

## Complete Choice Care Services Limited

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### Inspection report

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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 

### Overall summary

This was an announced inspection which took place on 12 and 18 June 2015. This was the first inspection of this service at this location. The service had previously operated elsewhere under a different location name. At the time of this inspection there were 33 people using the service.

Complete Choice Care Services Limited provides a range of care services to people who live within their own

homes. The service operates seven days a week and care packages can vary from short term visits to a sleep-in service. Services provided include assistance with personal care, help with domestic tasks, the preparation of meals, medication monitoring, planned outings, social activities and carer support.

Complete Choice Care Services Limited has a registered manager who was present on the day of the inspection. A

# Summary of findings

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. The registered manager is also the director of the service.

People told us they felt safe with the staff that supported them and felt the staff had the right skills and experience to meet their needs. They also spoke positively about the kindness and caring attitude of the registered manager and the staff.

We found sufficient suitably trained staff, who had been safely recruited, were employed to ensure people received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

We saw that all the staff had undertaken training in relation to the Mental Capacity Act 2005 (MCA). This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care,

support and treatment. The registered manager demonstrated a good understanding of the MCA. The MCA provides legal safeguards for people who may be unable to make their own decisions.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

All the care staff who dealt with people's medicines had received medicine management training and we found the system for managing medicines within people's homes was safe.

People's care records contained enough information to guide staff on the care and support required. The care records showed that assessments were completed around risks associated with people's care needs. Risks were also assessed in relation to the home environment. We saw that plans were in place to help reduce or eliminate any identified risk.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided.

# 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 safe.

Sufficient suitably trained staff, who had been safely recruited, were employed to ensure people received the support they required.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

Suitable arrangements were in place to help safeguard people from abuse.

A safe system of medicine management was in place.

Good



### Is the service effective?

The service was effective.

People who used the service felt the staff had the right attitude, skills and experience to meet their needs.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Good



### Is the service caring?

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff.

Staff were aware of the importance of ensuring the privacy and dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Good



### Is the service responsive?

The service was responsive.

The care records contained sufficient information to guide staff on the care and support to be provided and they showed that people were involved in the planning of the care and support they required.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Good



### Is the service well-led?

The service was well-led.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Good



## Summary of findings

People who used the service had confidence in the management of the service and staff told us the registered manager was approachable and supportive.	
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# Complete Choice Care Services Limited

## 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.'

The inspection team comprised of one adult social care inspector. Two working days prior to the inspection we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager would be available to answer our questions during the inspection.

We visited the agency office on the 12 June 2015, made telephone calls to speak with people who used the service on 18 June 2015 and spoke with three staff members by telephone on 1 July 2015.

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority commissioning team who informed us they had no concerns about the service.

During the inspection we spoke with five people who used the service, three care staff, and the registered manager. We did this to gain their views about the service provided. We also looked at the care and medicine records of four people who used the service and records about the how the service was managed.

# Is the service safe?

## Our findings

People told us they felt safe with the staff that supported them. One person told us, “They come on time and give me time to get sorted. They never rush me”. Other comments made included, “I know I am in safe hands” and “I trust them completely.

A discussion with the registered manager, the care staff and the people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. One person who used the service told us that staff, “more or less”, always arrived on time and they stayed, “until the job was done”. The five people we spoke with told us they had never been let down with the service and that staff always turned up when they were supposed to.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We were shown the bag that was given out to all care staff for them to take with them whilst on duty. It contained a first aid kit, plus a mouth shield in the event of having to undertake cardio pulmonary resuscitation (CPR). The staff we spoke with told us they had undertaken first aid training, including CPR, and felt having the bag gave them some confidence in the event of an emergency. The bag also contained protective clothing of disposable gloves, plastic aprons and bactericidal hand gel. Staff told us they ‘topped up’ equipment from the office whenever they needed to.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. The three care staff we spoke with told us they always wore protective clothing, such as disposable gloves and aprons

when delivering personal care to people. The people who used the service that we spoke with confirmed to us that the staff always washed their hands and wore protective clothing when attending to their personal care needs.

