

Care Concern (Homecare) Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Care Concern (Homecare) Limited provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with the experience of dementia. At the time of our inspection, 33 people were using the service, 26 of whom were receiving personal care and all were paying for their own care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service

People told us the staff supported them in a very responsive way and met their individual needs. People told us they received excellent care and the staff always went above and beyond. They were involved in making decisions and developing their own care plans which reflected their needs and their preferences. Care staff were passionate about their work and had the right skills to deliver people's care in the way they preferred, and which improved their quality of life. People reaching the end of their lives received outstanding care and support from staff.

The service was exceptionally well led. The provider and management team were passionate about providing an outstanding service to people to enable them to live meaningful lives. Their values were shared with the care staff who held strong person-centred values and consistently delivered care that reflected these.

There was an open and positive culture which focused on people who used the service, and this was strongly embedded in every area of the service delivery.

People and relatives thought the staff were very caring and communicated effectively with them. They told us the staff responded to their needs and requests promptly and always treated them with respect and kindness. The staff delivered exceptional care to people and made them feel valued.

People felt safe with the staff who supported them and told us their needs were met in a safe way. Staff received training in safeguarding adults and knew how to recognise signs of abuse and how to report any concerns.

The senior staff and care staff promoted people's independence while helping them to stay safe. They assessed risks to people's safety and wellbeing and there were guidelines on how to reduce these. They learned from any incidents or near misses and ensured these were discussed and used to improve service delivery.

People were supported to manage their medicines safely. Staff were observant and responded promptly to any changes in people's health. They worked closely with other health care professionals to meet people's health care needs.

People were supported with their nutritional needs and these were met according to people's choices.

There were enough staff available to meet the needs of people who used the service according to their individual assessed needs. This was flexible according to people's changing needs. The provider followed safe recruitment practices to ensure that staff were suitable to work with people who used the service.

Staff received training, regular refreshers and had their competencies assessed to help them deliver a high-quality service. Staff told us they felt valued and supported by the management staff and felt confident in their role.

People's consent was obtained before support began. Where people had difficulty making decisions about their care and support, the provider followed the principles of the Mental Capacity Act 2005 to ensure people's rights were protected.

People knew how to make a complaint and felt confident that any concerns would be taken seriously. We saw that concerns were addressed in line with the provider's policy and procedures.

The provider regularly sought people's views about the service and where concerns were identified, an action plan was put in place to make the necessary improvements. We saw evidence people were satisfied with the support they received and had no complaints.

There was an effective system of quality assurance. Senior staff undertook regular audits to identify where improvements were needed and took appropriate action to address these.

Rating at last inspection

The last rating for this service was outstanding (published 28 June 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Follow up

We will continue to monitor the service and will re-inspect based on the rating of outstanding. We may re-inspect earlier if we receive concerns about the service.

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was well-led.

Details are in our well-led findings below.

Care Concern (Homecare) Limited

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 one inspector and an Expert by Experience undertook telephone interviews with people and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and 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 professionals who work with the service. 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 four people who used the service and five relatives of other people to get their views about the service. We also spoke with five staff members including the provider, registered manager, operations manager, a care coordinator and a care worker. We issued questionnaires to staff to obtain their feedback about the service and received 11 completed questionnaires.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with another relative. We also emailed and received feedback from four professionals who were involved in the care of people.

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 were protected from the risk of abuse. People who used the service told us they felt safe receiving care and support from the agency. Their comments included, "I feel safe at home with the care staff" and "I am happy... I can't expect more." Relatives agreed and said, "[Family member] tells me how kind and gentle the staff are. I feel [they are] safe in the care of the staff" and "I feel [family member] is 100% safe in the care of the staff. If there is a new team member, there is always shadowing."
- We saw an example whereby the provider had identified a person using the service was potentially at risk of financial abuse from a stranger. They raised these concerns and worked with the police, the person's relatives and solicitor to make sure there were measures in place to keep the person safe.
- There was a safeguarding policy and procedures in place and staff were aware of these. Information about safeguarding and important contact details were provided for people who used the service. The provider knew to raise safeguarding concerns with the local authority where necessary and work with them to investigate any concerns. We saw a recent concern had been thoroughly investigated and systems were in place to prevent the risk of reoccurrence.
- Staff received training in safeguarding adults and this was regularly refreshed. The staff we spoke with demonstrated a sound knowledge about how to protect people from harm and what to do if they had concerns. One staff member told us, "If I saw anyone being unkind to a service user, I would report it to my manager or CQC. I wouldn't hesitate."

