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Complete Care Services Chorley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Complete Care Services (Chorley) provide care and support to people in their own homes in both the Chorley and Leyland areas. At the time of the inspection there were 45 people receiving personal care.

People's experience of using this service and what we found

People told us they felt safe as a result of the care they received, however we found people's medicines had not always been managed safely. There were gaps in records which meant we could not be confident medicines had been given as prescribed. There had been a lack of information about medicines needed on a 'when required' basis, which would help staff know when to offer the medicines and the correct dose. This meant people could have been at risk of avoidable harm. People had been supported to manage other risks by staff who had been recruited safely.

People's needs had been fully assessed prior to them receiving service, people told us they felt staff knew what they were doing and how to support them. Staff received regular training pertinent to their role and had supervision from the management team. People told us staff always asked their permission before providing personal care.

People told us they found the staff to be kind and caring. People felt staff respected them and made an effort to ensure they put them at ease. People had been supported to maintain their independence and were involved in making decisions about their care.

People received person centred care which reflected their needs and preferences. Care records included details about the persons' life experiences and cultural and religious needs. Staff were familiar with people's equality needs and had received diversity training. People had been informed how to raise their concerns and complaints. People told us they felt they were listened to when they raised a concern.

The provider's quality assurance systems had not been followed. People's care records and staff practice had not been effectively checked, the registered manager did not have good oversight of the service and issues we had found during the inspection had been missed. No harm was identified, however people had been at risk of avoidable harm. Staff had mixed views about the effectiveness of leadership in the service.

Rating at the last inspection

The last rating for this service was good (published 20 September 2017). Since this inspection, the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the safe management of medicines and the providers' governance and quality assurance systems. We have made a recommendation in relation to mitigating risks.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well led findings below.

Requires Improvement ●

Complete Care Services Chorley

Detailed findings

Background to this inspection

The 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 checked 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.

The inspection team

The inspection was completed by one inspector.

Service and service type

Complete care is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of inspection 65 people were receiving a service from the agency. Not everyone who used the service received personal care. The Care Quality Commission (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.

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 24 hours notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people in the office to speak with us.

What we did before the inspection

Before the inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback

from the local authority. 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 visited the office location on 21 November 2019 and made phone calls to staff and people who used the service on 2 December 2019. The registered manager was not available, we spoke to the manager, the regional manager and visited two people at home who received care from the agency. We reviewed the care records of four people, the recruitment records of four staff and looked at records kept at the office in relation to the management of the service.

After the inspection

We spoke on the telephone with four care staff and three people who received support at home. We reviewed information sent to us by the manager in relation to training.

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 deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider assessed the support people needed to manage their medicines safely. Where staff helped people with their medicines we found records had not always been completed. We saw one person's record had gaps in the signing for medicines on several occasions for the previous two months. This meant we could not be confident they had received their medicines.
- Protocols to describe when to give one person their 'as required' medicines had not been completed. This meant there was a risk staff would not know when to offer the person the medicines which could lead to avoidable harm.

The provider had not always ensured the safe management of medicines. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Learning lessons when things go wrong

- The registered manager had not kept a log of accidents and incidents which meant opportunities to analyse events and learn from them, to avoid the risk of reoccurrence, may have been missed. We discussed this with the manager who advised they believed the records would be in people's care records in their homes.
- The regional manager was present and had not been aware this had not been done.

We recommend the provider consider current guidance on mitigating risks.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy which staff had understood. Safeguarding incidents had been recorded and the procedures followed.
- Staff were aware of potential signs of abuse and how to raise this within the organisation or with the local authority directly.
- People told us they felt safe as a result of the care they received. Comments included; "I feel very safe, the carers know what they are doing." and "I feel safe because I know most of the people who come and they know me."

Assessing risk, safety monitoring and management

- The provider had assessed the risks people needed support to manage. Risk management plans had been included in the care records. Staff gave mixed views about the value of the risk assessments. Some staff said they were useful and some said they were not always detailed, however, they said that risk assessments had

been updated in response to their concerns.

- The provider reviewed and updated risk assessments every six months or when there had been a change. In addition where a person had more complex needs the risk assessments had been reviewed more frequently.
- The provider completed environmental risk assessments at each persons' home prior to them receiving a service to ensure staff were able to support people safely.

Staffing and recruitment

- The provider had robust recruitment procedures to ensure staff were able to work with vulnerable people.
- We reviewed four recruitment files and found all necessary checks had been completed prior to staff starting work.
- Staff told us they felt they had enough time on each visit to support people safely. People who received a service confirmed they felt safe as a result of the care they received. We reviewed logs of visits which showed how long staff were present on each visit. These showed people were receiving most of their visit. The manager advised us that not all staff logged in and out and they were looking to develop a more robust electronic system.

Preventing and controlling infection

- The provider had an infection control policy in place, staff had received appropriate training.
- The provider ensured staff had access to gloves and aprons when required. People confirmed staff used these when supporting them.

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 peoples' feedback confirmed this.

Assessing peoples' needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured peoples' needs were assessed prior to them receiving a service. This helped ensure the service were able to meet peoples' needs.
- People's care plans were detailed and contained enough information for staff to know what support a person needed. People told us staff knew what they needed, comments included; "Staff know enough about what I need." and "They are alright, they are good at everything."
- Care records included information and guidance from other agencies, including district nurses. We saw their advice had been followed in relation to pressure care."

