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Complete Care Services Nelson

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 ●

Summary of findings

Overall summary

We carried out an announced inspection of Complete Care Services (Nelson) on 31 August 2018 and 3 September 2018. We gave the provider 48 hours' notice because the service provides care and support to people in the community and we needed to be sure that someone would be available at the office for the inspection.

Complete Care Services (Nelson) is a domiciliary care agency located in Nelson, Lancashire. It provides personal care to people living in their own homes. It provides a service to older adults. At the time of the inspection it provided care and support to 72 people.

At the last inspection on 27 October 2016 the service was rated as 'Good'. At this inspection we found the service remained Good.

There was a registered manager in place. The registered manager also managed other domiciliary care services located in East Lancashire that were owned by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People told us they felt safe and were happy with the way they were treated by staff. They told us staff were caring and friendly. People said that they had positive relationships with staff at all levels within the service including managers and representatives of the provider. They spoke positively about the attitude and management of the service.

There were sufficient staff deployed by the service to meet people's needs and staff received safeguarding adults training. Staff we spoke with demonstrated a good understanding of safeguarding practices and their immediate responsibilities with regards to safeguarding vulnerable adults. They were also aware of their responsibilities for reporting incidents and safeguarding concerns.

People were supported by staff who had the skills and training to effectively meet their needs. They also received support to maintain a balanced diet where this was part of their care plan and were supported by staff to access healthcare services where required.

People and relatives told us they had been consulted about their care needs and were involved in day-to-day decisions about their care and treatment. They told us staff treated them with kindness and compassion and respected their privacy.

People had care plans in place which were reviewed periodically, in line with the provider's policy and improvements were noted in relation to the accuracy in the details of people's care planning. Risks to people's health and safety had been identified and assessed.

The care manager, the provider's representative and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the need to raise a Court of Protection application if there were concerns over someone's liberty being infringed.

People's capacity to make their own decisions had been assessed in line with the requirements of the Mental Capacity Act 2005. Staff had received training in this area. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received regular supervision and an annual appraisal of their performance. They told us they felt well supported by the registered manager and worked well as a team. The service sought the views of people through annual questionnaires and the registered manager visited people's homes.

People were aware of how to raise their concerns and complaints and were confident they would be listened to.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Complete Care Services Nelson

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 31 August 2018 and 3 September 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was undertaken by one adult care inspector.

Before our inspection visit we reviewed the information we held about Complete Care Services (Nelson). This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who used the service. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the service including four people who were using the service at the time of the inspection, two relatives and three staff members. In addition we also spoke with the registered manager, care manager and a representative of the provider.

We looked at care records of three people who used the service, training and recruitment records of staff members who had been employed at the service since the last inspection and records relating to the management of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments from people included, "I feel safe. The carers treat me very well." And, "The staff are very helpful and trustworthy."

There were appropriate safeguarding and whistle blowing procedures in place to protect people from abuse. The care manager and provider's representative demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur in a community setting. They were also aware of the signs they would look for and who they needed to report any concerns to. Training records confirmed that all staff had completed training on safeguarding adults from abuse.

Staff told us they were aware of the provider's whistle-blowing procedure (reporting bad practice) and they would use it if they needed to. A member of staff told us, "I would report my concerns to the care manager and the registered manager. If I felt they hadn't dealt with the situation properly, I would report the concerns to social services or the CQC."

People's views about staff availability and punctuality were positive. One person said, "The staff are punctual and reliable." One relative said, "Occasionally staff run late when they have been held up somewhere. They always ring and let me and my relative know."

During the inspection we noted that senior staff and the care manager organised staff rotas to meet people's needs. They considered the geographical locations of people and staff and staff availabilities. A member of staff told us, "I think there are enough staff. Sometimes office staff cover calls when staff aren't available or there's an emergency."

We saw that the service used an electronic call monitoring system. During the inspection staff were seen to use the system and staff we spoke with told us that everyone realised the importance of the monitoring system and that it ensured that people were seen at the right time and for the correct amount of time.

We noted that the provider's representative checked if there were any patterns around any late or missed calls. These were monitored every month. The provider's representative said that concerns had not been noted since the last inspection. This was confirmed from the records we saw and people's comments.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of four members of staff. We saw completed application forms that included references to their previous health and social care work experience, their qualifications, health declarations and full employment history. Each file included two employment references, proof of identification and evidence that criminal record checks had been carried out. Records showed that any breaks in employment were discussed with staff during the recruitment process. This meant the provider had taken reasonable steps to protect people from unsuitable staff.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on the management of medicines, eating and drinking and moving and handling. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. We also saw risk assessments had been carried out in people's homes relating to health and safety and the environment. People told us they had the contact details of the service including the out of hour's service. Comments included, "We can speak to individual staff and office staff. There's never any problem getting in touch." And, "You can always get in touch with someone. They do their best."

