

Complete Care West Yorkshire Ltd

# Complete Care West Yorkshire Ltd

## Inspection report

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14 May 2019

20 May 2019

21 May 2019

28 May 2019

29 May 2019

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17 July 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Complete Care West Yorkshire Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The service was providing personal care to 80 people in the Wakefield and Kirklees areas at the time of the inspection. Complete Care West Yorkshire Ltd provides a service to younger and older adults.

People's experience of using this service:

People and their relatives told us staff were kind, caring and treated people with respect.

People received personalised care which met their needs and risks were managed. Care records had been transferred to a new electronic care recording system. A paper and electronic system were being used until all the information was uploaded electronically. We found occasions when sufficient information had not been transferred to the electronic system. We made a recommendation that the provider should complete additional auditing of the new electronic care planning system to ensure sufficient information continues to be available in the new electronic format.

Systems were in place to manage any allegations of abuse. People and relatives knew how to raise any concerns. We saw evidence any concerns were investigated and addressed.

There were enough staff to meet people's needs. Staff received appropriate support, induction and training. Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny.

We checked and found the service was working within the principles of the MCA. People and their relatives were involved in decisions about their care and consent was recorded in the care records.

Staff told us they felt supported in their role and there was always someone available for advice or assistance. Staff said they would be happy for their relatives to receive a service from Complete Care West Yorkshire.

The registered manager was passionate about continuous learning and improving the care people received. The registered manager had contributed to initiatives such as, Age UK 'Pull Up a Chair Project' to help improve care outcomes nationally. They were the chairperson for the registered managers network in Wakefield. This enabled best practice to be shared and support to be provided.

Quality assurance systems were in place to ensure the service met appropriate standards and learnt lessons. The medication audits, and lessons learned from these, were being introduced for the new electronic system. We therefore could not look at these audits on inspection. We have asked the provider to send us their medication audits for the next three months.

Rating at last inspection:

At the last inspection the service was rated Good (report published 11 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Complete Care West Yorkshire Ltd

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, a specialist advisor, whose area of expertise was in relation to governance, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people.

#### Service and service type:

Complete Care West Yorkshire Ltd provides personal care to people living in their own homes.

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:

This inspection was announced. We gave the service short notice of the inspection to be sure the registered manager would be available.

Inspection site visit activity started on 14 May 2019 and ended on 29 May 2019. We visited the office location on 20 May 2019 to see the manager and office staff; and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received about the service since the last inspection in October 2016. This included details about incidents the provider must notify us about. We asked the provider to complete a Provider Information Return (PIR) prior to this inspection. This 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 also sought feedback from the local authority safeguarding and contracts teams, Skills for Care and Healthwatch.

During the inspection we spoke with six people and six relatives to gain their views on the care provided. We spoke with the registered manager, the training manager, a care coordinator and four members of care staff.

We reviewed a range of records. These included five people's care records and their medication records. We looked at three staff files, meeting minutes and quality monitoring records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management; Using medicines safely

- Systems were in place to make sure equipment used in people's homes were safe and well maintained.
- Risks to people were identified, assessed and recorded with guidance for staff on how to manage and minimise the risks.
- The provider was in the process of moving to an electronic system to manage medicines. The registered manager told us the system will alert the management team if a person's medicines were missed or refused. They told us this would enable them to investigate the issue straight away.
- We found one person's medication record had gaps. When we looked into this further we saw evidence they had received their medication, however this had not uploaded to the electronic system. The provider resolved the issue with the IT company during inspection.
- We saw evidence staff checked medication to ensure the information was correct. For example, they alerted a GP when they had prescribed a higher dose of medicine incorrectly and not in line with their hospital discharge letter. On another occasion a member of staff identified a person's medication blister pack did not have description of the medicines. The pharmacist was contacted and delivered a new blister pack with a description of the medication it contained. This was to ensure staff knew they were giving the person the correct medication.
- Staff had received medicines training and had their competency assessed to ensure they gave medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding and whistleblowing policy in place which detailed the action for staff and managers to take if they had any concerns.
- Staff gave good examples of how they might recognise abuse and what action they would take to prevent the abuse occurring.
- Safeguarding incidents were recorded, investigated and where issues were identified the actions taken and future learning were documented.

Staffing and recruitment

- There were sufficient staff to meet people's needs. The service monitored their calls and ensured no calls were missed.
- Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny.

#### Preventing and controlling infection

- Staff received infection control training and had access to personal protective equipment such as gloves.

#### Learning lessons when things go wrong

- Accident and incidents reports were reviewed by the registered manager who took appropriate action to ensure any risks were reduced and lessons learned were shared with staff to keep people safe.



# 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

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; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed to ensure the service could meet their needs.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences. Care was managed and delivered within lawful guidance and standards.
- People's care records provided detailed information about their dietary requirements. The electronic system used by the provider flagged to the management team if a person had any issues with their nutrition and fluid intake. This enabled any action to be taken quickly.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, training, support and appraisal. The registered manager and training manager had an overview of people's training and development needs. Where appropriate, they adapted training to suit individual learning styles.
- There was a 'buddy system' in place to ensure new staff received appropriate support from their colleagues.
- All staff we spoke with told us they felt supported. Staff received meaningful supervisions and had regular spot checks to ensure they worked in a caring and safe way.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to the support of other healthcare professionals such as GPs, occupational therapists and social workers.

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.
- We checked and found the service was working within the principles of the MCA.

- People and their relatives were involved in decisions about their care and consent was recorded in the care records.
- Staff were clear it was people's choice whether to accept care and support. If a person did not wish to accept this, staff told us they would try and establish any underlying reasons and would alleviate their fears. They said they would try and encourage them to see the benefits of the support. However, they were clear they would report any concerns to the management team.

