New Concept Care . Nursing . Training Limited

New Concept Care Market Weighton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place between 19 June and 29 June 2018 and was announced. The service is a domiciliary care agency. It provides personal care to older and younger people who may have learning impairment, and live in their own houses and flats in the East Yorkshire region.

At the time of our inspection, 234 people were using the service.
At our last inspection we rated the service Good. At this inspection, we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Staff received training to safeguard people from avoidable harm and abuse. The provider had policies and procedures in place which supported staff to raise concerns and report any concerns they may have to the appropriate manager or external agencies. Risk assessments were in place and the provider was in the process of reviewing some of these so that they contained additional guidance for staff. Medicines were managed safely, we identified one recording issue. Regular audits identified any area that required improvements.

The provider had a system in place to ensure that care visits were scheduled to meet people's needs and requirements. We received mixed feedback from staff about whether the provider incorporated sufficient travel time on rota's for them to deliver care and support at the times required. People we spoke with told us they received their calls on time give or take five minutes and that staff had not missed any of their calls. Staff received training on various subjects and could complete additional distance learning to further develop their skills and knowledge. Staff received regular supervision and appraisal. People's nutritional needs were assessed and support was provided with meal preparation and assisting people to eat and drink, where this was part of their care plan.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. The provider ensured that where people had a legal representative in place, the appropriate confirmations were sought and records kept. Staff described how they supported people to remain as independent as they could be, whilst protecting their human rights. Staff could tell us how they respected people's privacy and dignity. There was a complaints procedure in place. Records we viewed showed that complaints were investigated and responded to in line with the provider's policy.

People and their relatives were happy with the care they received. Some people felt staff went above and beyond to meet their needs. Records showed people were involved in their care and support planning and where people had expressed a wish for their relatives to be involved, staff ensured they were invited to

important discussions such as reviews of care and support needs. Staff supported people to access hospital and GP appointments when needed. Records showed some people received regular visits from district nurses, such as those people with diabetes that required regular monitoring and insulin injections.

The provider had a quality assurance system in place which improved practices within the service. Information relating to incidents and accidents was shared with staff so that lessons could be learnt and continuous improvements sustained. The provider worked in partnership with other organisations to ensure best practices were adhered to. People and their relatives felt the management and leadership worked well to ensure care and support was consistently delivered. The provider supported staff to develop their skills and knowledge through training, supervisions and inviting health professionals to attend meetings to share their knowledge.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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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 19th, 25th and 29th June 2018 and was announced.

We gave the provider two days' notice of the inspection site visits. This was to enable staff to ask for people's consent to a home visit from an inspector. We needed to be sure that someone would be available to speak to us.

The inspection team on day one consisted of two adult social care inspectors, one inspector stayed for part of the day. The second day was attended by one adult social care inspector and on the final day the inspector had discussions with staff on the phone. Two experts-by-experience contacted people or their relatives by phone for feedback on day one of the inspection. The expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and safeguarding teams to gather further feedback about the service.

We visited the provider's office and spoke with the registered manager, one care co-ordinator and the nominated individual. The nominated individual is a person chosen by the organisation to represent them. They are responsible for supervising the management of the regulated activity provided. We looked at 14 people's care records, medication records, 11 staff recruitment and training files and a selection of records used to monitor the quality of the service. We spoke with 10 care staff in the office or over the telephone. We

visited three people in their own homes and observed care staff interacting with them, and spoke with a further 12 people who used the service over the telephone. We spoke with nine relatives of people who used the service.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People and relatives we spoke with were satisfied with the support they received with their medicines. One relative said, "Yes they give [Name of person] her tablets and re-order and collect them from the chemist. There has never been a problem and it is a big help for me." Staff received training to help them understand how to administer medicines safely and had been observed to check their competence. We looked at Medicines Administration Records (MARs) and where 'as and when' medicines were recorded two records for one person did not detail the doses that had been administered. As a result, this person did not suffer any ill effects and the provider assured us they would reiterate the importance of recording this information during the next staff meeting. This record had not yet been audited by the provider. Audits of MARs were completed when they were returned to the office each month – any concerns were addressed with staff during supervisions and retraining arranged as necessary.

Risk assessments were regularly reviewed and in place for the majority of risks. Environmental risk assessments were completed on a 'Hazard Identification' form, which highlighted any potential risks in people's homes, such as slippery floors, the electric hob and mobility equipment in the kitchen. The provider told us they were reviewing these risk assessments to include more detailed guidance for staff to follow. Staff were aware of the actions to take for risks associated with one person's health condition, but there was no risk assessment in place. This person had capacity, but the risks associated to their health condition would affect their capacity to make any decisions should they occur. We discussed this with the provider and they immediately put a risk assessment in place for this person. This appeared to be an isolated case and due to this person receiving a regular care worker, the risk was mitigated; they were knowledgeable about the person's condition and how to support them appropriately.

