

Complete Care Agency Limited

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Inspection report

1 Airport West
Lancaster Way
Yeadon
Leeds
LS19 7ZA
Tel: 03332000441
Website: www.example.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 10 November 2015 and was announced. This was the first inspection at this location.

Complete Care Agency Ltd provides personal care to people in Leeds and surrounding areas. They offer a range of services to individuals who live in their own homes and need support or care.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

Most of the people we spoke with told us they were very happy with the care and support they received from the service.

People who used the service told us they felt safe with the staff and the care and support they were provided with. We found there were systems in place to protect people

Summary of findings

from risk of harm. However, there were no clear reporting process in place to record accidents, incidents and near misses for people who used the service. There were policies and procedures in place in relation to the Mental Capacity Act 2005 and staff showed they understood how to ensure their practice was in line with the Act.

We found there were gaps in training for staff and this also included mandatory training. Staff received support to help them understand how to deliver good care. Staff completed an induction when they started work.

People who used the service said their visit times suited their wishes and staff in the main always stayed the agreed length of time. However, some people told us their care worker timekeeping was awful, they can be late. We found staff travel time was not allocated for all calls and even though some may well be in the same locality, there was still a need to factor in such time.

Recruitment procedures were effective with appropriate checks made on people's employment histories and with the Disclosure and Barring Service (DBS). We looked at the staffing rota; this showed us there was enough staff to meet the needs of people who used the service.

We found people were protected against the risks associated with medicines because the service had appropriate arrangements in place to manage medicines safely. Complaints were welcomed and were investigated and responded to appropriately.

People's care plans contained sufficient and relevant information to provide consistent, care and support. People told us they got the support they needed with meals. People received good support which ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

We saw the provider had a quality assurance monitoring system, however there was a lack of auditing.

Summary of findings

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 safe.

People told us they felt safe and well looked after. Staff knew what to do to make sure people were safe. There were appropriate arrangements for the safe handling of medicines.

There were no clear reporting process in place to record accidents, incidents and near misses for people who used the service.

A robust recruitment process was followed before staff were employed and staffing level met the needs of people who used the service.

Requires improvement



Is the service effective?

The service was not effective.

We found there were gaps in training for staff and this also included the mandatory updates.

We saw regular 'spot checks' were carried out to assess staff's performance while carrying out their role and a written record of this was made.

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

Requires improvement



Is the service caring?

The service was caring

We saw the daily care records were completed at the time of care delivery, signed by the staff members and if possible by the person who used the service.

Staff had developed good relationships with the people they supported and knew people's need well. People were very satisfied with the care and support provided to them. They spoke positively about the way in which staff helped them.

People were involved in planning their care and support.

Good



Is the service responsive?

The service was responsive

People's needs were assessed before they began to use the service and person centred care plans were developed from this information.

We found staff travel time was not allocated for all calls. Some staff had to cut calls short in order to arrive at the next call on time.

Good



Summary of findings

There was a complaints procedure for people to raise their concerns and this was supplied to people who used the service. People knew who to contact in the service if they needed to raise any concerns or complaints.

Is the service well-led?

The service was not well-led.

There was no audit trail or evidence to show how the service was audited and a number of the service's policies were out of date.

People told us the managers were approachable and tried to resolve issues for them.

Staff spoke highly of the management team and spoke of how much they enjoyed their job.

Requires improvement



Complete Care Agency Ltd

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.

Before the inspection, we sent out surveys to people who used the service, staff and community professionals. 48 were returned and we have included their responses in the inspection report. We also reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This inspection took place on 10 November 2015 and was announced. The provider was given 48 hour notice because the location provides a domiciliary care service; we needed

to be sure that someone would be in the office. An adult social care inspector, a specialist advisor in Governance and two experts-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts had experience in domiciliary care services.

Before our inspections we usually ask the provider to send us 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. The provider completed a PIR and returned it to us.