All three staff told us they had undertaken infection control and food hygiene training.

We were made aware by the registered manager that each staff member was supplied with a mobile phone by the agency and also a panic alarm. This was to ensure people who used the service and the staff were kept as safe as possible.

The registered manager told us that all staff were provided with a photographic identity badge that had to be worn at all times. People who used the service confirmed that staff did wear them. Identity badges are used to keep people safe by helping to prevent unauthorised people from entering their houses.

An inspection of the employee handbook and the policies and procedures showed that staff had been made aware of the procedures in place to ensure the safety of people who used the service and of their possessions. This was in relation to such things as the handling of money, the safety of people’s door keys and alarms and what to do in the event of accidents and incidents occurring.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

We saw that a safe system of medicine management was in place. We were shown a detailed policy and procedure in relation to the safe management of medicines that all staff had access to. The policy referred to the different levels of support staff were able to provide to ensure people who used the service received their medicines as prescribed. We were told that all the care staff had received medicine management training. Inspection of staff training files confirmed this information was correct.

We saw that assessments were undertaken around risks associated with fire safety and the general environment

## Is the service safe?

within people's homes. Risk assessments were also in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support

with moving and handling or needing assistance with the administration of their medicines. Staff had written down what action they would need to take to reduce or eliminate any identified risk.

# Is the service effective?

## Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs. Comments made included; “I couldn’t ask for better. They know what they are doing” and “I am taken care of very well indeed. I am more than pleased with the way they look after me”.

We were shown the Service User Guide that was given out to people who used the service. The Service User Guide is a document that contains lots of information about the agency. It is given out to people so that they can keep it at home and refer to it as and when they need to. We also saw a Service User Guide Frequently Asked Questions (FAQ’s) document that was given out to people who used the service. This document was given out to people to assist them with any questions they may have about the service provided to them.

We asked the registered manager to tell us how they ensured people received safe care and support that met their individual needs. We were told that people were assessed by a senior member of staff from the agency who visited them in their own home. This was to ensure their individual needs could be met and also to assess if they were at risk of harm from any hazards.

We saw that all the staff had undertaken training in relation to the MCA. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment. We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA.) What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. The people we spoke with confirmed this information was correct. One person who used the service told us, “They wouldn’t dream of doing anything unless they asked me beforehand. They are so respectful”.

We were told that if an assessment showed the person did not have the mental capacity to make decisions and consent to their care and treatment then a 'best interest' meeting was arranged by the people who funded the care. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

We were shown the induction programme that all newly employed staff had to undertake when they first started to work for the agency. It contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service. Staff told us they felt the induction prepared them to do their jobs safely. We were told they spent two weeks undertaking internal and external training and learning about the operation and values of the service and then spent time ‘shadowing’ more experienced staff until they felt confident to work alone.

We were also shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people using the service. Certificates of training undertaken were kept in each of the three staff personnel files that we looked at. The care staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. Staff told us that apart from formal supervision, they were able to speak with the manager or a senior staff member about, “anything at all” when they made their weekly visit to the agency office.

Staff told us they were involved in the preparation and cooking of meals for some people who used the service. Some staff were also involved in shopping for food. Staff told us that if they were worried about a person’s lack of appetite or weight loss they would report it to the registered manager. They told us they felt confident that any issues of concern would then be addressed.

The registered manager told us they had a good working relationship with the community nurses and also with people’s GPs.



# Is the service caring?

## Our findings

People who used the service were very complimentary about the staff. Comments made included; “I couldn’t live without the service. The carers are fantastic and dead respectful. They are not intrusive and have a lovely attitude. If they come in and I am upset they are more than willing to stay longer to make sure I am ok” and “They are so polite, so caring. Lovely”.