People were supported where required to take their medicines. The care manager told us that there was a mix of situations around the taking of medicines with care staff administering medicines and some people looking after their own medicines. Some people also needed to be reminded or prompted. Where people required prompting or support to take their medicines, we saw that this was recorded in their care plans. Medicine administration records (MARs) completed by staff confirming that people had taken their medicines. We saw audited MAR's in people's care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

The provider had an infection control policy in place. We saw that personal protective equipment such as gloves, aprons and foot covers was available in the office for staff. Staff we spoke with confirmed they had access to this equipment when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

A relative of a person who used the service said, "Staff are excellent and really know what they are doing."

Staff continued to receive training relevant to people's needs. We looked at four members of staffs' files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This included food hygiene, fire safety, medicines, safeguarding adults, health and safety and infection control. They had completed other training relevant to the needs of people using the service such as specialised moving and handling training. They had also completed training on the Mental Capacity Act 2005 (MCA). All staff had attained accredited qualifications in health and social care.

Staff who were new to care had to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training the provider considered mandatory.

Staff were aware of the importance of seeking consent from people when supporting them to meet their needs. One person told us, "They ask my permission and always do things the way I like." A member of staff told us, "I would not do something for someone unless it was okay with them."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The care manager told us that most people had capacity to make decisions about their own care. We saw records confirming that appropriate capacity assessments were undertaken and family members and health and social care professionals had been involved in making decisions on the persons behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

People were supported to maintain a balanced diet and were involved in decisions about what they ate. Where people required support with eating and drinking or cooking meals, this was recorded in their care plans. One person told us, "The staff make me food the way I like it." We saw advice from a speech and language therapist was held in this persons care records that included guidelines for staff to follow to support them with eating and drinking safely. A relative said, "They always check my relative is getting enough to eat and drink."

People told us they arranged for their own appointments with health care professionals and GP's. However, one person told us they had been supported to attend a doctor's appointment at short notice. They said,

"Staff and the manager helped me recently and made sure I saw the doctor at the right time. Thereafter, they have monitored my condition and report concerns." One member of staff said, "If I felt I needed to call the GP or an ambulance for someone, I would do without hesitation. I would also let the office and the persons relatives know and record everything in the person's daily notes."

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff and support they got from management at the office. Comments from people included, "I'm comfortable and happy with staff. They are gentle and kind. All of them are very good." And, "The office staff are great and supportive of us and their staff." A person's relative said, "The staff talk to my relative like she is their own mum and give her a hug goodbye."

People said they had been consulted about their care and support needs when they started using the service. One person said, "One of the senior staff came around to discuss my care with me. They come quite regularly to review my plan." Another commented, "A manager came around after a few months and we discussed my care needs because my condition changed. They are all really good and care about me."

People said staff treated them with dignity and respect. One person said, "They are kind and caring. They are also polite and helpful." Another person said, "They encourage me to be independent and do as much as I can for myself. If I need help, they are always available." Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff said, "I let people know what I'm doing and cover people up with a towel when I provide personal care so that their dignity is maintained."

Staff we spoke with had a good understanding of protecting and respecting people's human rights and we noted that they had received training that included guidance in equality and diversity. The provider's policy on this was comprehensive and available to staff at the main office.

People were provided with appropriate information about the service in the form of a 'Service user's guide'. The care manager told us this was given to people when they started using the service. The guide included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect.

People's personal records were kept secure and confidential in the main office and only authorised staff could access the records.

Is the service responsive?

Our findings

People received personalised care that met their needs. People's comments included, "They do six monthly checks to see if I'm happy." And, "A senior member of staff comes around regularly, checks my care records and asks if I'm ok."

People had care plans and risk assessments in place. These were developed using referral information received from social services, initial needs assessments carried out with people and their relatives in their homes or in some cases when they were being discharged from hospital. The care plans and risk assessments outlined how people's care needs were to be met and included information and guidance for staff about how each person should be supported. Care files also included call times and duration of calls. We saw that care plans and risk assessments were reviewed regularly and kept up to date to make sure they met people's changing needs.

