

Complete Care Agency Limited

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Inspection report

1 Airport West
Lancaster Way, Yeadon
Leeds
West Yorkshire
LS19 7ZA

Tel: 03332000441

Website: www.completecareagency.co.uk

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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

We inspected Complete care agency on 31 January and 1 February 2017. Both visits were announced. Our last inspection took place in November 2015 where we identified two breaches of legal requirements which related to staff training and audits within the agency. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all of the required areas.

Complete care agency provides personal care to people in their own homes in Leeds and surrounding areas. At the time of inspection the agency supported 81 people.

At the time of our inspection the service had a registered manager. 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.

People who used the service and their relatives felt they or their family member were safely looked after and had no current concerns around that.

We found the systems in place to manage and monitor people's medication was robust and staff had completed training in management of medicines.

People had care plans in place to manage risks, which staff understood and followed. Staff could recognise abuse and knew what action to take to keep people safe. There were procedures in place to ensure any allegations of abuse were reported and acted upon.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 and We saw decision specific mental capacity assessments had been carried out where needed. Staff had a good understanding of promoting choice and gaining consent from people.

There were sufficient numbers of staff to meet people's needs and keep them safe. However some people and their relatives told us the same staff did not always support them or their family member and staff were sometimes late. However people and their relatives told us when this happened staff or the office would normally tell them.

We found people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. Staff told us they felt well supported and received regular supervision. Robust recruitment processes were in place and were followed.

People were treated with dignity and respect by staff. Staff knew people well and were able to describe how

individual people preferred their care and support delivered. The care plans we looked at were person-centred and reviewed on a regular basis to make sure they provided accurate and up to date information on meeting people's needs as individuals. The registered manager was made aware of a change in someone's care plan at the time of inspection; this was completed and sent to the person and their relative to review.

People were supported to maintain their health and were supported with a balanced diet when this support was needed.

People we spoke with were aware of how to make a complaint and felt they were listened to. There were procedures in place to ensure the provider responded appropriately to any complaints they received.

The registered manager worked with the team of staff, monitoring and supporting the staff to ensure people received the care and support they needed. Staff spoke highly of the registered manager. There were systems in place to monitor and improve the quality of the service provided.

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.

Systems to ensure the safe administration of medicines were effective.

People were cared for by sufficient staff who knew them and their needs well. However people and their relatives told us staff were sometimes late and not always the same staff attended each call. Safe recruitment procedures were in place.

Risks to people who used the service were appropriately assessed, managed and reviewed.

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction with training and shadowing opportunities and were supported through regular supervision and appraisal of their role.

The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

There were systems in place to support people to maintain their health and people had a balanced diet of their choice. They were provided with support if they needed it.

Is the service caring?

Good ●

The service was caring

Feedback from people who used the service about the quality of care provided was positive.

Staff understood how to treat people with dignity and respect and were confident people received good care. People's independence was encouraged and supported.

Staff had developed good relationships with the people who used the service and used their knowledge of people to provide person centred care.

Is the service responsive?

Good ●

The service was responsive

Records showed individual choices and preferences were discussed and identified with people who used the service.

People's care plans gave good guidance on people's care needs. They had been regularly updated and provided staff with the information they needed to meet individual's needs.

The service had systems in place to manage complaints and concerns.

Is the service well-led?

Good ●

The service was well- led.

There were systems in place to monitor and improve the quality of the service provided.

The registered manager was familiar with individual care needs and knew people who used the service well.

People who used the service and staff we spoke with found the registered manager approachable and described the service as well run.

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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 31 January and 1 February 2017 and both days were announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office.

The inspection team consisted of two adult social care inspectors of whom one visited the provider's premises and one spoke to staff on the phone. Two experts by experience spoke by telephone to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. We also sent out 39 surveys to people who used the service, 39 of their relatives, 120 staff and one community professional. Of these 21 people, 25 staff, two relatives and one professional survey were returned to us. We have included the responses from surveys in the inspection report.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 81 people receiving the regulated activity of personal care from the service. We spoke with the registered manager and deputy manager during our visit to the office. Following the visit to the provider's office we carried out telephone interviews with 12 people who used the service, 13 relatives of people who used the service and eight care staff delivering care to people who used the service.

We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's support plans and four people's medication records.

Is the service safe?