People who received a service told us they felt safe with their care workers. One person told us, "I feel very safe with them, they help me shower safely without falling." One relative advised, "My relative is very safe with the carers. I have absolutely no worries at all about safety. We have ceiling hoists in the bedroom and the living room and the carers all know how to use them properly. They do really well because they must have to deal with different types of hoists in different people's houses but they do know what they are doing with ours."

Staff were aware of the different signs and types of abuse and how to report them. One member of staff said, "I would report to [Name of registered manager] immediately, making sure the person was safe. I would listen and support the person and record afterwards. I could also raise an alert to the local authority or inform the Care Quality Commission (CQC). Systems in place supported staff to protect people from avoidable harm and abuse. The provider had safeguarding policies and procedures in place and staff received annual training to refresh their knowledge. Staff were aware of the whistleblowing policy and felt confidentiality would be maintained.

Accidents and incidents were recorded and referrals made to the appropriate health professionals or authorities for further re-assessments to take place should people's needs change significantly.

Recruitment procedures were robust. The provider obtained two work references when possible, one being from the most recent employer. These were verified and the details recorded. Further checks included, proof of identification and a check with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. The provider used a 'Care Worker Fit Report' which asked prospective employees several questions on different topics – this was to assess their suitability of character to work in a care setting. Overall scores were totalled and a summary for the interviewer to assess and if necessary discuss further with the prospective employee. This showed the provider was taking steps to ensure people were safe by ensuring staff were of suitable character and could demonstrate care and integrity before being offered employment within the service.

Initial assessments were completed by staff to ensure the provider could meet people's care and support needs. Records showed that when services were commissioned through the local authorities, the provider received the person's initial assessments before completing their own. This information was used to schedule visits and allocate staff in the local area to minimise travel as much as possible. Where there was any sickness or unplanned absences at short notice, other care staff were asked to stand in. The registered manager told us, "I like to stay involved and do attend calls on occasions if needed. I enjoy getting out there and seeing people and it gives me some oversight."

The local authority had recently discussed some issues around call times being late and call durations being shortened with the registered manager. These had been reviewed and travel time introduced to resolve these issues. Most staff we spoke with told us they were able to get to all their care visits on time. However, three staff felt they did not have enough travel time in between calls to arrive at the next call on time. Of the 33 people we spoke with who used the service, three people commented that occasionally staff were late arriving due to emergencies, but that the office always informed them. The other 12 people said that care staff arrived on time give or take five minutes in some cases and told us that staff stayed the right length of time. Nobody we spoke with had experienced staff failing to arrive.

One person said, "They are a very good company. Earlier this year when we had all the bad snow it was difficult for the carers to get here on time, but we understood how bad it was. One of the managers was marvellous though. She either dropped people off or came and did the call herself because she's got a four-wheel drive car and could get out a bit better."

The provider had call monitoring systems in place. The registered manager confirmed that if they had issues covering calls due to staff shortages, they either completed them themselves or allocated other staff, they also liaised with the Local Authority when needed as a contingency measure to support with covering calls. They told us this did not happen very often as they usually managed to gain support from other staff to cover calls at short notice. One person's relative told us that sometimes the provider was unable to cover a two-carer call and relied on the relative to be the second carer. We discussed these with the registered manager who advised they would review the way in which they addressed delivery of care calls during staff shortages. They told us they were constantly recruiting to ensure they maintained the right levels of staff to cover calls. In addition, a new system was being piloted, which would support improvements of rota's and allocation times in the future. This showed us the provider had a system in place for ensuring there were sufficient numbers of staff to meet peoples' needs, but continued focus was required to improve the timeliness of care visits where staff had longer distances to travel between calls.

Staff received annual training for infection prevention and control. One person told us when staff completed

personal cares, "They always put on aprons and gloves. They are very careful about hygiene and all that." We observed staff wearing disposable gloves and aprons prior to carrying out personal cares for people.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service remained effective.

People we spoke with told us they felt staff knew them well and had the right skills and knowledge to support them. Their comments included, "Oh definitely, they are excellent carers" and "I am very happy with the support they [staff] give me." One relative told us, "They [staff] are very well trained but even more importantly, they know [Name] well and treat [Name] like their own family."

People told us they received a rota each week detailing which care workers would be visiting them. One person advised, "We receive a rota by email and it tells us who is coming. They are usually the same ones [staff]."