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. Risks to people's safety and wellbeing had been assessed, managed and mitigated. Risk assessments were detailed and included guidelines for staff on how to reduce risks. Risk assessments were designed to encourage people to maintain their independence and live as ordinary life as possible. Areas assessed included medicines, nutrition and hydration and moving and handling.
- One of the senior staff was a qualified moving and handling trainer and was able to train staff as and when they needed, and assess people's needs when these changed. When necessary, they also offered this support to relatives, to help them support their family members with their mobility needs. This helped ensure a personalised service to support the needs of people who used the service.
- Each person's environment was assessed to check for any risks or hazard, which included lighting, steps or any other risk area identified. The assessments included advice and instructions to staff when they visited people, such as how to access a person's property and any risks they needed to be aware of.
- People and relatives stated they had received appropriate information and support to keep themselves

safe during the pandemic. We saw a written comment which said, "Thank you and your wonderful carers for taking such good care of [family member] and keeping [them] safe during this difficult time. It is such a comfort to me being so far away knowing [they are] in such good hands."

Staffing and recruitment

- There were enough staff deployed to meet the needs of people who used the service in line with their care plans. People and their relatives told us they received their care visits as planned and staff stayed the agreed length of time. One person stated, "I have morning and evening calls and I am happy with the calls." Relatives agreed and said, "The agency send a team of four and it is just the four people so it is consistent", "The staff are on time, yes, and stop as long as they should" and "The carers stay over and above their allocated time. I have never had to worry about [family member's] care."
- The registered manager told us they ensured staff were scheduled to work within small geographic areas to reduce travel time and ensure people received their care visits on time. They also aimed to recruit locally. Staff we spoke with confirmed this was the case. One staff member told us, "I have been fortunate to request just one client and to receive a person that lives within 10 minutes of walking distance to my home. I appreciate the fact that my request was taken on board."
- Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications to work in social care. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. Recruitment files we viewed showed that all checks were appropriately carried out.

Using medicines safely

- People received their medicines safely and as prescribed. Staff completed Electronic Medicines Administration Record (e-MARs) charts using the software system on their mobile phones each time they supported a person with their medicines. The system sent office staff an alert if a person had not received their medicines on time. This enabled senior staff to check with the care worker the reason for this omission. This meant the system safeguarded people from not receiving their medicines.
- Office staff carried out regular audits of medicines in people's homes when they undertook spot checks, and whenever there had been a change of medicines. We viewed the e-MARs for eight people who used the service and saw these were completed appropriately and signed correctly by staff.
- There was a medicines policy and procedures in place. These included a protocol for administering medicines prescribed to be given 'as required' (PRN), so staff knew how to support people with these. Staff received medicines training and had their competencies checked regularly. This helped ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had an infection control policy and procedures in place. Staff had received appropriate training in infection prevention and control and knew how to use personal protective equipment (PPE) appropriately and in line with current guidance. A healthcare professional told us, "At my visits during the pandemic, I have witnessed cross infection protocols being correctly observed."
- People's care plans included a section about infection control and any particular instructions or recommendations when staff visited them. One person's care plan specified, "Wear relevant PPE in line with the latest guidelines. Wash your hands on arrival and before leaving. Keep all door handles clean."
- The registered manager and senior team had communicated well with staff and people who used the service about COVID-19 and how to keep themselves safe. Each person and staff member had a COVID-19 risk assessment in place, taking into account their healthcare needs, age and ethnicity. A relative told us, "I

