaints, but if they did, they were certain their concerns and complaints would be addressed. We saw previous complaints had been dealt with in a professional way. Information was communicated to staff through newsletters, meetings, memorandums and by phone. Information for people who used the service was available in different accessible formats.

The provider undertook business continuity exercises and used the results to drive improvements in service provision. The service worked with external services to address issues, and actions had been taken; training had been adapted accordingly and procedures were being reviewed. The registered manager was aware of their responsibilities for completing notifications and these had been submitted as required to CQC and to safeguarding authorities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People received their oral medications as prescribed, although more care was needed with the application of topical creams.

Some people required further risk assessments to keep them safe.

Staff had access to personal protective equipment (PPE) to help them prevent the spread of infections.

Staff were recruited safely and in sufficient numbers to provide continuity of care to meet people's needs. However, sometimes staff were late to attend calls. The rotas did not support timely visits.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Although the provider was aware of mental capacity legislation, this was not always used in a consistent way. It was not always clear if people could consent to their care and best interest meetings had not always taken place to consider least restrictive options for care. Lasting Power of Attorney (LPA) court records were not available. We have made a recommendation about this.

People were supported with their nutritional and health needs.

Staff received induction and sufficient training. This was kept up-to-date by regular courses. Staff received supervision and appraisal as required.

Is the service caring?

Good

The service was caring.

People were supported by staff who understood their individual needs.

People were encouraged to be as independent as possible.

Staff were aware of the need to maintain confidentiality and personal records were stored securely.

Is the service responsive?

Good

The service was responsive.

Care records were person-centred although some records required updating to reflect people's recent change in needs.

People were supported to access the community and staff accommodated their plans whenever possible.

People told us their concerns and complaints were addressed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were asked for their opinions but had never seen the results of surveys.

We found audits did not always identify issues and when issues were identified they were not always followed up.

Policies and procedures were not always up-to-date and did not always reflect best practice.

The culture of the organisation was open and supportive. Staff received good levels of communication from management through meetings, newsletters, memorandums and by phone.

New Concept Care Selby

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 inspection took place on 29 and 30 November 2017. It was an announced comprehensive inspection. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Two Adult Social Care inspectors and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had expertise of older people living with dementia.

Prior to the inspection, we contacted the local authority commissioners and safeguarding team to gain their views about the service. We looked at notifications that the provider had submitted to the Care Quality Commission (CQC). Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for people in their care.

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.

During the inspection, we talked with 14 people who used the service and three relatives. We also spoke with the provider, registered manager, deputy manager and four members of staff.

We looked at nine people's care records and six medication administration records (MARs). We observed how staff interacted with people in their own homes and we completed a tour of the office building.

We reviewed how the service used the Mental Capacity Act 2005, to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held to make important

decisions on their behalf.

We saw four staff recruitment, supervision and training files and we looked at staffing rotas. We also saw documentation and records relating to the day-to-day running and management of the service which included maintenance certificates, fire risk assessments and policies.

After the inspection, we asked the provider to send us further information regarding people's individual risk assessments, best interest meetings, the policies and procedures they had put in place and the actions taken to address the concerns regarding medicines. This information was received by the requested time, which helped us to make a judgement about the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. They said, "Almost certainly", "I feel very safe with the staff", "I feel safe because they know how to move me" and "Yes, absolutely safe." A relative commented, "The service that [Name of relative] gets is very good and safe."

People who used the service were protected from abuse and avoidable harm. Staff had received training in safeguarding vulnerable adults and children. They were knowledgeable about the different types of abuse that may occur and understood their responsibilities to report any concerns they became aware of. Staff told us, "I'd report [any concerns] to the office; they take it very seriously" and "Anything that's not right for them [people who used the service], I'd report it; the manager would take it seriously."

Safeguards were in place to ensure people were charged correctly for the services they received. Checks and auditable processes were used to ensure the management of funds were robust in safeguarding people's monies. The local authority also analysed missed calls to ensure people were receiving timely visits.