# 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

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

- Staff told us no one had any particular religious or cultural needs. The people we spoke with confirmed this. The care records contained a section to document a person's religious and cultural needs. We saw, 'Church of England' had been recorded in some care records but no further information was detailed. For example, did the person still go to church, how did it impact on their needs and wishes. The registered manager told us they would update the information immediately.

- Overall people were very happy with the care they received. One person told us, "I do feel safe. I feel happy. It took a while but now I have same carers it is better. They are lovely what I have got now." Another person commented the care staff were, "Very good but some are better than others." Other comments included, "The carers are all good." and "Very happy. Excellent."

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

- People and their relatives were involved in discussions and decisions about the care and support provided. People and relatives told us they were provided with information in a way they were able to understand.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. People and relatives told us staff respected privacy and dignity. One person said, "In the shower, when rinsing, [care staff] put a shower curtain around me and stands there with a towel to cover me straight away." Another person told us, "[The care staff] make sure the blinds and doors are shut so no one can come in."

- Staff provided good examples regarding how they respected people. For example, when providing personal care, they described how they placed towels to ensure a person's dignity was respected.

- People's independence was encouraged. Staff described how they supported people to be as independent as possible. This included taking the time to explain how electronic appliances worked and the patience to enable the person to do their own washing. Another member of staff told us how they had taken the time to talk to one person and get to know the underlying reasons why they were reluctant to complete daily household tasks. Together they had worked out a plan to build the person's confidence to enable them to be as independent as possible.

- People, and their relatives, told us staff encouraged them to be as independent as possible. One person told us, "[Care staff] talk to me and encourage me to get washed and now I have a lot going on in my life."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw evidence people's needs were assessed and regularly reviewed. People's communication needs were documented including whether sensory aids such as hearing aids were required. Information was recorded to remind staff to make eye contact and speak so people could see them to aid communication.
- All care records were being transferred onto an electronic care system. Staff had begun to use an app on their mobile phones to access information about people's care needs and to record when care and support had been delivered. A paper and electronic system were being used until all the information was uploaded electronically. We found occasions when sufficient information had not been transferred to the electronic system. For example, it was recorded one person took their medication without water. We spoke with the care coordinator who clearly knew the person well and told us they only took their medication with tea. They accepted this should have been detailed within the person's care plan. They actioned this immediately.
- We also found information regarding a person becoming short tempered and how staff were to encourage the person to chat throughout the call. The electronic care record did not go into enough detail to guide staff on managing the situation. The registered manager took steps to ensure the electronic record was updated with this information. We recommend additional auditing of the new electronic care planning system to ensure sufficient information continues to be available in the new electronic format.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint or raise concerns. One person told us where they raised a concern, "It was sorted out straight away. They listened."
- We saw complaints were recorded, investigated and the outcome communicated to the individual. Thank you cards had been sent from several people thanking staff for the excellent care their relative received.

End of life care and support

- There was a section within the electronic care records to record details of people's end of life wishes in relation to their care and support. The registered manager told us there was no one currently receiving end of life care. They explained how they would work with other healthcare professionals to ensure a person received dignified and pain free care towards the end of their life.
- Staff receive end of life training which is refreshed on an annual basis. One person had received end of life training at a local hospice to enable the service to improve their end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. The registered manager and staff were clear about their roles and responsibilities.
- The registered manager carried out a number of monthly quality assurance checks and audits to monitor and improve standards at the service. These included audits in relation to recruitment, staff training, accidents, safeguarding matters and complaints.
- Quality assurance checks were undertaken on care plans and risk assessments on a six-monthly basis or more often if a change in a person's needs were identified. Any issues found were resulted and discussed at weekly meetings. We recommend the care plan and risk assessment audits are increased due to a new electronic system being implemented to ensure full information is uploaded onto the new system.
- The medication audits, and lessons learned from these, were being introduced in relation to the new electronic system. We therefore could not look at these audits. We have asked the provider to send us their medication audits for the next three months.
- Staff told us they felt supported in their role and there was always someone available for advice or assistance. One member of staff told us, "If there is ever a problem, there is always someone there." Staff said they would be happy for the service to support their relatives. One member of staff told us, "All the care workers I work with are absolutely brilliant. They are really nice people and really care." Another person said, "All the people I work with, just actually care."
- The service had a 'positivity tree' where staff were able to write down their positive experiences to share with the team. The 'positivity tree' included things such as, when a colleagues went over and above to help each other.
- The provider was proactively involved in motivating staff and ensuring their achievements were recognised. For example, one member of staff had won the 'Wakefield College level three apprentice of the year award' and another staff member was a regional winner in the 'Care Awards, Home Care Worker Award.'

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

- Staff's views were regularly sought about the service through surveys, supervisions and meetings. Meeting minutes demonstrated staff contributed to the running of the service. In addition, care issues were discussed which meant any key risks were communicated to staff about people who used the service to ensure they received appropriate care.

- The service sought feedback from people who used the service through an annual survey, care reviews and telephone monitoring.

Continuous learning and improving care; Working in partnership with others

- The registered manager was passionate about continuous learning and improving the care people received. The registered manager had contributed to initiatives such as, Age UK 'Pull Up a Chair Project' to help improve care outcomes nationally. They were responsible for starting, promoting and chairing the registered managers' network in Wakefield. This enabled best practice to be shared and support to be provided.

- Health professionals told us the service developed strong and valuable relationships to ensure joined up and co-ordinated care and support. One person told us, "They refer to our service frequently, an indication of their skill of identifying risk and their commitment to reducing it."