have the upmost confidence in Care Concern's care for my [family member] during this period of COVID-19. Their great communication has proved very reassuring for me. Not only have they put in place the necessary precautions, as you would expect, they provide friendly personal support which means so much to me as a family member. Throughout lockdown, Care Concern have provided consistent care, sticking to the same routine. This has been great for my [family member] as it's helped [them] to manage [their] anxiety in times of great uncertainty. Care Concern are thoroughly professional and really do care."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider kept a record of all incidents, accidents and near-misses on a spreadsheet. These stated the type of incident, date and time, description and action taken. There was evidence of lessons learned and measures in place to prevent reoccurrence.
- Following a recent safeguarding concern, the registered manager and senior team had improved their systems and policies such as the data management policy to help ensure this type of concern would not happen again. They also said they had developed their management skills by attending safeguarding meetings and liaising with the relevant professionals. They had discussed with staff the concerns raised to ensure they were aware and knew what to do in the future.

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 assessed before they started using the service to help ensure the agency had the resources to meet these. Care plans were developed from these assessments. Initial assessments were thorough and included how the person wanted their care and support and their likes and dislikes in all areas of their daily lives. People we spoke with told us their needs were met and choices respected. Their comments included, "Yes I am happy... That carer has been with me for five years and that is lovely." A relative agreed and said, "The care works best for [family member] and [they] get on well with all the staff."
- When asked what the best thing about the agency was, a relative told us, "The calibre of the staff. They are good at their job, kind and pleasant" and another said, "The staff are consistent and regular which makes a huge difference to the care of [family member]. The staff are well-chosen people."

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised. Newly recruited staff were expected to complete an induction period where they spent time shadowing more experienced members of staff. One staff member told us, "Yes I do feel supported and had a good induction when I joined."
- Senior staff undertook observations during new staff's induction and offered them support and information. Following this, the mentor assessed whether the new staff had gained the necessary skills and were able to work unsupervised.
- Staff received training in subjects the provider identified as mandatory such as medicines, health and safety, safeguarding and infection control. They also received training in subjects specific to the needs of people who used the service, such as dementia care. One staff member told us, "Yes I have an abundance of necessary information, and constant training which proves to be a fine reminder with regard to various aspects of caring for people, and also keeps me up-to-date with changing conditions such as COVID."
- Staff told us they felt well supported by the management team and received regular supervision where they had an opportunity to discuss any concerns, areas for improvements, training needs and feedback from spot checks and we saw evidence of this.

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

- People's nutritional and dietary needs were recorded in their care plans and met. People told us they were happy with the support they received with their meals. One person stated, "Yes, they make breakfast for me." A relative confirms this and said, "There is always a debate as to who can make the best porridge. The

main carer will cook other meals and that is good for [family member]."

- Where this was required, people were supported with their meals according to their individual wishes. People's preferences were recorded clearly in their care plans. These were detailed and person-centred. For example, "[Person] will tell you what ingredients [they] want put in the pot for [their] lunch and give you instructions on heating it all." Another person's care plan specified, "Leave a glass of water by [Person's] bedside table before you leave in the evening."
- Some people lived with a healthcare condition which required a specific diet. We saw relevant information was recorded in people's care plans about the condition and the types of food they should avoid. Where necessary, people were referred to the relevant healthcare professionals and we saw their instructions were recorded and followed by the care staff. The staff escorted people to regular appointments and checks to ensure they maintain their health. A healthcare professional had praised the care staff for supporting people to maintain a healthy diet.

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

- People's healthcare needs were assessed, recorded and met. People had access to healthcare professionals such as doctors and district nurses. The staff communicated with the management team where they had concerns about a person's health, and we saw evidence that action was taken without delay. A relative told us, "The staff notice the needs of [family member]. They have called the GP and asked them to visit."
- When a person's relative was away and they needed support to continue attending their online support group, the staff member's rota was changed and designed so they could support the person to attend the sessions. The person's health condition meant they were able to benefit from the continued social interaction at a time when social distancing rules were in place.
- The registered manager had formed good working relationships with healthcare professionals who were involved in people's care. For example, they told us, "One client needed a reclining chair. It was an ongoing situation in relation to the person's skin, so district nurses were involved. I made so many calls and emails to get this reclining chair, and now [they have] it, there is no more concerns about [their] skin. [Their] day centre said [they] had this skin problem for years." They added, "We also liaise with the chiropodist, nurses in hospital and discharge coordinators." We saw evidence of this in the documents we viewed.
- The healthcare professionals we contacted confirmed they had a good working relationship with the provider. Their comments included, "They have always been very responsive to their clients' needs and seemed kind and caring in their approach when I have met them in our patients home, or spoken with them on the phone" and "We do not have any concerns regarding the care they provide our patients with."