We saw accidents and incidents were investigated and the outcomes used to develop the service and the practice of staff. There were personal risk assessments and hazard identification assessments in place to keep people safe. For example, we saw risk assessments for topical creams and fire safety. This meant staff were aware of the dangers and could reduce these appropriately. Yet, we also found some people required further risk assessments to ensure all their needs were properly assessed. For example, we found one person had no risk assessment for choking despite carers telling us they struggled to eat some foods. We spoke with the registered manager and were assured these assessments would be completed and relevant referrals followed up. After the inspection, we received copies of the requested risk assessments and assurances that healthcare professionals were further assessing people's needs.

We looked at the Medication Administration Records (MARs) for six people who used the service. We found two people's creams had been applied more frequently than recommended and topical products were not always dated when opened, which was important as they had a limited shelf-life. However, we saw tablets and other medicines were given as prescribed and records were well documented. We also saw that staff contacted healthcare professionals when required, to ensure clear directions were documented on MARs for staff to follow. We discussed our concerns about topical creams with the provider and registered manager, and were assured these would be addressed. After the inspection, we received assurances that staff had received further training and for all topical medicines, the date of opening was being recorded on the medicine and in the person's records.

People told us their medicines were managed well and they could choose to manage their own if they preferred. They said, "They're managed very well; I have a chart recorded", "The carers manage them on time, I have no pain", "They bring me my medication, they always remember" and "I manage my own."

We found staff had access to sufficient personal protective equipment (PPE) and cleaning facilities. The registered manager told us that PPE was stocked at the office but carers took supplies to local stores and

into people's homes so they would never be without. People's care records directed staff to where they could wash their hands in the person's home. Whilst we were visiting one person who used the service, we saw staff attended with PPE and used good hygiene practice.

Staffing levels were sufficient to meet people's needs, however sometimes staff were late to attend calls. People told us, "They are busy; they often say they are running late", "There are enough staff, but the timing is not always good, but then again, there might be someone who needs more help; you have to give a little leeway" and "Occasionally they are late, but something has held them up."

We found the timings of the rotas could be improved to enable staff to attend calls on time. We saw staff rotas were produced with no, or little, travel time between calls and we saw errors were sometimes made on the rotas requiring staff to be at two calls at the same time. We spoke with the registered manager and were told that the rotas were checked prior to distribution. People who used the service told us, "It would need a complete turnaround in how they manage the rota and staff", "I do think the rotas could be better managed for the timing" and "I do understand they sometimes have staffing problems through sickness at times; on the whole they're okay."

We received inconsistent information regarding staff staying with people for the allocated time. One person who used the service told us that staff sometimes did not spend as long on weekend calls as at other times of the week, whereas another person said, "They do stay for the allocated time." The provider informed us of plans to implement an electronic call monitoring system, which would enable staff call times to be audited more easily. This meant the provider would be able to assure themselves staff were attending calls on time and staying for the allocated call length.

We found people received care from consistent members of staff. One person said, "It's usually the same staff." A relative told us, "They have regular carers; they know their needs." The registered manager told us the electronic system matches people and carers to enable continuity of care. This meant a person's preferences for carers could be met and also highlighted incompatible calls, for example, staff that could not drive would not be allocated people who lived rurally.

We saw staff were recruited safely and checks were in place before they started work. Each member of staff whose documents we looked at had two written references and an enhanced disclosure and barring service (DBS) check. The DBS helps employers to make safer recruitment decisions and prevents unsuitable people from working in the care industry. Staff were also required annually to declare their fitness to practice in relation to health and convictions. This meant the provider was continually assured staff were suitable to work and to drive. We saw some members of staff had worked for the provider for a number of years. One person who used the service told us, "The member of staff I have, has been with them a long time; they know what they're doing," Another person told us, "Staff are well-selected and well-trained."

The location premises were well-maintained. We saw documents relating to the upkeep of the building including fire safety risk assessments, fire extinguisher checks and electrical equipment testing certificates. Everyone who entered the building was asked to sign in a book so in the event of a fire it was known who required evacuation.

