

Mr Alastair Buchanan MacDonald

# Complete Care Services Chorley

## Inspection report

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08 December 2020

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

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 53 people receiving personal care.

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

People's medicines had not always been managed safely. Some staff had made repeated errors with some medicines. People told us they felt safe as a result of the care they received and did not feel rushed by staff. People were supported by trained staff who had been recruited safely.

People had not always been protected from the risk of abuse and avoidable harm. The provider had not always reported incidents to the local authority safeguarding team.

People told us they had confidence in the service and felt it was well organised. We found management arrangements were not effective and did not comply with the regulations. The manager had not ensured they had effective oversight of care practice and records. Staffing roles were unclear and we had not received information we requested as part of the inspection.

### Rating at the last inspection

The last rating for this service was requires improvement, published (9 January 2020). We had identified breaches of the regulations in relation to safe care and treatment and good governance. The provider had completed an action plan to show what they would do and by when to improve to at least good. At this inspection we found not enough improvement had been made and the service remained in breach of the regulations. We will describe what we will do about the repeat requires improvement in the follow up section below.

### Why we inspected

We carried out an announced comprehensive inspection of this service on January 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe management of medicines and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Complete Care Chorley on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding people and good governance. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can see what action we have asked the provider take at the end of this report.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 well-led?

The service was not consistently 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 (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

This inspection was completed by one 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.

#### Service and service type

Complete Care Chorley is a domiciliary care agency, providing personal care to people living in their own homes in Chorley and Leyland.

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 three days 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. We also needed to request copies of records, in advance, to minimise our time in the office due to the pandemic. We needed to give them some time to gather this information.

Inspection activity started on 8 December 2020 and ended on 14 December 2020. We visited the office location on 8 December 2020 and made phone calls to staff on 10 and 14 December 2020.

#### 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who received personal care and the relatives of a further four people. We spoke with the branch manager and four members of staff. We reviewed four people's care records, medicine records and visit logs. We reviewed safeguarding and incidents logs and a variety of records related to the management of the service.



# 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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found medicines had not always been managed safely. There had been gaps in the signing of medicine records which had not been identified by the management team. In addition there had not been enough guidance for staff about medicines a person might need 'when required'. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found where staff had made repeated errors with medicines the registered manager had not followed this up with staff thoroughly. Guidance was in place for staff in relation to medicines people may need 'when required'. However, not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

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

### Systems and processes to safeguard people from the risk of abuse

- Not all safeguarding incidents had been reported to the local authority. We identified two people who had experienced harm and found other people remained at risk of avoidable harm. The provider had not always ensured people had been safeguarded from abuse and improper treatment.

This was a breach of Regulation 13 (1) Safeguarding service users from abuse and improper treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a safeguarding policy which staff understood. Safeguarding incidents had been recorded and investigated internally.
- Staff had received training in safeguarding. Staff we spoke with were able to identify what might be a safeguarding concern and how they would raise this.

### Learning lessons when things go wrong

At our last inspection we found the registered manager had missed opportunities to learn lessons when things went wrong. They had not kept a separate log of accidents and incidents. At this inspection we found not enough improvement had been made.

- There was a log of accidents and incidents which had been used to analyse and learn from incidents to minimise the risk of reoccurrence. However, it was not clear what action had been taken to reinforce lessons

learned with staff.

#### Assessing risk, safety monitoring and management

- The provider continued to assess risks and develop risk management plans which helped protect people from avoidable harm. Risks were assessed in relation to; moving and handling, skin integrity, nutrition, medicines and infection prevention and control. Risk management plans continued to be reviewed and updated.
- Staff we spoke with felt the risk assessments provided enough information to enable them to support people safely.
- People and their relatives told us they felt safe when being supported by staff. Comments included, "I feel safe with the carers, I have a shower chair and they look after me and stay with me when I am walking." and "I can see my wife is safe and comfortable with the carers."

#### Staffing and recruitment

- The provider continued to follow robust recruitment policies which helped ensure staff were suitable to work with vulnerable people.
- Not all staff were logging in and out of care visits consistently. We reviewed paper care records and found people were receiving their planned visits.
- People and their relatives confirmed they received their visits as planned. Comments included; "They come every afternoon and are very helpful, they have never been late or not come." "They don't rush me at all and they are very respectful to me." "They stay for the right time and they always ask me what I want doing. They will stay for longer if they need to, they will never leave me in the lurch" "The carers treat me with respect, if there isn't much to do they will stay and chat and always stay the right time"

#### Preventing and controlling infection

- The provider continued to follow clear infection prevention and control procedures. In response to the Covid 19 pandemic, staff had received additional training.
- We were assured that there were sufficient supplies of personal protective equipment (PPE) and staff were able to access these when required.
- People we spoke with told us staff wore PPE when supporting them.



# 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.

At our last inspection we found there was a lack of oversight of the quality of care and records by the registered manager. Audits had not been completed. This meant some issues we had found during our inspection had not been identified. This was a breach of Regulation 17 Good Governance. At this inspection not enough improvement had been made and the service remained in breach of the regulation.

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

- We were not assured that management arrangements at the service were compliant with the regulations. The registered manager, who was also the provider, was not in full-time, day to day charge of running the service and did not have effective oversight of care practice and records.
- Some audits had been completed but there was not a consistent follow up with staff. Where issues had been identified staff had been contacted for an explanation, however, we could not see where any follow up had occurred. Some staff errors had been repeated. This meant we could not be confident the registered manager had enough oversight of the service to ensure the quality of care provided met regulatory requirements.
- Opportunities to learn had been identified but not all incidents had resulted in enough learning to improve care. Some errors continued to occur and had not been fully addressed.
- The registered manager had been asked to provide further information about staff recruitment to help us clarify the structure of the service. We did not receive this. This meant we could not be confident the service had effective management support.

This was a continued breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance.

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

- Not all notifiable incidents had been reported to CQC or the local authority. Audits had identified two medicine errors which indicated actual and potential avoidable harm. These should have been notified to CQC and local authority safeguarding team.

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

- Staff were committed to providing high-quality person-centred care. Care records continued to reflect people's needs and preferences.
- People we spoke with and their relatives praised the quality of care provided by staff. Comments included; "They are polite and it always makes me feel good when they come as it gets me started for the day" and "They knock on (name) door and say who they are and greet (name); I think they treat (name) with dignity and respect. He seems to be happy and he says he has a laugh with them and I feel he has made little relationships with them"

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

- The provider had continued to engage with people and seek their views about the care they received. People we spoke with told us; "I have a care plan and sometimes they (office) phone me up and ask if I'm happy with the care I get" and "They are a very good company; they make an effort to get what we need. They will listen and act on things" and "They are nice approachable people in the office."
- Staff were consulted on their views. We received a mixed response about staffs experiences. Two staff said they would prefer more positive feedback and support.

Working in partnership with others

- Care records showed the service continued to work in partnership with other professionals. People had been supported to manage and attend health appointments. Advice from other professionals had been included in care records.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider failed to follow effective processes to protect people from the risk of abuse and avoidable harm.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to ensure medicines were managed safely which exposed people harm and the risk of harm.

**The enforcement action we took:**

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured they had effective oversight of care practice and records.

**The enforcement action we took:**

Warning notice