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 confirmed they were consulted in all aspects of their care and where possible, had signed to evidence this. Consent forms were in place and signed by the person or their representatives. These included consent for medicines, sharing information or the use of photographs.
- Where people had been assessed as lacking mental capacity and could have been subjected to restrictions that could have amounted to a deprivation of liberty, we saw the provider had made appropriate applications to the local authority to help with authorisations to deprive the person of their liberty through the Court of Protection.
- Where people lacked the capacity to make decisions, we saw the provider had ensured they were represented by people who had the legal authority to do so and ensured they obtained evidence of this.

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 now 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 told us the staff treated them kindly and respectfully. One person told us, "The staff are very respectful, and I know the service is the best in the area. The staff listen to me" and another said, "The support is respectful and kind and I have no complaint." Relatives agreed and said, "The staff are kind and considerate and very good with [family member]" and "The staff are very kind." We saw an email from a healthcare professional to the registered manager stating, "It's been a pleasure to speak with you and say thanks to you and your carers for your kindness in caring for these vulnerable people."
- People's cultural and religious needs were assessed and recorded in their care plans. These considered people's characteristics and included detailed information for staff to help ensure they met people's equality needs, supported them to exercise their rights and choices and maintained their human rights. For example, one person's care plan stated they preferred all visitors to take their shoes off and leave them outside their front door.
- The provider was committed to ensuring an inclusive environment for people who used the service and employees. Their equality and diversity policy included specific reference to the protected characteristics outlined in the Equality Act 2010. There were specific sections about the Lesbian, Gay, Bisexual and Transgender (LGBT+) community and about supporting people with relationships and sexuality. They had successfully supported people and staff from this community in the past.
- Staff said they supported people in a kind and caring way and demonstrated they were passionate about caring for people. Their comments included, "Our clients receive an excellent standard of care. Clients' care needs are always changing and we must always be looking for ways to improve the care they receive", "The best thing for me is to meet new people, to help them" and "I think our carers provide the best level of care. I have worked in the industry for over 30 years and will not work somewhere if it isn't right for the service users."

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

- People told us they were consulted and involved in decisions about their care and felt their views were respected. Relatives we spoke with also confirmed this. They added the staff communicated well with them, keeping them informed and updated. One relative told us, "I am very, very pleased with them. My [family member] is also very happy. I am always invited to reviews and informed of any changes. They are very attentive and very willing."
- People told us they were consulted about their preferences regarding the gender of their care worker and

this was respected. People were able to express their views during one to one meetings with senior staff and were consulted via regular quality surveys.

Respecting and promoting people's privacy, dignity and independence

- People told us the care staff respected their privacy, dignity and independence and relatives agreed with this. One person stated, "Yes, the staff support me with my shopping and get me my breakfast. They help me wash and dress so I can be independent and stop in my own home" and "Yes, I still have my independence."
- Care plans included detailed guidelines for staff according to how people wished to be cared for. For example, one person's care plan described in detail a specific routine which made them feel good and valued. Care records indicated staff respected this.
- The provider had a 'Dignity Pledge'. This listed how the service expected to meet people's expectations, such as 'To be treated with dignity and respect throughout their care', 'To decide how involved they want to be in making decisions', 'Privacy and dignity to be respected at all times' and 'To be treated in a manner which respects and accommodates their ability, gender, culture, religious beliefs and sexual orientation.' Our conversations with people and relatives indicated that the agency lived up to these standards.

