

Complete Care Services (Preston) Ltd

Complete Care Services (Preston)

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit at Complete Care Services (Preston) took place on 08, 09 and 10 August 2017 and was announced. The provider was given 48 hours' notice because the service delivered domiciliary care to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Complete Care Services (Preston) is a domiciliary care agency providing personal care to people in the Preston and surrounding areas, living in their own homes. The agency covers a wide range of dependency needs including older people with a physical or learning disability and older people living with dementia or mental health problems. The agency's office is located on Preston's Dockland, Riversway. At the time of our inspection there were 140 people receiving a service from Complete Care Services (Preston).

The service had a registered manager in place. 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.

At the last inspection on 23, 24, 27, 28, 30 April & 01 May 2015, we asked the provider to take action to make improvements related to consent, the administration of medicines and training. We requested there was a registered manager in post and all incidents requiring notification to commission were completed. We noted all these actions had been completed.

At this inspection, we noted auditing systems in use did not identify when staff had failed to document the care and support delivered.

This was a breach of Regulation 17 HSCA (RA) Regulations 2014 (Good governance).

Staff had received safeguarding from abuse training. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One staff member told us, "We did safeguarding training, it was very detailed."

The provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed during discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. Documentation indicated people were supported to meet their care requirements in relation to medicines.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. One staff member told us, "We get quite a lot of training."

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing snacks and drinks for people in their own homes.

The registered provider worked with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care requirements.

People spoke about care staff who visited in a warm, compassionate manner. They told us they were treated with kindness and staff who visited them were respectful and caring. Care records we checked were personalised around people's likes and preferences

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented.

Staff spoken with felt the management team were accessible, supportive and approachable and would listen and act on concerns raised.

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.

Staff had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

Risks to people were managed by staff who were aware of the assessments to reduce potential harm to people.

There were enough staff available to safely meet people's needs.

Recruitment procedures the service had were safe. Gaps in employment were documented as being explored.

Medicine protocols were safe but not always followed.

Is the service effective?

Good ●

Staff had the appropriate training and support to meet peoples' needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. They had knowledge of the process to follow.

People were protected against the risks of malnutrition.

Staff members we spoke with said they were allocated sufficient time to be able to provide effective support.

Is the service caring?

Good ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm, compassionate manner.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good 

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service, which responded to peoples' changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The registered provider was unable to show how they analysed and responded to information gathered, including taking action to address issues raised.

The provider had clear lines of responsibility and accountability.

People and staff felt the registered manager and their management team were supportive and approachable.

Complete Care Services (Preston)

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 was carried out by one adult social care 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. The expert by experience had experience of caring for older people and people with ongoing health conditions.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. At the time of our inspection there were no concerns being investigated by the local authority. This helped us to gain a balanced overview of what people experienced when accessing the service.

During the inspection, we visited three people in their own homes. We spoke with a further 18 people who used the service and four relatives. We also spoke with the registered manager, seven staff members and five members of the management team. We looked at the care records of nine people, training and recruitment records of six staff members and records relating to the management of the service.

We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. One person told us, "I feel safe because I know most of them." A second person said, "Safe, yes I do feel safe I trust them". A third person commented, "Safe yes they're great you can talk to them, they write my meds in a book".

At our last inspection of Complete Care Services (Preston) on 23,24,27,28,30 April & 01 May 2015, we found the provider did not always safeguard people. This was because the provider did not have suitable arrangements to make sure staff were appropriately trained to protect service users from abuse and improper treatment. The provider did not always notify us of safeguarding incident.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding).

During this inspection, we found there were procedures to enable staff to raise an alert to minimise the risk of abuse or unsafe care. Staff we spoke with demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Training records we reviewed showed staff had received relevant information to underpin their knowledge and understanding. We spoke with the registered manager regarding when and what to notify the commission about. They showed appropriate knowledge on safeguarding procedures and we saw evidence that notifications had been submitted when safeguarding concerns had been raised.

We spoke with a member of the management team who delivered safeguarding training to staff. They told us, "We talk about real incidents, we talk about restraint. It is really important it makes staff think." This showed the registered provider had systems to educate and inform staff on how to protect people and minimise the risk of avoidable harm. One staff member told us they had shared concerns with a member of the management team and the local authority had been alerted using their safeguarding procedures.