People's care files included information about their religious and spiritual needs. The care manager told us they and the staff team always respected people's differences and would support any person to do whatever they wanted to do. We noted that the care manager paired staff with people who it was believed would be most suitable to provide care and support. When a person expressed a preference for a certain care worker, we noted that the service tried to accommodate the request. A member of staff told us, "I treat everyone the same no matter what. I have my own set of people who I care for and this helps me to get to know people and do a professional job."

The care manager and provider's representative told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, staff received training on using hoisting equipment where people required support from staff to provide personal care or to move around their homes. A member of staff said, "If people come to the service with a particular condition and expert training is required to support the person, we are put on a course straight away."

The care manager told us that most of the people could communicate their needs effectively and could understand information in the written format provided to them. If there were issues with people's mental capacity, the service ensured that people's relatives were provided with essential documents, for example, the service's complaint's procedure. The care manager explained that documents could be provided to people with poor eyesight in large print or Braille and showed us a recent example of this.

People told us they knew about the provider's complaint's procedure and they would tell staff or the office staff if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be investigated. One person told us, "I know all about the complaint's processes. I have never had anything to complain about but am sure my issue would be taken seriously if there was something wrong." The care manager showed us a complaint's file. We saw that where complaints had been made they had been fully investigated and responded to appropriately.

The care manager told us that people using the service sometimes required support with end of life care. They told us they would follow the provider's procedures and liaise with the local authority, the person in question and, where appropriate, their relatives in order to provide people with end of life care and support if and when it was required.

Is the service well-led?

Our findings

Comments from people about the running of the service were positive. One person said, "I'm happy with the service. They are well organised and I would recommend them to any one." A relative said, "It's well managed and my relative and I are satisfied with the service."

The service had a registered manager in post who was also a registered manager for similar services in the area owned by the provider. They said that the care manager and provider's representative who we spoke with at the inspection assisted them in running the Nelson service. The registered manager knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

The registered manager had sent notifications to the CQC when they were required to do so and demonstrated good knowledge of people's needs and the needs of the staffing team. There was an on call system in operation that ensured management support was available when staff needed it.

Staff said they enjoyed working at the service and they received good support from the registered manager, care manager and office staff. Staff said that there were regular team meetings and communication within the service was very good. However, we did note that most of these meetings were undocumented and the last recorded meeting was in February 2018 where there was extensive discussion between the care manager, provider's representative and 10 members of staff around care and support needs of people with particular emphasis on communication with a person who had limited command of English.

A member of staff said, "We meet almost every day and communication is really good between the office and staff. I feel supported." Another said, "We are all really busy with work in the community and struggle to get together for a formal meeting. We do meet most weeks and can always raise any sort of issue at any time." A senior member of staff who was based at the office said, "The manager has an open door policy and I can talk to them any time I need to. I can also pick up the phone and speak with the registered manager about any issue. Everyone is very approachable."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. The provider's representative carried out monthly audits on areas such as medication, incidents and accidents, care files, staff training, supervision, safeguarding and complaints. The registered manager also checked areas such as recruitment, disciplinary processes and notifications sent to the CQC on a monthly basis.

A recent check had realised an issue over the recording of medicine's administration. We noted that the care manager took steps to ensure that the person receiving the service had received their medicines as prescribed by health care professionals. In consultation with the registered manager they had started a training and competency regime for the carer involved. We saw records that supported that actions were being taken to address these issues and to prevent a repeat so that people continued to be safe.

People told us that senior staff made unannounced spot checks on staff working at people's homes. The care manager told us these checks were made to make sure staff turned up on time, wore their uniforms and identification cards, had access to personal protective equipment and that they had completed all of the tasks recorded in people's care plans.

People and their relatives were asked for their views about the support they were receiving from staff. A member of staff told us, "The office speaks with the people we are supporting to see if they are happy with us. They give us feedback afterwards."

Although people and staff confirmed that checks were being made by the care manager, senior staff and provider's representative, very often the records for these were contained in individual care, employment and office records.

There was no central record kept of all of the reviews, checks and meetings held with staff. The records were rather fragmented, which meant that it was difficult to review things to ensure that issues had been addressed and that they had dealt with in a timely fashion. This process also meant that any trends or patterns were not easy to realise by a reviewer.

On the basis that many records related to checks and meetings are fragmented, we recommend that the service put in place a robust method of centrally recording these so that the registered manager and provider can review them to ensure that the service is operating effectively.

The provider took into account the views of people including relatives of people using the service through annual surveys. The care manager told us they used feedback from the surveys and forum to make improvements at the service. We saw records from a recent contact with people and noted an overwhelmingly positive response. One person said, "Thank you to the manager and all the staff for the way you have looked after my relative. We feel that we have been blessed in receiving help from your service."