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 outstanding. At this inspection this key question has remained the same.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was exceptionally responsive to people's individual needs and were dedicated to improving each person's quality of life. They ensured they understood a person's needs before providing care and support to them. They researched any medical conditions the person may have and provided information to the care workers allocated to the person. They liaised with the person and their relatives to help ensure the care support was successful and alleviate any concerns they may have.
- One person's previous care package with another agency had broken down and the person was anxious about having new care workers supporting them. They were living with complex needs. The registered manager told us they took things slowly, ensuring they introduced the care workers, and obtained detailed information about how the person wanted their care to be. The care workers followed each instruction to the letter and were able to build a positive rapport with the person. Two weeks into the care and support began, we saw details of communication between the senior team and the relative, who was complimentary about the care workers. They added their [family member] had 'completely changed' and was 'much happier'.
- The senior team also offered support to relatives as needed. One of the team was a qualified moving and handling trainer and was able to support and train a relative to help mobilise their family member safely for both of them. They told us they observed how the relative carried out the manoeuvre and said, "It was obvious to me [the back pain] was due to bad practice. I offered to train [Relative] in the correct moving and handling procedures and [they] accepted. I did the training session focusing on posture and position."
- We saw an example where the perseverance of the registered manager had improved a person's health and quality of life. The person often developed pressure ulcers and were regularly visited by the district nurse. However, the provider found that the person sitting in a regular chair was exacerbating the condition and involved a team of professionals to obtain a recliner chair for them. Despite difficulties they faced, they did not give up and eventually the person was provided with the chair. The registered manager confirmed the person had not had any issues with their skin for months. The occupational therapist wrote in an email, "I have always found you to be helpful and caring for my client and believed you would do your very best to ensure plans were implemented in a speedy and satisfactory manner."
- The staff were observant and responsive to people's emotional needs. They identified a person was lonely following the death of a close family member who had lived with them. The provider introduced a small team of care workers who shared similar interests as the person. This enabled them to share meaningful conversations such as current affairs, reading and music. As a result, they developed a strong relationship

with the person. One staff member wrote, "[Person's] quality of life has certainly improved... [They] used to be silent, seemingly having nothing to say. [They are] now communicative and laughs a lot."

- People's care plans were developed from the initial assessments and were regularly reviewed. These were detailed and personalised and included all aspects of the person's care and support. They included detailed guidelines for staff to follow about how to meet each person's specific care needs, according to their wishes and choices. People's care plans included information about their background so staff could understand the person better and meet their needs.

End of life care and support

- People at the end of their lives received excellent coordinated end of life care from a committed and effective team who cared deeply about them. One relative commented, "I was humbled by the care, kindness and sensitivity that my [family member's] care team showed [them]. They showed endless patience responding to [their] every call and request. In [their] last few days, [the provider] were liaising with the GP, district nurses, palliative care nurses, pharmacist – everyone you could imagine to ensure [they] had the right equipment, medication and support in place to ensure [they were] comfortable and [their] needs were met."

- One person had been discharged from hospital with palliative care needs and had lifelong health conditions and complex needs. The registered manager undertook comprehensive research into the conditions and provided training for the care staff to ensure they understood how to meet the person's needs in relation to their health conditions whilst also managing their end of life needs. The provider worked effectively with the relative to request a visit from the GP and obtain end of life medicines. Following the person's death, the relative had expressed their gratitude to the staff and was 'incredibly happy that they [family member] was enabled to die in their own home which was their wish'.

- Care records for people at the end of their lives were written sensitively and in a person-centred way. They contained expressions of sadness and genuine care. For example, "[Care worker] said that this morning, [Person] got their hand and touched [care worker's] cheek when [they] were saying goodbye."

- The care staff were responsive to people's frequently changing care requirements when they reached the end of their lives and worked very closely together, updating each other regarding people's well-being during and after their visits. They also liaised closely with relatives and offered them support and comfort during this difficult period. Feedback from relatives indicated they had appreciated this.

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.

- People's communication needs were recorded in their care plan. At the time of our inspection, nobody had complex needs in this area, and all were able to communicate well in English. Where people required support in relation to their communication needs, we saw clear instructions were recorded in their care plan. For example staff were instructed to speak slowly and clearly to a person whose hearing had declined. 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.