Staff support: induction, training, skills and experience

- The provider had a training programme which was coordinated by the Preston office. Staff had received training in pertinent areas. Some staff had achieved NVQ 2 in care and some were completing further qualifications. Staff said they felt their training had given them the knowledge they needed to fulfil their roles.
- The provider had a supervision policy, supervision is a one to one meeting between a member of staff and a senior to discuss their role and to identify any development needs. Staff reported finding this useful and informative.

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

- Staff worked in conjunction with other agencies to provide effective and consistent care. Examples included; working alongside other care providers, health professionals and families.
- Staff ensured people were supported to access health professionals when required. One person told us, "They were brilliant when I was ill, they rang the ambulance."
- Advice and guidance from other professionals had been included in care records to ensure consistent support.

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

- The provider had assessed the support people needed to eat and drink. Care records included details of peoples' preferences. At the time of inspection there was no one needing a modified diet, such as pureed food or thickened fluids.
- Staff supported people to prepare food and drink. Where required records of what people had eaten were maintained.

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.

- The provider was compliant with the principles of the MCA. Staff had received training. People's capacity to make specific decisions had been assessed. Where a person needed support to make a decision this had been done in their best interests and in the least restrictive way. For example someone needed support to keep their medicines secure and these had been locked in a cabinet in their home.
- Staff understood the importance of getting consent from people before providing personal care and were sensitive to the needs of people who may not remember they need support. Staff described how they would seek to reassure and persuade people to accept support.
- People we spoke with confirmed staff always asked before providing support. Comments included; "Yes, they help me with showering and always ask."

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 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 they were cared for by kind staff. Comments included; 'The carers put me at ease when helping me.' and "The best thing is the caring is very good and they make sure I am comfortable before they go."
- The provider had assessed people's equality and diversity needs which were included in their care records. Staff knew when people needed support in this area.
- Staff described the ways they respected people's homes, comments included: "My first concern is to respect people's homes" and "I knock on the door, even if it is unlocked, I say hello is it okay to come in?"

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

- The provider had assessed the support people needed to communicate and be involved in decisions about their care. Care records included guidance for staff on the best ways to interact with people.
- Staff described how they consulted with people and checked what support they needed.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt staff supported them in ways that upheld their dignity. Comments included; "Carers put me at ease, sometimes I feel I don't want to do anything and they have been sympathetic."
- The provider ensured care records were stored securely and people's information was stored privately in folders in their homes.
- Staff described how they promoted peoples' independence, comments included: "A few people want to carry on with some domestic tasks and we take a back seat. I try to encourage them." and "I encourage people to do what ever tasks they can for themselves."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- The provider ensured people received personalised care which was responsive to their needs. Care plans were detailed and included information about people's life history and interests which helped staff understand their experiences and what was important to them.
- The provider reviewed care plans regularly to ensure they remained appropriate. People told us they were involved in reviews.
- Staff were aware of the need to identify and report any changes to a person's needs. One staff said, "If I think things are changing I talk to the person and see if they think they are. I will raise it with the co-ordinator and they might go back in and reassess."

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 records included information about important relationships and how the person preferred to contact them. Staff were able to offer support when required.
- Where the provider was responsible, social visits had been arranged, people had been supported to attend events and activities they valued.

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.

- The provider had met this standard. Information about the service was available in different formats, including large print, pictures and different languages if required.

Improving care quality in response to complaints and concerns

- The provider had a complaints policy and procedure. We reviewed the complaints log and found they had followed their policy; concerns had been recorded and responded to.
- People we spoke with told us they were aware of how to make a complaint or raise a concern. We saw information about this in the service user guide. The people we had visited said they had not needed to raise any complaints but would be confident they would be listened to if they did.

End of life care and support

- The provider supported people to remain at home at the end of their lives with support from community-

based health professionals.

- Staff had received training to help them support people at the end of their lives.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and registered manager had not ensured regular audits of care records and practices had been completed. This meant they had not identified issues we had found during this inspection. We discussed this with the manager who advised they were aware they needed to complete audits but had not yet started.
- One person's medicine administration records had several signatures missing over a two month period. One person who needed a rescue medicine when required did not have a description of this in their records at the office or in their home to guide staff in the event of the person needing it. This left the person at risk of potential harm.
- The regional manager who was present was not able to explain the lack of audit and quality checks. The registered manager did not appear to have regular oversight of the service.
- Staff gave mixed views about how well they felt the service was managed. Comments included, "I think it has improved since the manager took over." and "I do (think it is managed well) I have worked here a number of years and can raise any qualms." and "No, I contacted management with concerns and did not hear back, I am sure something was done but would have liked to hear back." and "I think the manager has had very little support."
- Some opportunities to learn and improve care had been missed due to a lack of oversight and checks of the quality of care provided.

The provider's systems or processes were not always operated effectively. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had a commitment to providing high quality care which achieved positive outcomes for people. Staff were familiar with the aims of the service and the quality of care expected.
- Care records were person centred and people had been involved in reviews.

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 registered manager was aware of their responsibility to be open and honest when something had gone wrong. At the time of inspection there had not been any incidents which demonstrated this. We will review this at the next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had engaged with people and sought their views. People found them to be approachable and told us, "Occasionally they come and see me and ask me how things are and if I am happy." and "They are easy to get hold of if I have any questions."
- The provider kept in touch with staff using emails as meetings were difficult for staff to attend. Staff said this was effective and kept them up to date.
- The provider was working in partnership with the local authority commissioners who conducted their own reviews of the service. The most recent review had identified some concerns about call logging. The provider was looking into how best to improve this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not always been managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers quality control systems had not been followed. There had been a lack of oversight by the registered manager.