At the time of this inspection there were 116 people receiving personal care from Complete Care Agency Limited. We spoke on the telephone to 28 people who used the service or their relatives and four staff. We visited the provider's office where we spoke with the registered manager, the owner, seven staff and spent some time looking at documents and records that related to people's care and support and the management of the service. We looked at five people's care and support plans.

Is the service safe?

Our findings

All of the people we spoke with told us that they, or their family members, felt safe when the care workers were in their home. One person who used the service said, "I've got no worries there. All the carers are trustworthy and lovely people." A relative said, "I think this is a very good and safe service." In our survey, 100% of people who used the service said they felt safe and 100% of people's relatives thought their family member was safe.

One person said, "They stand nearby and make sure that I'm safe having a shower. Yes, they are very respectful and it helps keep me safe and makes sure I'm alright, though I feel very confident." Another person said, "When they are helping me they make sure I'm safe and they stay the whole time. The ones I know make sure I have no bruising and they call the doctor if needed. They are respectful. I've had no accidents with them."

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager. Staff said they were confident the registered manager would respond appropriately. Staff told us they had received training in safeguarding vulnerable adults. Records we looked at confirmed most had.

We found the service safeguarding policy out of date and needed to be reviewed. The structure was poor and it policy referred to 'Safeguarding Concern Manager' and 'Safeguarding Coordinators' but it was unclear if these staff members were employed by Complete Care Agency or the Local Authority. The policy was disjointed, in parts and repetitive. The registered manager said they were reviewing a number of the service's policies.

There were systems in place to keep people safe through risk assessment and the management of risk to people. We saw that individual risk/needs assessments were completed. The registered manager told us all aspects of care and environmental factors were fully assessed of people who used the service. Staff we spoke with said they were aware of risk management plans and could describe how they kept themselves and people who used the service safe.

The registered manager told us that staffing levels were determined by the number of people who used the service and their needs. They said staffing levels could be adjusted according to the needs of people who used the service.

There were mixed comments from people who used the service about whether the service employed enough staff: one person said, "Yes, I think there are enough staff, they can cover for each other." Another said, "Yes they have enough staff, but if they are short they use those from the office to cover" and another person said, "No they probably do not have enough staff."

People told us their care workers regularly arrived late (in some cases early) but no one complained about it. They told us, "Some care workers' timekeeping is awful, they can be late, but it's not their fault, they don't get enough time between calls and which sometimes make them late, it can be expected." However, others said, "Yes they are usually on time" and "Yes they arrive on time."

Some of the people we spoke with told us they, or their family member, received care services from familiar or regular care workers and new staff always shadowed existing care workers before they worked with them so people were not presented with unfamiliar care staff. Some people also told us that there was not a large turnover of staff. People we spoke with told us that even when care workers were off sick, or on holiday, they would be replaced by care workers familiar to them. One relative said, "I do think it's important that people have some guarantee of familiar staff when the people they're looking after rely on them so much. And in my experience this company is able to provide regular carers, which is great." 75% of people who returned our survey told us they received care and support from familiar, consistent care workers who stayed the agreed length of time and their care workers arrived on time.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references had been obtained prior to staff commencing work and these were obtained from the staff member's last employer to show

Is the service safe?

evidence of previous good conduct. This helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Disciplinary procedures were in place and the employee handbook contained staff code of conduct and the disciplinary appeals process. This helped to ensure standards were maintained.

We looked at the systems in place for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. We saw staff were trained in medication administration and this was a mandatory training course. Records showed staff competency was checked regularly to ensure practice remained safe.

People who used the service who received help with their medications told us the support or supervision they received with their medications was timely and appropriate. One person said, "I just need them (the care workers) to remind me to take my pills." Another person said, "They let me know when it's time for my medication and make sure I take them."

Records showed the needs of people who used the service were assessed regarding the support they needed with medication. This information was then transferred in to a support plan to give staff the guidance they needed. We looked at medication records for seven people who used the service. We saw that each care file had a full list of all current prescribed medications including administration times and dosage. This included clear guidance on the use

of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly and had running totals of each medication following administration.

Topical medication administration records (TMAR) were used to record the administration of creams and ointment. These had information about how often a cream was to be applied and to which parts of the body by using a body map.