At our last inspection in April and May 2015, staff we spoke with confirmed they had all completed the appropriate medication training during their induction. However, not all staff had received medication training updates, as stipulated in the providers medicine policy. Training records evidenced that not all of staff had been assessed against competency 'medicine supervision'.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection, we looked at training records which showed staff had received medicine refresher training and on site observations as part of their ongoing competency assessments. Staff confirmed members of the management team showed up unannounced to observe them when they administered medicines. One staff member told us, "[Member of management team] came out and assessed me." People told us their medicines were stored securely. We saw paperwork that indicated staff administered and

documented their actions appropriately. One person told us about the staff, "They do everything I ask. They do my tablets. I've had no accidents with them".

Care documentation we looked at contained risk assessment and care delivery information. This was to identify the potential risk of incidents and harm to staff and people in their care. Risk assessments we saw provided instruction for staff members on how to move and handle people who lacked or had limited mobility. One person told us, "I'm safe; I have them [staff] four times a day. I use a standing hoist and have two carers." We also noted there was information available on people who required soft diets at mealtimes to minimise the risk of choking. We noted risk management plans on bathing and the environment. However, where a care plan identified people had an ongoing medical concern, such as diabetes, there were no guidelines for staff on what to be aware of should the person's health deteriorate. Staff we spoke with were aware of people's conditions and were knowledgeable on the subject. We spoke with the registered provider about this and they updated their care plans to minimise risk and ensure new staff had the appropriate guidance.

We looked at how the service was being staffed. We reviewed past and present staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member said their visits were structured, "We get enough time." A second staff member told us, "They plan my route so I have time." People we spoke with did not have any concerns about staffing levels. No one we spoke with told us they had missed visits. This showed the provider delivered timely support to maintain people's safety.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Is the service effective?

Our findings

People told us they felt staff were experienced and well trained to support them. One person told us, "Staff are confident. They know what they're doing." A second person told us, "The carers are good." One staff member told us, "The training has given me the skills and confidence to do the job."

At our last inspection of Complete Care Services (Preston) on 23,24,27,28,30 April & 01 May 2015, we found the registered provider did not ensure staff were suitably qualified, competent, skilled and experienced in order to meet the needs of people who received support.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

During this inspection we looked at training records, spoke with people and care staff related to staff skills and support. We spent time with the deputy manager who was also the main trainer. They told us they had a structured induction for staff based on the care certificate within the 'skills for care' training materials. Skills for care support registered providers to train and develop staff in social care. A staff member said about their induction, "It was really good the training." New staff also shadowed experienced staff for 16 hours before working independently. One staff member told us, "I did more than 16 hours shadowing, because I wanted more shadowing. I learnt a lot."

Staff had a two-day induction followed by one day moving and handling course which involved using hoists, slings and practicing moving each other from bed to chair. About moving and handling training the deputy manager told us, "They [staff] have to do practical exercises; there is no other way of learning." There is also ongoing training for staff to access online. One staff member told us, "I'm always asking for more training. I want to know as much as possible." A second staff member said, "They explain all the training thoroughly." This showed the provider had delivered effective support to develop and equip staff for their role.

Records seen and staff spoken with confirmed staff received regular supervision. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance.

Records seen and staff spoken with confirmed observations or spot checks in the work place had taken place. These were unannounced visits to observe staff work practices. One staff member told us, "We get a lot at the beginning and then regularly." This showed the registered manager had systems to monitor and maintain effective working practices.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

At our last inspection in April and May 2015, the registered provider did not have suitable arrangements to ensure that the treatment was provided with the consent of the relevant person, in accordance with the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent).

We checked during this inspection whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed they had received training related to the MCA and consent. Care and support plans and risk assessments had been signed by the person receiving support or an appropriate person. This indicated they had consented to the care being delivered. We noted documentation with healthcare professionals on people's capacity when appropriate.

Staff we spoke with told us they had received training on consent and were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. One staff member said, "You've got to involve people, talk through what you are doing and ask for their opinion." About the MCA, training a staff member told us, "I struggled with this at first but now I am so much more confident on the subject." One person who received support told us, "They [staff] are here to help me; they help me with personal care and respect my privacy and dignity. They always keep me covered ask permission and talk through things".