Our findings

People who used the service or their relatives told us they or their family members felt safe. Comments we received included: "It's good" and "They have all been very good, I can't fault any of them." "I am very happy, it is good support." And "They do a fantastic job." Some people and their relatives told us care staff were not always the same who came to each call. One relative told us, "We have had the care for four years, generally of the two carers, I recognise one as regular. It is perfectly acceptable. Very occasionally they contact to say there has been a problem or someone new is starting, and can they shadow." Another relative told us, "There are a few different ones, four or five overall that come regularly." Another relative told us, "Occasionally when a carer can't come they put just any carer in. I'm not happy with this."

We spoke to the registered manager who told us they were recruiting at the moment for more staff. The registered manager told us wherever possible they would put the same care staff with people for consistency but sometimes due to staff sickness and holidays this does not always happen.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at recruitment files for two most recently recruited staff and saw the provider's procedures had been followed.

The care staff we spoke with told us they had received training in how to recognise and report abuse. They said they would always report any concerns to a senior person in the organisation. Staff felt confident any concerns they reported would be addressed by the management team. One staff member said, "They are very good, act on everything we report."

Staff spoke about how they would deal with foreseeable emergencies, such as people having accidents in their home. For example, falls. They were very clear on the management of first aid such as not moving someone and calling the emergency services.

Staff were able to describe the risks people faced such as the risk of falls and choking and what they did to minimise risk and keep people safe. For example, staff were able to describe procedures used for ensuring safety of percutaneous endoscopic gastrostomy (PEG) feeding and how to prevent and recognise signs of an aspiration. PEG feeding is when a person is fed directly into the stomach by a tube inserted through the abdomen. They also spoke with confidence on the use of suction equipment for people who had a tracheostomy in place and how they were able to recognise the signs of the need for suction to assist breathing and prevent choking.

We were shown records which demonstrated prior to the commencement of the service environmental risk assessments were undertaken of the person's home. We saw information to show individual safety checks had been carried out in each home setting for staff to be able to work safely. We saw risk assessments which

covered areas such as pressure care, falls, medication assistance and the safe use of bed rails. They were reviewed regularly and were up to date. Care and support plans showed what action staff needed to take in order to reduce or eliminate potential risks.

Staff confirmed they had received training and competency checks in relation to the management of medicines. The registered manager told us they checked staff competency in this area during spot checks and records showed this was covered as part of spot checks procedures.

The provider had policies and procedures relating to the safe administration of medication in people's own homes which gave guidance to staff on their role and responsibilities

Staff had received training in managing and preventing infection and said they were provided with plenty of personal protective equipment such as disposable gloves and aprons. Staff also spoke about the use of footwear covers if needed. Staff told us their practice was safe and they always used gloves, aprons and followed good handwashing procedures when providing personal care or when preparing food and drinks.

Staff told us they were introduced to people before they began providing care. One staff member said, "They make sure we have time to get to know people. Staff told us they worked with the same people most of the time to allow them to build up good relationships and rapport with people. One staff member said, "It's so important to get to know people and then you can build up trust." Most staff told us they were given adequate time to travel between calls. One staff member said they didn't always have enough travel time and they had reported this to the management team and it was being addressed.

Staff told us they had good support out of hours and in office hours if they were concerned or an emergency occurred. Comments we received from staff included; "Have never had any problems; always someone there" and "I have always been able to get hold of someone for advice; there's good systems in place."

People who used the service and their relatives said they were satisfied with the service. People's comments included; "They stay as long as they should do, sometimes I tell them to go", "If they are ever late, I get a text or a call from the staff or office. If someone can't come, one of the managers comes, sometimes I have had people I have only met once before due to staff shortages" and "There are about two or three staff who are regular." We saw where a call had been missed in December 2016 a full investigation had been made to assess if harm had occurred and to prevent any re-occurrence. This had never recurred again.

We saw the registered manager monitored any accidents or incidents and looked at what could be put in place to prevent any re-occurrence. There was documentary analysis of incidents to identify any patterns or trends. Staff told us they had lots of support to help them make decisions out of hours and in office hours where they were concerned or an emergency had occurred.

Is the service effective?

Our findings

At the last inspection in November 2015 we found the provider did not have appropriate systems in place to ensure effective training was in place. At this inspection we found the provider had made the required improvements. The provider had a robust quality assurance process in place which alerted the registered manager three months in advance of training required.

Staff said they received good support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs.

Staff said they not only had training about basic skills but also had training that related specifically to the individual needs of people who used the service. Staff we spoke with had received training on PEG feeding, epilepsy and tracheostomy care.

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They also said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the person.