There were plans to keep people safe in event of emergencies such as inclement weather, temporary and longer closures of offices, staff illness and technology issues. We saw the provider had made provisions for service continuation and there was detailed guidance for staff to follow.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive someone of their liberty when they live in the community must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had a good understanding of capacity and they told us, "If they [people who used the service] have capacity, it's up to them to make a decision", "If someone has confusion, it's got to be reported" and "I wouldn't make anyone do anything they didn't want to do." However, documentation in some instances was incomplete and did not support staff in understanding people's mental capacity and abilities. For example, we saw mental capacity assessments did not detail what people could and could not do, and for some people there was no clarification on whether they could consent to care. We saw some people's relatives had signed consent forms on their behalf. We asked the registered manager for details of Lasting Power of Attorney (LPA) which gave relatives the power to make health and welfare decisions, however there were no court records in people's files. An LPA is a person who is legally appointed to make important decisions on a person's behalf. The absence of LPA records meant the provider could not be assured relatives were making decisions with proper authorisation.

We found best interest meetings had not always taken place when necessary. Best interest meetings are held with all relevant persons, to enable important decisions to be made on behalf of people who lack capacity to make them themselves. We found least restrictive options for care had not been recorded. For example, we saw a professional had recommended socks be placed over a person's hands to prevent clasping. Staff had not assessed the suitability of this restriction, nor had a clear best interest decision been recorded. We brought these findings to the attention of the registered manager, who assured us they would address them immediately. After the inspection, we received documentation from the provider, which addressed our concerns. They detailed new processes for consent to care, best interest meetings and their new policies.

We recommend the provider uses the MCA code of practice regarding assessing people's capacity, best interest decision-making and recording of LPA.

People who used the service told us staff were effective in meeting their individual needs and in delivering effective outcomes for them. They told us, "They [staff] do what they can and what they are supposed to do", "It's a very good service", "It's a great support for me" and "In my experience they are very good."

We found people were supported with their nutritional and health needs. People who used the service told

us, "They fill up my water with fresh whenever I ask", "I choose my food; they warm it and bring it to me" and "I mention it [illness] to a carer and they get the doctor if I need them." Staff said that they contacted healthcare professionals in a timely way and we saw referrals had been submitted as required.

Staff received thorough induction training including face-to-face training sessions and shadowing senior staff. The induction was linked to the Care Certificate, which is a nationally recognised set of standards for Health and Social care workers.

We found staff had received sufficient training and this was kept up-to-date by regular courses. The training included first aid, moving and handling, medicines and health and safety. We saw a training package that staff completed included formal face-to-face sessions discussing medicines and other subjects required to do their job, and a workbook to embed the knowledge. People who used the service told us, "I believe they have had adequate training", "They all do their jobs properly" and "We do know the staff have training sessions."

We also found staff used their training in practice and had good knowledge and skills. People told us, "The carers are very knowledgeable", "It's just the way they go about things; you can tell they are used to doing these sort of jobs", "Staff are very competent 90% of the time" and "They are experienced carers." Relatives told us, "Staff are confident; I learn a lot from them" and "They know what they are doing and get on with it."

We saw staff received supervision and appraisal as required. Staff told us they discussed relevant things at supervision such as their rota, training needs and any issues. Spot checks on staff were completed so the provider could be assured of the quality of care given to people who used the service.

The service had adapted the location premises to enable people with disabilities to access it. They had also ensured there was a confidential meeting room for people to see staff and discuss their care in. This meant people could attend the office to discuss any issues or concerns they had.

Good

Is the service caring?

Our findings

People told us staff were caring and understood their needs. They said, "The carers are kind, caring and friendly", "[Name of provider] should be proud of those carers; they are all very nice and very pleasant", "They are lovely; I can't fault them" and "I am really pleased with the staff; they are spot on I have no problems at all with any of them; they are great." Relatives told us, "The member of staff who comes now is absolutely fantastic; their whole demeanour is good. They go the extra mile and I feel very comfortable leaving [Name of relative] in their care; they demonstrate empathy and understanding", "They [staff] are perfect" and "They always think about [Name of relative] first." Staff said, "My job is the world to me; I love looking after people."