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing snacks and drinks for people in their own homes. One person told us, "They seem to have everything under control. They make my meals two to three times a week. My daughter gets my food in." A second person commented, "The staff are OK they do my cleaning and help make my meals I choose my own food." Care plans we looked at identified people's preferences in relation to food and drink. For example in one care plan we read, 'I like my carer to make me a hot drink of my choice and a glass of water.' We noted several people had visits to support them with their food shopping. This showed where appropriate people were supported to have sufficient to eat and drink.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care requirements. For example, the registered manager was liaising with several health professionals over the physical and mental health of one person they supported. We noted several discussions and meetings had taken place related to the person's ongoing health concerns. This showed the registered provider had systems to share information and promote good health.

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff who visited them were respectful and caring. One person told us, "I trust them they are polite and respectful." A second person commented, "They are caring and kind and they respect my privacy and dignity." A third person also gave positive feedback on staff saying, "I'm very happy with the care, they are very caring and very helpful and very polite."

People spoke about care staff who visited in a warm, compassionate manner. For example, one person told us, "All the staff are pleasant." A second person commented, "All the carers are good and always ask do you need anything else." A third person said, "They're always good, caring and kind, they always ask permission to do things in the house or with me."

Regarding their role, a staff member of staff told us, "I try to make sure people are safe and happy, even if it means I stay extra." A second staff member commented, "You need to have compassion in this job. You want to give the best quality care you can give." A third staff member said, "I like stories and spend a long time talking to people." They further commented, "One man calls me titch, he's ace. He makes my day." This indicated positive, caring relationship had developed.

We asked the provider about the use of advocates when supporting people. We were told there were people who had lasting power of attorneys. The registered manager told us they had consulted with them in the best interests of people they were supporting. A lasting power of attorney (LPA) is a legal document that lets the person appoint one or more people (known as 'attorneys') to help make decisions or to make decisions on their behalf. There are two types of LPA: health and welfare and property and financial affairs. We noted copies of LPA documentation were stored as part of people's care plans. This showed the registered provider supported people to express their views.

Care records we checked were personalised around people's likes and preferences within a one-page profile. Information included one person liked watching TV, quizzes and classical music. A second person liked Preston North End football team, going out socialising and likes someone to have a laugh with. Care plans also held information under the heading 'Important to me' This guided staff on what people valued. For example, we noted, family, friends, their home and their independence were topics identified as important. Within the care plans, we noted people's preferred preference of name was identified. Not everyone who received support liked to be addressed by their given first name. Some people liked to be addressed using their full name, some people used a middle name and other people had a completely different name to their birth name. These individual preferences were recorded in people's care documentation and were respected by staff. This showed the registered provider had listened and guided staff to interact with people in a caring manner.

We asked about end of life care and how people were supported sensitively during their final weeks and days. The registered manager told us they had received training from a local hospice. They commented, "The training was good. We learnt how to support people who are at end of life." One staff member told us, "You have got to remain professional; you have got to give them the best. Got to make them as comfortable

as possible and be there for the family." A second staff member told us, "I didn't understand what was involved but you have to be there for the whole family." This highlighted the provider recognised the importance of providing end of life support. They guided staff on how to support people positively who received end of life care.

Is the service responsive?

Our findings

To ensure the support was person centred and responsive to their needs, people had a care plan. Regarding personalised care one person told us, "I have a care plan it's reviewed every six months. A second person told us, "They understand my needs." A third person said, "I had a review this morning and they're usually twice a year. I can just ring up and speak to [member of management]."

We gathered mixed feedback on whether care plans guided staff to deliver care and support. For example, we saw care plans that guided staff on people's support needs and contained their preferences, wishes and likes and dislikes. The plans also contained people's life events, culture, relationships and their preferred method of communication. One person told us, "I feel fully involved and that the care is around me." A second person told us, "If there's problem I talk to [member of the management team] they sort it. If I have to cancel because of appointments they're very flexible and deal with my needs."

We read two people's care plans that stated they wished to have female carers only. We looked at rotas related to these people and saw only female carers visited. We looked at another care plan and saw they had requested male only carers for personal care. We looked at their rota and noted only male carers had attended. This showed the registered provider had listened and tailored the care and support around these people's wishes.