People who used the service or their relatives told us they were confident staff had the skills and knowledge to support them or their family member with their individual needs. Comments we received included: "They train them all the time. They are always keen to get training like the special equipment [family member] needs. They go through it quite good", "They [senior carers] shadow them for a week. They continuously update." We received surveys from people who used the service; 100% agreed the care workers had the skills and knowledge to provide the care they needed.

Staff told us they were well supported by the management team. Staff confirmed they received supervision where they could discuss any issues on a one to one basis and annual appraisals were carried out to review progress and training needs. Staff said they found these useful and helped in their development. Staff we spoke with were aware of how respect to people's choices and the need to ask for consent prior to carrying out any care tasks.

In the PIR the provider told us, 'We ensure staff have training and an understanding of the mental capacity act'.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service was working within the principles of the MCA and staff had an understanding of how these principles applied to their role and the care they provided. Staff told us they supported people to make their own decisions.

Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. The staff we

spoke with told us they had completed MCA training and were able to give us an overview of the MCA 2005 and how this impacted on their work with people. One staff member said, "We must never force anyone to do anything they don't want to do."

Staff told us of the importance of good nutrition and hydration for people who used the service. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits.

People who used the service said they were asked for their consent prior to any care or support being delivered. One relative told us the agency respected their family member's wishes to have female staff only. Another relative told us their family member's choices and wishes were respected well.

The registered manager told us they provided support to enable people to manage their health care needs. They said visit times could be altered to fit in with attendance of appointments or support could be provided to attend appointments with people if this was needed. They also told us they liaised with families and professionals to ensure people received the healthcare support they needed.

Is the service caring?

Our findings

All of the people and relatives we spoke with told us staff had a caring and friendly approach. One person told us, "They treat me with respect." Another person said, "When I have a shower they will cover me up and ask if I want any help". Another person told us, "They treat me like I am their mother." One relative told us, "With bathing they are really caring, she is a young lady, they write they have completed personal care. They are really good, they close the toilet door and wait outside. They are really, really good, I have no worries in this department." Another relative told us, "They are very good they are very nice with her and they treat her very well."

In our survey, 95 % of people said their care and support workers were caring and kind and always treated them with dignity and respect. In our survey 100% of people, relatives and outside professional told us they were happy with the service they or their family/person received.

Care plans contained information about people's life history. This gave important information about people's background and their likes and dislikes. This information helped staff to provide more personalised care. Staff we spoke with could describe people's likes and dislikes and showed they had developed good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected.

Staff spoke of the importance of making sure care was carried out in private, people were covered, curtains were closed and people's wishes were respected at all times. Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "We do our best to ensure people do not lose their skills to be as independent as possible."

People who used the service or their relatives said they were involved in developing care and support plans and their on-going review. One person told us, "The Care Plan is reviewed every 6 months someone from the Office goes through it with me." A relative told us, "Yes I am aware of [name of person] care plan and I am involved in supporting staff with this."

Staff we spoke with did not support people who had specific needs or preferences arising from any of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation. However, staff said they had received training in equality and diversity and so were aware of issues that may arise in this area such as social isolation and discrimination.

Is the service responsive?

Our findings

Care plans contained a pre-assessment which showed how the provider ensured they could meet people's care and support needs, wishes and expectations before they commenced using the service. The registered manager said they carried out the pre-assessment to ensure all needs were fully assessed with the person who used the service and relatives or other representatives where necessary.

Care plans were developed once assessments had taken place. The care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. We saw the care plans provided clear guidance to help staff assist with the required care and support such as assistance at mealtimes, washing, dressing and mobility. There was a good level of person centred information recorded within care plans, such as how people liked to be dressed, type of clothing preferred and how someone's behaviours affected them.

Staff said they found the care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service.

Staff's comments included; "Care plans are very detailed and you have plenty of time to get familiar with them" and "Best care plans I have ever worked with, very clear and easy to follow." Staff told us the care and support plans were reviewed on a regular basis to reflect any changes in people's needs. One staff member said, "Any changes and we are always informed."

We received surveys from people who used the service; 70% agreed they knew how to complain if they needed to.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. This information was given to people when they first began to use the service. A relative of a person who used the service said, "If I have any complaints I speak to them directly or email them. I have complained before and this has been resolved now." Another relative told us, "I don't think anywhere is perfect and there is issues about staff late sometimes which I understand can happen and they let us know most of the time, if they don't I phone the office and they log this down and I am aware they speak to staff about it." Another relative told us, "We have never had a missed call."