Records showed that staff completed an induction and a period of shadowing before working unsupervised in their post. Induction training included workbooks incorporating the Care Certificate standards. The Care Certificate is a set of standards that social care and health workers work towards. It is the minimum standards that should be covered as part of induction training for new care workers. Staff completed annual refresher training on topics such as moving and handling, safeguarding and medicines management.

Staff told us they felt supported and that training had improved. Staff who supported people with anxious or distressed behaviours had received specialist training and additional training for autism and epilepsy were available. Supervisions had been completed; some staff told us they received them every three months and others said six months. Records showed most staff received supervisions three monthly and observations had been completed to ensure staff were competent in their role. One of the eight staff files we looked at did not have regular supervisions in place. The registered manager told us this was due to periods of absence and the next supervision meeting was scheduled to take place shortly. Staff appraisals were conducted annually. Staff advised they had team meetings either six monthly or annually.

The provider completed detailed assessments of people's needs, which included their likes and dislikes. Some people had an 'All about me' document completed with input from the person and/or their relative.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the provider was working within the principles of the MCA. We saw evidence that people had been involved in decisions about their care and had signed consent to their care plan, where they had the capacity to do so. People's capacity to consent to aspects of

their care, including personal care, support with nutritional needs, finances and support in the community were assessed and recorded. The provider retained evidence where people had a Lasting Power of Attorney (LPA), to show where someone had the authority to make decisions on the person's behalf for financial matters and/or health and welfare.

Staff completed training in relation to the MCA as part of their induction and understood the importance of gaining people's consent prior to completing cares for someone.

Care plans recorded information about people's dietary requirements, including the level of support that may be required such as meal preparation or support to prepare meals. People were supported to maintain good health and access healthcare services. Records were kept in relation to hospital appointments and GP visits and staff supported with these when needed.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service remained caring.

People who received a service told us that all their staff were kind and compassionate towards them. Their comments included, "They go above and beyond. My usual carer was on holiday so another one volunteered to come in early to come to me; they are wonderful people." A relative advised, "They [staff] are fantastic. They all go the extra mile, they even feed the cat for [Name]. I like the fact they have a giggle with [Name], it makes her day." A second relative said, "It's the little things that make a difference like being thoughtful. For example, [Name] had flowers sent for Mother's Day, but it stays very warm in the lounge overnight with the heating on so one of them took the flowers into the kitchen where it's cooler and brought them back in the morning. I wouldn't have thought about it at all.'

Staff knew the importance of treating people with dignity and respecting their wishes. One person told us, "They always treat me with the utmost respect." A second person advised, "They always ask my opinion and if I am ok with everything." People told us that where they had requested a female carer for personal cares, this had been respected.

Relatives also confirmed people were given space and privacy when receiving personal care. Staff knew people well and encouraged them to complete some tasks for themselves where they could; this promoted their independence. One person advised, "I try to do as much as I can for myself but I know I am very slow. They never rush me though. They are very patient."

Care plans contained information about what was important to people including families contact information. Relatives felt that staff communicated well with them and involved them with decisions. People told us, "I always feel they listen to me and take my opinion on board." A relative advised, "They do listen to me yes; we are in constant touch. We have a note system and leave notes for each other."

Staff told us some people had difficulty expressing their needs so they helped them by using different methods of communication. One member of staff advised, "I understand gestures [Name] makes, then I ask is this what you would like? [Name] can say yes or no. We sometimes use a communication book with pictures if they need it." This showed us that staff knew people well enough to understand how they communicated and supported them to express their needs independently.

The provider had updated their data protection policies and procedures to ensure staff were compliant with the new data protection laws. One member of staff advised, "We listen to people and do not repeat what they tell us as it is about building trust with people. Unless of course it was of a safeguarding nature and I would speak with them first to advise I would have to share the information." Personal information was stored securely in locked cabinets and rooms, computers were password protected and information only available to those having authorisation to view it.

Care and support information contained details about people's religious and cultural beliefs. Some people liked to attend church on the days they did not receive visits from care staff. Staff received training to support them to understand equality and diversity in the workplace with colleagues and for people they supported in the community.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service remained responsive.

People and relatives told us the staff were responsive to their needs, listened to their choices and gave them control of the support delivered. "I had a new carer one time who hadn't been before, but she was really lovely. She looked through the book and then sat and talked to me about how I like things doing. She said, "You're in the driving seat so it's up to you to tell me if I get anything wrong and then I can put it right". She was lovely."

Care plans outlined different aspects of people's needs, such as medication, mobility, personal cares, and nutritional and dietary requirements. This included the time of the care visits and the support to be provided. 'All about me' picture care plans were in place for those people that needed additional communication methods to be involved in their care and support planning. Information from local authority support plans was not always fully transferred into the provider's support plans and this was discussed during the inspection so the provider could update these at the next review.