Staff sought consent before providing care to people and respected their privacy and dignity. People told us, "They ask if they can do this or that", "They ask consent", "I wash my frontage, the carer washes my back; I feel quite happy with them", "They always cover me up in bathroom by putting a towel over me" and "They don't linger in the bathroom when I am washing, I'm covered at all times." Relatives said, "They will cover them up in bits, and allow them to wash", "They leave the door open slightly and observe discretely" and "Well, they always cover them up with big bath towels." Staff told us they respected people's dignity and said, "I put a towel over them" and "I put a towel around and shut the curtains."

We found people and their relatives were involved in their care. People who used the service told us they had regular meetings to review their needs. They said, "Yes, we have had one [a meeting] fairly recently, about a fortnight ago" and "I am involved with my care plans." Relatives told us, "We have had meetings; annually I think with open and frank discussions about my relative's care" and "They [staff] listen." The registered manager told us that people's needs were assessed prior to them accessing the service and then regular reviews were scheduled in order to discuss whether their needs were being met. They said these reviews were more frequent at first to enable any issues to be addressed quickly but usually were scheduled between six weeks and six months from the start of service.

We found people were encouraged to be as independent as possible. People told us, "I'm as independent as I can be; obviously I have to have help" and "Yes, they ask me if I can do things for myself." A relative said, "They will ask them to help if they can."

We heard staff communicated with people in a caring manner, and gave them relevant, appropriate information. People said, "They tell me what they are doing", "We have long chats as they are doing their job", "You feel listened to" and "They are lovely." A relative said, "I can hear them talking to them." The registered manager told us that if someone's regular carer was absent from work, the person who used the service would be sent a rota so they were aware of which member of staff would be attending.

We saw policies took into account people's individual choices and equality and diversity issues. For example, the medicines policy informed staff that people who were fasting may refuse medicines during those times and it gave staff clear directions to ensure medicines prescribed to people who were vegetarian, did not contain animal products.

Staff were aware of the need to maintain confidentiality and they told us, "I'd never speak about people at home." We found records were stored securely; computers were protected by passwords and the passwords were changed on a regular basis. This meant only authorised staff could access the system.

Good

Is the service responsive?

Our findings

We found staff were responsive to people's individual needs. People told us, "The staff do things as I like them", "What a wonderful team of staff" and "I'm happy with the care plan that has been worded very well." We saw written compliments from people and they said, "A very big thank you for re-scheduling my call" and "You've gone the extra mile." A relative told us, "We are quite happy with everything they do."

We found care was person-centred although some records required updating to reflect people's recent change in needs. We brought this to the attention of the registered manager who assured us records would be updated immediately. After the inspection, we received assurances that this had been done. One person told us, "One thing that does surprise me is the folder [care record] is never far away; my care plan's been reviewed twice since it was set up. I needed more papers in the folder and they came very quickly in the post." Staff had a good understanding of person-centred care and they explained, "It's all about that person."

We saw people were treated as individuals and their needs were catered for and met. People who used the service told us, "Some carers who don't come very often, I tell them what I need and they do it", "It's [the service] made my life a hell of a lot easier", "They do everything I ask them to do" and "They are not over the top; they do what is needed to be done and I am thankful for that." Staff said, "Everyone is different; it's not one size fits all" and "You can't force people, they have a choice; it's their life."

People were supported to access activities in the community and staff would accommodate their changing plans. People told us, "They are very flexible" and "If I ring and cancel sometimes, as I know we will be out, they will let the carers know."

People told us staff communicated well with them and stopped them from feeling socially isolated. Some people received scheduled social visits and they said, "It's quite nice to have a chat to the staff" and "We have proper conversations."