We looked at the complaints records and saw there was a system in place to make sure any concerns or complaints would be recorded together with the action taken to resolve them and the outcome. This showed people's concerns were listened to, taken seriously and responded to promptly. The registered manager had a system in place to carry out an analysis of complaints to look at any emerging themes. The registered manager showed us a log when they had contacted staff in relation to late calls and the action taken. This included discussions in supervision, staff meetings and also in dismissal of staff.

Staff we spoke with knew how to respond to complaints understood the complaints procedure and

understood people's right to complain.

Staff said there was a system of text messaging and e mails in place to ensure staff received timely information on changes to care needs and on any concerns or complaints to try and prevent any re-occurrence of issues.

Compliments were also recorded and we saw a number of these had been received. Comments within them included: 'Can't praise you, 'Your staff are amazing, thank you for all your support at this difficult time, and 'I just wanted to tell you I saw your girls out in the community support people, they were amazing really impressed'.

The service also recognised staff achievements in complementing staff by sending a heart with a note on it and also a card when staff had gone above and beyond. The registered manager and deputy manager said they believed in rewarding staff and have done this many times with chocolates as well as cards. We saw evidence of these hearts and cards in staff files.

Is the service well-led?

Our findings

At the last inspection in November 2015 we found the provider did not have appropriate systems in place to operate the service effectively. At this inspection we found the provider had made the required improvements. The provider had a robust quality assurance process in place which was completed by the registered manager every month.

People who used the service and their relatives spoke positively of the staff and management team. One person told us, "Yes I think they are marvellous, very caring, very good, what I consider a very difficult job they do well." Another person told us, "The Manager is fine very straightforward." One relative told us, "I'm quite satisfied with everything they do." Another relative told us, "Yes I am happy, have had concerns in the past but they are always working hard to make sure everything is right for my mum."

Staff we spoke with told us that the management team in the service had high standards and expected staff to do a good job. They told us they felt well supported by the managers in the organisation. All the staff we spoke with told us how much they enjoyed their job. One staff member told us, "I love my job; I love the people I work with and the whole staff team."

Staff said they felt well supported in their role and said the registered manager and supervisors were aware of important issues about the service. All the staff we spoke with said supervisors worked alongside them and carried out spot checks on their performance.

Staff told us they felt listened to and described the management team as approachable.

Staff told us there were regular team meetings and they were now paid for their attendance at them. Staff said communication within the service was good and they received information such as their rotas in a timely way.

Without exception, all the staff we spoke with said they would recommend the provider as an employer; some said they had already done so. Staff said they would be happy for a family member to use the service; one staff member told us their family had used the service.

The people and relatives we spoke to all said they would recommend the service. One relative told us, "I have already recommended them" and concluded by saying "I've always told them I can't fault the care it's just the consistency of staff." Another relative said, "Yes I would recommend this service."

People who used the service and their relatives were asked for their views about the care and support the service offered. Surveys were sent out to people and their relatives on a yearly basis to seek their views on the care and service provided. We looked at the results of the latest survey completed in August 2016. We saw there was a high degree of satisfaction with most people rating the service as 'positive'. People's comments included, 'Very good' and 'They are perfectly willing to stay and do additional jobs for me', and 'friendly staff'. From the survey the registered manager completed a 'You said we did' which included, where some areas received negative feedback around staff turning up late the agency had responded by

continuously monitoring the rotas and travel time. The agency had asked for people and their families to feedback at each instance of staff turning up late as well as the service monitoring this. We saw evidence at the time of inspection on how the service tracks staff in relation to being late. The service had taken appropriate action where needed with the staff and the registered manager told us this was still on going.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans risk assessments and daily logs to ensure they were up to date and completed to a good standard. We saw any actions identified were transferred on to the computer system for discussion with individual staff. The registered manager continually checked the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The agency also had a monthly management meeting which looked at safeguarding/ missed calls, complaints, health and safety, call monitoring and any issues still outstanding. These had who was responsible and a deadline to be completed by. We saw evidence of these completed in the allocated time.

The agency completed monthly staff newsletters which included information for all staff about timesheets, call times, new starters, leavers and any vacancies coming up. The service also completed and posted out service users newsletter which was completed four times a year. This included useful contact numbers, who and how to complain to, organisations for older people's groups, information on the team and any changes within that team. People and their relatives told us they received these newsletters and found them useful.

The registered manager also told us spot checks were carried out regularly to ensure staff were fulfilling their role properly and people who used the service were satisfied. We looked at some records of spot checks and saw where actions were identified these were addressed to ensure improvements in the service.