- Care plans contained information about how to support people to maintain contact with their friends and relatives and to avoid social isolation. For example, one person's care plan reminded staff to ensure the person's mobile phone was put on charge. It also required staff to help the person with some admin tasks, and to support them to go out for a drive, walk, or to shops if they wished to do this.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures and people and relatives were aware of these. There had not been any complaints received in the last year. The operations manager told us, "We nip things in the bud, so it does not escalate" and "I think there is such an open dialogue at the start of a package, it is always tweaked until the person is totally happy, so that prevents complaints coming in." The registered manager echoed this and said, "I invite people to open up to us and say if they are unhappy with something. I never leave things to get worse. I talk to them. We address things." The provider added, "We do communicate a lot with people and relatives. We ask them how they are, how they feel. If the care is working etc."

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 outstanding. At this inspection it remains the same.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People who used the service and their relatives were very complimentary about the care and support they received from the agency. Their comments included, "They are the best in the area", "I would definitely recommend the service. I have had three agencies, and these are the best", "They are great. In the lockdown they were really good. They were very reassuring and very consistent with [family member]" and "The manager is supportive and approachable. They follow up what is being said, it is reassuring."
- There was also written feedback from people and relatives which reflected a high level of satisfaction about the agency. These included, "Thank you and your team for making [family member] so comfortable. [They are] delighted with all of [their] carers, and know that they have all been so wonderfully professional", "The love and care you and your team have shown my [family members] has been truly exceptional and truly humbling" and "I honestly and genuinely cannot thank you enough and would appreciate you passing on my thanks to your team."
- The provider consistently placed people at the heart of the service. For example, when healthcare professionals reduced their home visits during the pandemic, managers highlighted to the staff the importance of their role as they would often be a person's only visitor and people would need wider support including support with their healthcare needs. The staff, and a manager where necessary, supported people with video calls with GPs. By working closely with other professionals, people received the treatment they needed for both new and existing conditions and we saw evidence of this. This included one person who was taken to hospital after a video call with the GP, and another person who received prompt treatment for an eye infection.
- The registered manager explained they had successfully challenged racism when a person who used the service had displayed negative comments. They told us, "At first we tended not to send certain staff to avoid negative comments, but then we decided this was not right. We sent a member of staff who was fully competent, trained and confident and the relationship between the two of them developed in a positive way. We think this has been successful because we empowered the member of staff and told [them] we would support [them] should things go wrong."
- The senior team worked well together and were all committed to ensure people received good care at all times. We saw many examples where strong and consistent leadership had made a difference to people's lives. For example, an email from a relative stated, "Care Concern provided seven years of wonderful care for my [family member]. We could not have asked for more from the team. From the carers through to the office staff, everyone was efficient, empathetic and above all had our [family member's] best interests at heart."

Thank you for all that you did! Highly recommended" and another said, "Care Concern organized all the care for my [family member] in the last 18 months of [their] life and [Provider] and [their] team managed everything so well. The carers who work for Care Concern are all lovely, always kind and respectful and gentle and I recommend the agency whenever a friend is in the difficult place of having to find care for elderly relatives."