People were supported to share their life experiences. This helped staff understand the individual and their specific needs so they could deliver person-centred care to them. Daily notes were completed by staff during each visit and gave a summary of the care and support provided for each person. These were audited by the provider at regular intervals to ensure people received the care as stated in their care plans. Care plans were reviewed six monthly or sooner should a person's needs change significantly. Where people had requested additional support, staff had contacted the office to ensure referrals were made to the appropriate social services team and a re-assessment completed.

Staff received training in end of life care so they were able to provide the best care and support to both people and their families. Staff were conscious to ensure that people were treated with the utmost dignity and that their wishes were known and respected.

People were given information about the provider's policies and procedures, such as complaints. People said, "I have never needed to complain; I am very satisfied with them" and "My son would complain if there was a problem" and "I have raised concerns with [Registered managers name] but they are ongoing. I have emailed the council about them too." Records showed the provider fully investigated complaints and sent acknowledgement and outcome letters to complainants. Where medicine errors had been made by staff, the registered manager ensured training was rescheduled and on one occasion disciplinary processes followed.

Compliments had also been received. One from a relative who had seen a new member of staff shadowing a more experienced one advised, "I was very impressed with the way both carers demonstrated the correct manner of caring for [Name], ensuring dignity was maintained at all times. Especially [Name of experienced member of staff] she took the lead and was very professional and worked to a high standard."

Every quarter, satisfaction surveys were sent to people to ask them for their views about the service, these were analysed and actions taken to improve the services delivered.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service remained well-led.

The service had a registered manager who had been in post since October 2010. 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. The registered manager was supported by the care coordinator and nominated individual.

Each geographical area had a care coordinator to manage the rota and allocation of staffing. People who used the service and most relatives we spoke with were very satisfied with the management of the service. People's comments included, "We have no problems with the management, it is well-managed" and "People in the office are so helpful. They always ask if I am ok, they are so thoughtful and easy to talk to. I regularly have a moan to them and it helps me." One relative advised, "I think it is very well-managed. We do know the manager, she is very helpful and will ring to see if we are ok."

Staff comments about the management of the service were mixed. We spoke with 10 staff and four of those 10 felt that improvements could be made. Staff comments included; "Management are really supportive. I had a period of absence from work and they were worried about me, no pressure to return to work. I was worried about losing my job, but they were very reassuring; really good" and "I just pick up the phone and they help me." One member of staff said, "Leadership and management could be improved, more team meetings would help so that if something is on our mind we can talk, hear their opinion and come to the best option." Some staff did not always feel supported by the management and leadership of the service and told us, "Our clients make us feel more valued than the office. We are not given enough credit for what we do and the time we give. I give up my own time and do extra at short notice. I enjoy my job and it would be nice if there were incentives to make us feel more valued." We discussed feedback with the registered manager and they told us they were looking at different incentives they could put in place to ensure staff felt more valued by the service.

The registered manager told us they celebrated staff birthdays by giving flowers or bottles of champagne. When compliments were received, they were shared with staff so they felt appreciated and recognised for their hard work. They told us they supported carers in the field and enjoyed working alongside staff. The registered manager told us that on one occasion a person's family were on holiday and they were unwell. The ambulance had been asked to transport them to a care home for a short period of respite, but due to the person being non-weight bearing they were unable to transport them as no steps were available to transfer them into the ambulance. The registered manager and one of the care coordinators decided they would take the person to the respite service themselves using the appropriate mobility equipment required. This meant that the person was safe and cared for until family returned. The person's family had thanked them for taking care of their loved one.

The provider focused on staff development through training and inviting guest speakers to attend staff meetings; they had previously had people come from Parkinson's and Alzheimer's Society. Staff had options to complete further training through distance learning to gain additional skills.

The nominated individual and registered manager kept up to date with best practice by actively working with other organisations. This included attending seminars, training, forums and signing up to receiving updates from various organisations. Records showed the provider worked in partnership with other agencies and health professionals to ensure people received the care and support they required, such as GPs, district nurses and social workers.

Records such as care plans did not always contain sufficient information about people's specific health conditions. Regular care staff knew people well, which meant that even though guidance was not in place, the delivery of care and support was not compromised. One person did not have a risk assessment in place for risks associated with their health condition. This was an isolated case and the provider ensured this was put in place immediately during the inspection.

Quality assurance processes were in place to drive improvements throughout the service. The provider ensured that information from accidents and incidents and other important events was shared with staff so that lessons could be learnt and practices improved.