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. Staff were also aware of their obligations to ensure confidentiality of information was maintained. We saw that the employee handbook re-iterated the importance of ensuring people’s privacy, dignity and independence were respected.

The registered manager told us that, to ensure continuity of care, they tried to make sure people who used the service received visits from the same care staff. One person told us, “I am really glad that I have the same team that I have”. Another person told us, “Yes I have the same person each time. [Staff] does the shopping and cooks a meal. Very polite; it’s all very good, no complaints”.

Staff we spoke with knew the meaning of ‘person-centred care’. They told us that it was about making sure people were involved in the planning of their care and being treated as individuals, each with individual care and support needs.

The registered manager told us that all the staff had received training in relation to ‘end of life care’ but at the time of the inspection there was nobody requiring this specialised care and support.

# Is the service responsive?

## Our findings

People told us that staff responded well to their needs. Comments made included; “They don’t take away my independence. I have come on in leaps and bounds and have certainly had my eyes opened” also “They [staff] know if I am not feeling too good and know how to look after me when that’s the case”.

We looked at four care records that were kept in the office. They contained enough information to guide staff on the care and support to be provided. We saw that ‘fact sheets’ in relation to any specific medical condition the person had were also left with their care records. The registered manager told us that this helped staff to have a better understanding of the person’s condition and the treatment and support required.

The care records showed that people were involved in the planning of the care and support they required. The registered manager told us people also had a copy of their care plan in their own home. The people we spoke with confirmed that this information was correct. People told us that after every visit staff wrote down in their care record what care and support had been provided.

The care records showed people routinely had a review of their care six weeks after the support from the service

began. A review was then routinely undertaken every six months; more often if there had been a change in the person’s condition that required a change in the amount and type of support required.

We were shown a document called, ‘This is Me’ that was kept in the care record in the person’s home. It contained information about the person’s care needs and the medication they were receiving; useful in the event of them having to go to hospital. We were told it was particularly useful for people who were not able to communicate their needs to hospital staff.

The registered manager told us that when senior staff were ‘on call’ out of hours they carried a mobile phone that contained important personal and health care information about the people who used the service. We were told that, in the event of any emergency arising, having this information was extremely useful.

Information about how to make a complaint was contained within the Service User Guide that each person who used the service was given. The procedure explained to people how to complain, who to complain to and the times it would take for a response. The people we spoke with told us they had never had to make a complaint but they would have no hesitation about speaking with the registered manager or any other staff if they had to.

# Is the service well-led?

## Our findings

The registered manager is also the director of the company and has been registered as the manager with the Care Quality Commission since September 2014. The registered manager was present on the day of the inspection. People who used the service were complimentary about the registered manager. Comments made included, “She is really, really lovely” and “Yes, very efficient and runs a good service”. Staff also spoke highly of the registered manager. When asked if the registered manager was approachable and supportive we were told, “Absolutely”.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. We were told that regular checks were undertaken on all aspects of running the business. We were shown the computer system that was in place that alerted management when systems and services were ready for review. These included such things as care records, complaints, staff personnel files and staff car insurance.

We saw that management sought feedback from people who used the service at the six monthly care reviews and through the annual questionnaires.

We saw evidence of weekly management meetings being held and records of staff meetings that were held every other month. Staff we spoke with confirmed the staff meetings took place but also told us they were in regular contact with management and could discuss anything they wished to at any time.

We were shown the handbook that was given out to staff. It contained information to guide staff on their conduct and practice but also information to help protect their safety and wellbeing. It included a policy on whistleblowing, equal opportunities, grievance and disciplinary plus a policy on bullying and harassment.

The handbook also gave information about the ‘Employee Assistance Programme’ that was available for all staff. This is a confidential and professional life management service that provides staff with a qualified counsellor who can offer free personal support for any practical or emotional issues they may have.

We checked our records before the inspection and saw incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.