People told us they generally had no complaints but if they did, their concerns and complaints were addressed. They said, "Once the timing wasn't good but it was sorted", "We are able to complain and yes we have [complained]; It was reviewed and resolved", "We had a minor issue with new staff who didn't look at the care plan, but that's very rare" and "No, I don't think I've complained; I have been with them a long time, about 8 years could even be more." Relatives told us, "They do their best; we have had issues but we've managed to sort them", "I would be happy to raise a concern if there was one", "I'm sure if I had a complaint it would be changed but I'm quite happy with things as they are" and "I have never had anything I was concerned about; they are doing a good job." Staff said, "Office staff take complaints seriously." We saw there were few written complaints received and they had been responded to appropriately.

We saw the 'customer guide', which people received on initial receipt of services, was available in different formats. This meant people who may prefer easy read, large print or braille would receive information in a format accessible for them.

Requires Improvement

Is the service well-led?

Our findings

We found audits did not always identify issues. For example, we saw one person's care records had been audited two weeks prior to our inspection, but had failed to identify issues with the recording of medicines. The provider informed us the service had plans to start recording medication administration electronically, and said that this would enable easier auditing of records.

We also saw that when issues were identified they were not always followed up. For example, we observed one medicine audit identified some issues with the recording of medicines, but there was no clear action plan in place to address these shortfalls. However, we saw the provider had worked to address medicines errors through external support, additional staff training and had put some safeguards in place to reduce the likelihood of repeat mistakes. We spoke with the registered manager about analysing the results of medication audits so trends or patterns could be identified. We were assured this would be done.

We found the provider asked people for their opinions through questionnaires and by face-to-face meetings. People who used the service told us, "I got a questionnaire a couple of weeks ago", "I haven't had one [a questionnaire] but my daughter has", "I am asked my views" and "A member of staff comes from there [the service] to see me; they check what people have to do and check if they are doing all of it." However, people said they had never seen the collated results of surveys or questionnaires, they commented, "No, I have never seen a survey result" and "I've never seen the results." A relative said, "They are sometimes a bit slow to address things, but overall we're happy with the arrangements."

We recommend the provider produces clear action plans for audit and questionnaire findings, ensures these are carried out, uses results to drive improvements and makes them available to people.

We found people were happy with the management of the service and the care they received. People commented, "I would recommend New Concept Care to anyone; everything is perfect really", "Personally it [the service] couldn't be better", "I think it's well managed" and "I must say on the whole I am quite happy with the service." Staff told us they had no issues with the management of the service and said that the registered manager was supportive. They commented, "If you need them [registered manager], they're there" and "They're always fair and I respect them."

We found the culture of the organisation to be open and supportive. People who used the service said, "I have always thought it has been very good", "Throughout the years I've had no problems" and "It's great; I am very happy with it." Staff told us there was always a senior member of staff or manager available, and said they felt supported by the staff who worked in the office. They commented, "If I need help there's always someone to phone; help will be there as soon as possible", "Every time I pick up the phone, whatever the time, there's always been someone there to help me" and "I ring the office for anything; [name of deputy manager] gets things done." The vision and values of the provider aimed to provide a supportive environment, to give person-centred care, to encourage independence and to respect people's dignity. We found this happened in practice.

We saw the deputy manager held monthly meetings to communicate information to staff and for staff to express their views and opinions. We also found information was communicated to staff through newsletters, memorandums and by phone. The newsletters informed staff of best practice and highlighted any issues they needed to be aware of such as influenza information and being prepared for winter.

We looked at a selection of policies and procedures. We found some were not up-to-date and did not reflect best practice. We brought this to the attention of the registered manager. After the inspection, we received assurances that policies were being updated with best practice guidance.

Contingency exercises were carried out to enable the provider to plan for possible events and occurrences such as technology failures, staff illness and criminal damage. This meant they could prepare and plan for future possibilities and highlight any failures in the service.

The registered manager told us the provider sends each member of staff a birthday present to say 'thank you' for their work throughout the year. The registered manager informed us that this was a fairer and more motivational system than having selective staff recognition schemes.

We found the service had worked closely with pharmacy services to address medicine errors through looking at internal training and procedures. We saw training had been adapted accordingly and procedures were being reviewed.

The registered manager was aware of their responsibilities for completing notifications and we saw these had been submitted as required. We also saw the registered manager submitted incidents of concern to the safeguarding authorities as necessary.