The registered manager told us that MARs were returned to the office each month and checked for accuracy and completeness. We saw these were signed by the registered manager to show this had been done. Staff told us they were encouraged to report any concerns regarding medication.

Staff told us they were trained in all aspects of medication management and said the training equipped them well. We saw evidence of this in the files looked at. Staff also said they felt confident and trained to deal with emergencies. They said they would have no hesitation in calling a GP or an ambulance if they thought this was needed.

An Accident Reporting Policy was in place. The policy refers to National Minimum Standards and the Care Standards Act 2000, which has been replaced with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were minimal entries recorded and all referred to staff members. The accident book was designed for workplace employee. There should be a system in place to record accidents of people who used the service.

Is the service effective?

Our findings

Staff told us they received good training and were kept up to date. They said they received a good induction which had prepared them well for their role. Staff told us they had 'shadowed' experienced staff as part of their induction training. One staff member said, "The training is really good if you identify any thing they will try and arrange the course for you."

All of the people we spoke with told us they thought the care workers were skilled and competent to carry out the care tasks that they, or their family members, needed. One relative said, "I think the girls do a great job. They're friendly and efficient at the same time." A person who used the service said, "They [the care workers] do everything I need them to do, and a little bit more." Everyone who returned our survey told us their care workers had the skills and knowledge to give them the care and support they needed.

The training matrix we looked at was detailed and recorded at both Care Complete Agency (CCA) and Osburns. Osburns is a health and social care training business, also owned by the provider of CCA. We found there were gaps in training for staff and this included mandatory updates for example, medication and safeguarding. One member of staff was overdue moving and handling training, safeguarding and medication training. In discussion with the registered manager and provider they informed us it was difficult to find time to allow staff the opportunity to complete training. One person who used the service for example has a Percutaneous Endoscopic Gastroscopy (PEG) this is a way of introducing food, fluids and medicines directly into the stomach by passing a thin tube through the skin into the stomach. Over a one week period, this person was attended by eight different care workers. Of the eight care workers, only three had had PEG training. This is a breach of Regulation 18(2) (training) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they were well supported by the management team. Staff said they received regular one to one supervision and annual appraisal. We saw evidence of this taking place in the staff records looked at. Staff spoken with told us they found supervision useful because it gave them the opportunity to discuss their training needs. Records we looked at showed this to be the case. Records looked at showed regular 'spot checks' were carried out to assess staff's performance while carrying out their role.

Staff confirmed regular spot checks took place. Staff said they received feedback from spot checks. They said they found this useful. One staff member said, "I like to know how I am doing and that I am doing a good job for people."

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. Staff we spoke with understood their obligations with respect to people's choices. 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 the records we looked at confirmed this. In our survey, 96% of staff said, they understood their responsibilities under the Act.

People we spoke with told us that their consent was sought for their or their family member's care, both at the care planning stage and when personal care was given. One relative said, "The carers are great with [Name of person]. They always ask him if it's OK to help him." Another relative said, "Sometimes [Name of person] doesn't want to get washed and dressed, so the carers are very good at coaxing, but they would never do anything without his permission." This demonstrated the provider was aware of their responsibilities under the MCA.

People we spoke with who had meals prepared by care workers told us they always had choice about what they ate. One person said they were pleased with the meal choices they had. They said, "I like my food and the lunchtime care worker will cook what I want for me. Some of the care workers are good at cooking different things." We saw information in people's care and support plans about their nutritional needs. Staff told us before they left their visit they made sure people had access to food and drinks.

We found people who used the service or their relatives dealt with people's healthcare appointments. Staff recorded daily what support/care they gave to people who used the service by making notes of times, what they did and any needs for referral to a doctor, social workers or other healthcare professionals. Some people we spoke with told us that care workers worked well with other care and health professionals. One relative said, "[Name of person] has district nurses and the GP involved a lot and they all seem to work together well and know what each other are doing." One person said, "I have to have my

Is the service effective?

creams put on right and they sort it.” One relative was pleased that care workers had alerted them to the need for a GP visit for their family member. The relative said, “It’s good to know the carers are keeping an eye out for [Name of person].”