Working in partnership with others

- The provider worked in partnership with a range of professionals such as district nurses, occupational therapists, GPs and day centre staff to deliver safe care to people. In one example the provider worked with the GP, district nurses and other healthcare professionals to develop care plans and risk assessments to support to a person who had skin integrity issues for many years to minimise the risk of skin breaking down. The person's care plan was then shared with the relevant teams caring for the person, including the day centre team to ensure consistency of care. The provider arranged for new equipment to be put in place to manage the person's skin effectively. The registered manager confirmed the success of this collaborative work as the person had not had any skin concerns for the last five months. This case also led to the provider developing stronger working relationship with health and social care colleagues to better support people using the service.
- The provider recognised the importance of supporting the staff during difficult times, such as the pandemic. They sought authorisation from the local authority to utilise some of their allocated infection control funding to support staff wellbeing by offering them counselling. This enabled staff to share their stresses and anxiety with a trained professional in a safe space. In addition, the management team implemented a range of additional support measures for staff throughout the year including instigating staff welfare calls, parking dispensations for staff as key workers, and documenting staff key worker status to ensure they could access essential items for the people they supported and themselves.
- The provider had applied for and won a grant from Digital Social Care to review their IT security and innovate their internal document management systems. They used this to transfer their digital files into a cloud-based system which meant staff could access documents more easily and securely from any location. This helped staff to start working from home following the government's guidance, minimising infection risk during the pandemic and maximising management staff capacity to lead and manage the service without interruption.
- The registered manager explained they had improved their engagement with other professionals during the recent safeguarding investigation. The provider stated, "It was a learning curve for [Registered manager]. It was [their] time to go and learn from safeguarding meetings. I knew [they] would be nervous but it's about experience." The registered manager agreed and said, "It's about reflecting and learning from experience. I always think how I would like to be treated, think about my family. We have been working hard because we really care about our clients. It's an instant reaction."
- The registered manager had been asked to contribute to Skills for Care's newsletter and to share their experience of working through the pandemic. This was to inspire other leaders by sharing successful stories, and highlighting the importance of their role in shaping high standards of care and support. Following this, they were contacted by a magazine and were interviewed to discuss their resilience and empathy in how they handled the pressure during the pandemic. The article was then published under "Lessons learnt from leading through a crisis."
- During a local authority's network meeting, the provider explained a relative had spoken highly about the agency and had recommended them to other attendees. They said, "[Relative] spoke about how [they] had been able to completely rely on us and that as [they don't] have to worry about [Family member's] care visits, [they have] been able to focus on other things that needed [their] attention this year."
- The registered manager worked with the Alzheimer's society so they could gain important information which would benefit people living with dementia. They had become a dementia champion. They told us, "I

implement my understanding in my role, and did a session with carers so they became dementia friends. It does provide really good information. Basic but useful tips about how to support people with dementia." They added, "I do attend their webinars and contribute to their surveys etc. When I see a client whose family might have difficulties, I point them in the right direction."

- The registered manager and senior team kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They kept up their knowledge by subscribing to a range of publications such as 'Dying matters' and 'Dementia carers count'. They had recently attended webinars about the Liberty Protection Safeguards ran by Skills for Care, so they could understand and be prepared for upcoming changes in law.

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

- The provider adapted the way they delivered training and supported their staff to ensure they had the necessary tool to do their jobs well and confidently. They remotely set up a meeting app on staff's mobile devices and trained them to use it for virtual training sessions. They also updated the format and delivery of their training material to ensure it was compatible with the devices and could be delivered virtually. This reduced staff contact and travel during the pandemic whilst allowing the provider to maintain their training schedule. Staff also found this useful and learned from each other, shared strategies, discussed answers together and benefitted from the social aspect of the training at a time when social contact had to be limited.

- During the pandemic, it was recognised that the Black, Asian and minority ethnic (BAME) community were identified to be at higher risk if infected with COVID-19. To reduce staff contact and maximise the use of staff time when they attended meetings the registered manager combined the supervision with carrying out a COVID-19 risk assessment. with the options to have the supervision either in the field or virtually. The supportive environment helped staff to share information and concerns about their health, reduce the risk of contracting COVID-19 and make use of time effectively.

- The registered manager told us that throughout the pandemic staff's wellbeing was the main point on the agenda in their supervision and they signposted staff to information and support about how to keep themselves and their families safe while working during a pandemic.

- Staff were very positive about the management team and said they were always supportive. Their comments included, "The management is open, honest, responsive, and is there to support you at all times", "Care Concern is an amazing company. They are constantly striving to improve the service they provide to clients. The clients are at the forefront of everything they do and they know that well-trained and supported carers will provide the best service possible to their clients" and "I think they are approachable, helpful, kind and understanding."

- The provider was supportive of the staff and gave them praise and encouragement when this was deserved. When positive feedback had been received from a person who used the service or a relative staff were informed. For example, "[Relative] is very, very happy with you all and says her [family member's] mood has changed completely and [they are] much happier. So, whatever you are doing continue doing it."

- People and relatives had the opportunity to give their views of the service they received via regular surveys and quality meetings with the senior staff. The results of these were analysed and any areas for improvements were included in an action plan. A survey undertaken in July 2021 indicated people were happy with the service. They were also given the opportunity to get involved in the service development and volunteer ideas for improvement.

