

Concept Homecare Ltd Support Service

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Type of inspection: Announced (short notice)

Completed on: 7 April 2025

Service provided by: Concept Homecare Ltd

Service no: CS2022000235 Service provider number: SP2022000160



About the service

Concept Homecare Ltd has a main office based in Macmerry and provides Care at Home services for older people across Edinburgh East. The team consisted of the manager, care coordinator, senior carers and care assistants. At the time of the inspection 28 people were being supported at home.

About the inspection

This was an announced short notice inspection which took place on 1, 2, 3, April 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service.

This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- · Spoke with people using the service and family
- · Spoke with staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- The staff team were known to the people they supported.
- People were involved in developing their personal plans.
- People's health and wellbeing was supported.
- The service had quality assurance processes in place.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 5 - Very Good

We made an evaluation of very good for this key question as we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

People experienced care from a stable staff team who they knew well. Most people we spoke to told us staff arrived on time, were kind, caring and respectful in their homes. One person saying, 'we have a good routine that suits me', another person told us, staff promoted their independence as 'they were doing more in their kitchen now'. We concluded that people had built positive relationships from a consistent staff team.

People had a personal plan in place and were included in making it right for them. Personal plans were held on an electronic platform, each person had access to this as well as a paper copy in their home. Where risk assessments were required they were reviewed and updated regularly for people. People and families were involved in regular reviews. This meant people had a personal plan that was right for them, that they had been involved in creating.

Safe medication systems were in place for people that had this support. Staff completed training that included direct observations of practice. Staff knew people and recognised when they became unwell or there was a change in their condition. One family member told us 'staff recognised when their loved one was not well'. People's health and wellbeing was supported by a range of professionals that included dietician and occupational therapists. Professionals we spoke to told us staff were responsive and communication with the service was good. As a result people's health and wellbeing was supported because staff and professionals worked well together.

Staff supported some people with their meals. People we met told us they chose what they liked to eat and drink. People enjoyed meals out with friends, attended local day centres for lunch or ordered in their favourite meals. This meant people ate and drank what they enjoyed and were involved in meal planning.

People took part in activities that were important to them. A few liked to get out in the car to enjoy the local scenery and visit local garden centres for a coffee. Other people had earlier visits at weekends to go to church. One person we met told us they enjoyed friends coming to visit them each week. This meant people continued to be involved in activities that were meaningful to them in their community.

How good is our leadership?

5 - Very Good

We made an evaluation of very good for this key question as we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

A range of audits were completed by the managers and senior carers. A Quality Assurance plan outlined actions and outcomes the service had recognised as areas for improvement and development. Feedback was collected from people who used the service, their families and staff. The service had completed a self evaluation of the service and had developed actions from this. A range of policies were updated annually, the staff team had access to these through the electronic system. These approaches meant people benefitted from a service that promoted a culture of continuous improvement and inclusion.

Safer recruitment procedures were in place. The service had developed a consistent induction process for new employees. The service had recruited new staff and had a small, stable team. The manager had oversight and a matrix in place to monitor staff registrations. People could be confident that staff who supported them had been safely recruited.

Regular team meetings were held. Staff had the opportunity to be involved. The service had introduced 'theme' months to promote discussions with staff. Staff were encouraged to take on additional roles and become 'champions' in specific areas, i.e. infection prevention control. Staff said communication was good. People could be confident that the service they used was well led and managed as staff had the information and resources to support them.

How good is our staff team?

5 - Very Good

We made an evaluation of very good for this key question as we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

New employees had a period of induction which included shadow shifts and direct observations of practice. Staff had access to online and face to face training. The managers had oversight of all staff training and when updates were due. Themed months promoted on going learning and development within the team. Staff were also supported to undertake additional vocational qualifications. People could be confident staff had been trained and encouraged to develop, support and care for them.

Staff had regular supervision and a personal development record for their ongoing learning. In addition the care coordinator undertook regular spot checks and provided feedback to staff. People who used the service had the opportunity to provide feedback also. These measures meant people received care and support from a staff team where supervision was in place and where staff were able to reflect on their practice.

People were visited by consistent staff teams. Staff could contact the managers by phone or electronically. Out of hours on call was in place. Rotas were shared with people and families as they wished. Staff had requested a longer 'rolling rota' and management were progressing this. The service planned to introduce a newsletter for staff. As a result of this people had support from a staff team who they knew well and who provided consistent care and support.

We observed warm atmospheres and positive staff working relationships in people's homes. People told us staff were respectful in their home. We observed staff worked together to support people in a kind and caring way. Staff members we spoke to told us they 'get on very well with peers' 'peer support is good, get on well with colleagues, they are like family'. This meant people had support and care from a stable team who worked well together.

How well is our care and support planned? 5 - Very Good

We made an evaluation of very good for this key question as we found significant strengths in aspects of the care provided and how these supported positive outcomes for people.

People had a personal plan that outlined their preferences. People, families and friends we spoke to told us they were involved and included from the beginning and helped set up their personal plans. People and families had access to their plans online and could communicate via this way if they wished. They were involved in reviews and if they needed interim meetings these were arranged. This meant people had a personal plan that was right for them.

Friends and families we spoke to told us communication was good and different types were used to suit them. A service survey collected people's feedback. Where there was a legal representative for people, staff involved them and discussed changes in people's support needs. People had the opportunity to choose the carers who supported them. They were able to make changes to their routines to attend events they enjoyed. People were able to direct their care and support as they wished and when families wanted to be involved, the service was aware of this and included them. This meant people or their legal representatives were involved and provided feedback and made choices that were right for them.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

How good is our staff team?	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.2 Carers, friends and family members are encouraged to be involved	5 - Very Good

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