Is the service caring?

Our findings

Most of the people we spoke with were very complimentary about the caring attitude of the care workers. Comments from people included: “All the girls are fantastic. They’re so patient and so caring.” “They couldn’t be more kind and helpful”, “They [the care workers] are so kind to me and we have such a laugh every day.” “They are little angels.” “They are very good, have lots of patience and do a good job.” “They are absolutely brilliant and I look forward to seeing them” and “They are all very nice.” But one person said, “Some are very good but some leave too quickly.” Another person said, “Some are better than others.”

People we spoke with told us their care worker listened to them about their care needs and acted upon their wishes. One relative said, “I always tell the carers it’s our house, so it’s our house rules, and they all follow those rules.”

One person said, “I’ve used them for a few years and they still check my care with me. Every so often they review my care. They have listened and I have had a lot of falls so the care helps to stop slips. I’ve had no accidents with them. They know what to do. I’ve had no problems. There are just one person calls. They are polite and respectful. Yes they are considerate in our home. They will ask us first if they need to go elsewhere.”

People we spoke with told us they, or their family member’s, privacy and dignity were respected. One relative said, “I don’t stay in the same room when the carers are helping [name of person] get washed and dressed and the carers always make sure the doors are shut so she can be private.” One person who used the service said, “Carers always made sure my curtains are drawn and I’m well covered up.” In our survey we asked people if they were introduced to their care workers before they provided care or support: 70% of people agreed. The survey results showed most people were happy with the care and support they received, care workers always treated them with respect and dignity, and care workers were caring and kind.

People we spoke with told us that care workers helped them to be as independent as possible. Staff described how they encouraged people to be as independent as possible. For example, encouraging them to carry out personal care and dress themselves. They said they felt this was important for people’s sense of pride and well-being.

Some people we spoke with told us care workers always asked if there was anything else that needed doing before they left the house. One person said “When they ask you if you want anything else doing it makes you feel they really care about you, and it’s not just about getting the job done.”

Staff we spoke with clearly demonstrated they knew people’s likes and dislikes and they had good relationships with people. They spoke warmly about the people they supported. They said they provided good care. They confirmed they had time to get to know people before providing care. One staff member said, “We are always introduced and shadow other staff who know the person before we work alone with anyone.”

We looked at care plans which showed people had been involved in planning their care and support. These were personalised and included information about the specific support people required during their visits. People we spoke with told us that they, or their family member, received regular reviews of their care plans.

We saw that the daily care records were completed at the time of care delivery, signed by the staff members and if possible by the person who used the service. A staff member said, “We always go through what we are writing at each visit with the person and ask them to sign to agree it.” Daily records showed people’s needs were being appropriately met. People told us they had received questionnaires/surveys asking their opinion of the care the service provided.

Is the service responsive?

Our findings

Records showed that people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The information was then used to complete a more detailed care plan which provided staff with the information to deliver appropriate care. We saw for one person who had just begun to use the service, risk and care assessments completed and a person centred care plan was already in place.

Care plans contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. We saw comprehensive information detailing each person's morning, lunchtime, teatime and bedtime routines. For example, what they like to eat, what drink they like before going to bed and how they like to be supported to get dressed.

The registered manager told us formal care reviews were held with the person and/or their relative six monthly or sooner if needed. Records we looked at showed evidence of these reviews taking place.

Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. This included individual ways of communicating with people. Staff told us care and support plans were kept up to date and contained all the information they needed to provide the right care and support for people. The registered manager told us a copy of the care and support plan was kept in the person's own home and a copy was kept in the office. People told us this was the case and we saw copies of this in the office.

One person we spoke with has a 'companion caller' which means she has a care worker for six hours per week to help with meals, take her shopping or whatever activity she chooses on the day. A relative told us "This gives her some independence and choice about what she wants to do."

One person who used the service said the management were very helpful and had recently helped them access other services, "They have been really helpful by phoning my social worker and trying to arrange hydrotherapy sessions for me."