However, we visited one person who raised concerns that their relatives care plan did not reflect their current needs. This was an isolated incident related to the support being delivered. We shared this information with the registered manager who arranged a visit with the family. The issue was resolved during our inspection process. We were informed the care plan has been amended to reflect the person's current needs.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly, investigated and the outcome had been recorded.

People who used the service and their relatives told us they knew how to make a complaint if they were unhappy about anything. One person said, "If I've got a complaint I ring [member of the management team] in the office". A relative told us, "Early on, I complained and they [management team] sorted it."

Is the service well-led?

Our findings

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. The management team were experienced, knowledgeable and familiar with the needs of people they supported. One person told us, "I can ring [member of the management team] anytime if I'm worried about anything for a chat she's very approachable." One staff member told us about the management team, "They look after me." A second staff member said, "I love it, I love working here. I have a good relationship with the management team." A third staff member commented on the registered manager, "They are brilliant. I can go to her about anything. Always there to listen."

At our last inspection of Complete Care Services (Preston) on 23,24,27,28,30 April & 01 May 2015, we found the registered provider did not have a registered manager. We also noted the registered provider was operating from two locations when their registration certificate stated the regulated activity should only be operated from 19 Navigation Business Village, Preston, Lancashire PR2 6YP.

These were breaches of section 33 of the Health and Social Care Act 2008 because the provider failed to conform to a condition of their registration.

At this inspection, we found there was a registered manager in post who was registered with the Care Quality Commission to manage the service. All regulated activities delivered by Complete Care Services (Preston) Ltd were provided from separate locations individually registered with the commission.

At the last inspection in April and May 2015, We found the manager did not always notify us of serious incidents or safeguarding concerns.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009 because the manager had failed in their duty to notify CQC about events they were required to.

At this inspection, we discussed regulatory responsibilities with the registered manager. We saw documentation to show the registered provider had submitted notifications when appropriate. We found no evidence incidents went unreported to the Care Quality Commission. The registered manager was co-operative and engaged professionally reflecting their knowledge of their role and responsibilities throughout the inspection process.

We looked at call monitoring. The registered provider offered care staff a financial reward if they achieved 100% call logging over a four week period. One of the management team told us it was a nice incentive for staff. The logging in and out of visits was regularly monitored and staff were disciplined when appropriate if they failed to meet an identified standard.

However, there was no auditing or regular review of how long staff stayed at each visit and the impact that had on the care provided. One relative told us staff did not stay for the allotted time and their family

member did not always receive the support required. We spoke with the registered manager who investigated this concern.

We looked at how the service reviewed ongoing support delivered by care staff. The progress reports that staff write for each visit are collected and audited by staff at the office. We looked at progress reports and their assessment and noted the auditing had failed to identify that staff had not written any entries for several visits in relation to three people's records.

These were breaches of Regulation 17 HSCA (RA) Regulations 2014 (Good governance). The registered provider was unable to show how they analysed and responded to information gathered.

We read responses to questionnaires sent out and saw mixed feedback had been received. We noted, 'Generally a good service which I recommend to others' and, 'Very pleased with the service, especially [named carer]'. However, we also saw, 'I'm a bit disappointed at the moment; they don't seem to be too worried about what time they turn up.' We also read the response 'Is it not a requirement for all carers to wear gloves and aprons at all times.' We spoke with the registered manager about the feedback and noted care plan reviews had taken place in response to the feedback received.

Staff told us staff meetings were arranged and they had the option to attend. One staff member told us, "Staff meetings are good, how's it working any change needed are all discussed." A second staff member commented, "The meetings are about, have we any concerns and can we think of ways of doing things differently." At the most recent team meeting the introduction of one page profiles was discussed. We noted there were separate meetings for care quality support worker and supervisor meetings managers and on call team meetings.

The registered manager sent memos out regularly to staff. These were on a variety of subjects including, call log in, mobile phones, and end of life care. Staff were also recognised for their performance within the memos. One staff member told us, "The memos are good as you can pick them up anytime and read again." This showed the registered provider had a framework to share information effectively.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan in place. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had plans to protect people if untoward events occurred.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was unable to show how they analysed and responded to information gathered.</p> <p>Regulation 17 (1)</p>