- During a quality review meeting, a person had mentioned the provider should be proud of their care workers. The same person had also fed back that a visiting healthcare professional had guessed their care worker was from Care Concern because of their general attitude. They went on to say they had received a lot of positive feedback about the service from some of their clients.

- The staff were also consulted via yearly questionnaires. The result of the latest survey showed all staff were happy working for the service, felt supported and valued. One comment stated, "It has been an incredibly rewarding job to do and I've met some really wonderful people so thank you so much for making my time here possible! The company is absolutely fantastic and super supportive but I also want to thank you personally for being so patient and kind especially at the beginning."
- People were given a 'client agreement and data sharing agreement' when they started using the service. This contained all the necessary information about the service, how the provider was keeping the person's personal information safe and how to make a complaint if they wished to do this. We saw people or their representatives had signed these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider took prompt action at the start of the pandemic to protect people and staff from infection. The registered manager told us, "In March and April 2020, face masks were not yet advised for domiciliary care nor readily available. We took the initiative to create our own 3D printed face shields to provide our staff with protection against coronavirus, and sourced cloth face masks for staff to use when travelling to/from work and moving around in the community." They added, "We sourced a face shield template from another care provider and reached out to local business contacts with the skills and equipment to print face shield frames and cut plastic coverings to fit to them. These face shields were distributed to all staff along with an instruction video and were used with clients with suspected COVID-19 at the start of the pandemic."
- There were robust systems and processes in place to monitor the quality of the service. The senior staff undertook regular audits in all aspects of the service and these were detailed. These included medicines audits, people's care records, staff records such as training, supervision and appraisals. In addition to audits, the provider had a comprehensive ongoing improvement plan based on the CQC's key lines of enquiry. This was discussed regularly during meetings and any shortfalls were identified and addressed.
- The management team kept themselves informed of developments within the social care sector and attended regular training courses and workshops to keep their skills up. They kept a log of all the courses and events they attended, and the content of these. For example, they had attended workshops on wellbeing, dementia, vaccine hesitancy and how to prepare for a CQC inspection.
- The senior staff also attended provider forums organised by the local authority and liaised with other managers in order to learn from each other, share information and discuss any concerns they may have. There were regular spot checks undertaken to help ensure the care workers were meeting the needs of the people they supported. Spot checks included ensuring the member of staff had their ID card on them, was dressed suitably and knew about the person's needs and how to access the person's risk assessments. Spot checks also included observations of the staff member, for example, preparing food for the person they supported, and checking their fire safety knowledge.
- During the pandemic, the management team worked flexibly to changing circumstances. They created contingency plans outlining how they would reduce the chance of an outbreak and how they would contain an outbreak if it occurred. This was communicated clearly and regularly to people who used the service. They also drew up a winter 2020/21 plan. This helped ensure continuity of service when they experienced an outbreak.
- New staff received regular observations during visits to people to help ensure they understood their duties and were confident they were meeting people's needs in line with their care plans. Observations included checking if the care worker arrived on time, how they communicated with the person, if they supported them in a person-centred way and respected their privacy and dignity. They also checked the care worker's knowledge of basic life support, and if they referred to the person's care plan as expected.
- In addition to spot checks, the provider had introduced 'reflective practice' sessions with staff where they had identified some areas for improvement. For example, they had noticed a member of staff did not always

log on to the system on time, therefore it appeared they were sometimes late for visits. The person they supported was happy with the care worker, but this did not match expectations. The reflective practice was a useful conversation where the issues were discussed whilst looking at possible solutions. This had contributed to an improvement to the staff member's performance.

- The provider kept a record of all the compliments they received from people and relatives. We saw a sample of these which included, "Thank you so much for what you did for my [family member] ... You are all incredible people and so very kind" and "Thank you so much for your incredible understanding."

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 provider understood the need to be open and transparent, and to offer an apology if things went wrong. The registered manager told us, "It's basically part of our observations. We have not had any complaints. We always share information with family and professionals. We know it is about being open and transparent. For example, if we made a medication error, we would straight away tell the right people, seek advice from professionals etc. But it has been months since we needed to do that. Once, we did miss a visit, and we put systems in place to make sure this wouldn't happen again. We were honest. We also tell our staff how important it is to own up. They do that because that is the way we operate."