When we looked at the service records we found travel time was not allocated for all calls. An analysis of the time sheets for care workers, indicated there was a difference between allocated times and 'actual' times. We found that staff were regularly cutting calls short by between 5 and 30 minutes to fit in calls. For example, a call allocated as 8pm to 8.30pm and another 8.30pm to 9pm were actually completed as 8pm to 8.20pm and the second call 8.30pm to 9pm. This gave a ten minute travel time which was taken from the first care package. The registered manager agreed to address this.

CCA have a dedicated team specifically responsible for scheduling work. They are currently trialling Electronic Call Monitoring (ECM) which is through text from mobile phones. We were told by the registered manager this will be a 'bolt on' programme to their existing scheduling software and will alert the office to when a care worker has arrived at a person's home.

100% of people who returned a survey told us they felt involved in decisions about their care, knew how to complain and were confident complaints would be addressed. 100% of staff said the registered manager dealt effectively with concerns raised. All of the people we spoke with knew the telephone number for the office and most people had used the telephone number and knew the names of some of the members of the office team. People we spoke with told us they thought the person they would talk to if they had a concern would take the concern seriously and refer the issue to the appropriate person. One person said, "I have no doubt at all that I'd be listened to if I had any concerns. I can pick up the phone at any time and speak to someone who would try and help."

We found complaints were kept electronically and were easily accessed. We were able to see a clear procedure that had been followed when complaints had been investigated. There was information recorded about the outcome or actions taken. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We noted the complaints policy and procedure was in the file of people who used the service and gave step by step guidance on how to make a complaint and the procedure the service followed when managing complaints.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. We saw that the registered manager had excellent knowledge of all people who used the service and was able to detail their specific needs and preferences. They also knew all key family members of people who used the service. We observed that all staff working in the office appeared to have a positive working relationship with the registered manager, who was responsive to all queries.

The majority of the people we spoke with thought the service was well run. One relative said, “I think if the system works for us, then that shows it’s well managed.” All of the people we spoke with knew who the managers were and most people had spoken with them at some point. People told us the managers were approachable and tried to resolve issues for them. However, one person said they had no reservations about the care provided but that administrative and management systems could be improved.

People told us they would recommend the service to others. Their comments included:

“I couldn’t wish for a better service”, “It’s an absolutely fantastic service; first class”, “Everything runs very smoothly as far as I can see, so we’re all happy” and “This is the best care service I’ve ever had.” A community professional who returned one of our surveys said the service was well managed.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. One staff member said, “I love my job and working for this agency, they are so good; good to the people and good to the staff.”

Staff said the registered manager was approachable and always had time for them. They said they felt listened to and could contribute ideas or raise concerns if they had

any. They said they were encouraged to put forward their opinions and felt they were valued team members. In our survey, 100% of staff said they received important information when they needed it and felt the registered manager took their views in to account.

We looked at the results from the latest surveys undertaken quarterly through 2015 by the provider to people who used the service. These showed a very high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. People’s comments included; ‘very satisfied with service received, cannot fault it’ and ‘keep up the good work’.

Although CCA had an accident reporting policy, it was not embedded in practice. The registered manager had developed their own reporting form for issues to be discussed at supervision sessions. However this form was not actively promoted throughout the agency. There was no consistent reporting of accidents, incidents and near misses for people who used the service. There were therefore no conclusions or lessons learned and CCA were not able to collate data and intelligence and/or plot trends and identify common occurrences.

We asked the registered manager how the care records were audited on their return to the office. We were told by the registered manager that they were audited before they were scanned onto their computer system. There was no audit trail or evidence to indicate that this had been undertaken and there was no procedure in place to assist staff to do this. The registered manager confirmed they were unable to show an audit trail. The scanning of the care records were not up to date and the registered manager was unable to give an indication as to when this would be up to date. This is a breach of Regulation 17(Good governance) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was no audit trail or evidence to show how the service was audited. A number of the service's policies were out of date.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found there were gaps in training for staff and this included the mandatory updates.