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Complete Care Services Rossendale

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

This inspection took place on 8 and 9 October 2018. We gave the provider 2 days' notice of the inspection as we needed to make sure the registered manager would be

At our last inspection on 2 March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

Complete Care Services (Rossendale) is a domiciliary care agency located in Rawtenstall, Lancashire. It provides personal care to people living in their own homes. It mainly provides a service to older adults. At the time of the inspection it provided care and support to 68 people.

The service had a registered manager in post. They knew the service well and were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. They demonstrated good knowledge of the needs of the management and care staffing team.

All of the people we spoke with told us staff turned up on time to deliver care that they were scheduled to complete. We saw that staff at the office used a monitoring system so that they could see when staff had arrived at a person's home. Where staff were seen to be running late, they took action to reduce the likelihood of late calls.

The service had safeguarding and whistle-blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. Staff completed an induction when they started work and received training relevant to people's needs.

There was enough staff available to meet people's care and support needs. Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Assessments of people's care and support needs were carried out before they started using the service. People's care files included assessments relating to their dietary support needs. Senior staff and management staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People had access to health care professionals when they needed them.

Staff treated people in a caring, respectful and dignified manner. People had been consulted about their care and support needs. People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could communicate their needs effectively and could understand information in the current written format provided to them however information was available in different formats when it was required.

People received personalised care that met their needs. People were involved in planning for their care needs. They knew about the provider's complaint's procedure and said they were confident their complaints would be listened to and acted on. Staff said they would support people according to their diverse needs. There were systems in place to provide people with end of life care and support if and when it was required. People's relatives praised the level of care that was provided to their loved ones at the end stages of their lives.

The provider recognised the importance of monitoring the quality of the service provided to people. They took people's views into account through satisfaction surveys. Senior staff carried out spot checks to make sure people were being supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from managers, the provider's representative and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Further information is in the detailed findings below.

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 remained good	**Good**
Is the service effective? The service remained good	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Complete Care Services Rossendale

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 checked 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 site visit activity started on 8 October 2018. The inspection was carried out by one 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.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed 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. We also contacted the local authority responsible for monitoring the quality of the service to obtain their views. We used this information to help inform our inspection planning.

We visited the office location on 8 and 9 October 2018. We met with the registered manager, a representative of the provider, four members of staff and the care manager. We looked at seven people's care records, staff training and recruitment records and records relating to the management of the service. We also spoke on the phone with 10 people using the service to gain their views about receiving care and support.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments from people included, "Nothing has ever happened to be worried about", "I'm very safe and very happy" and, "No worries about harm, they are a good bunch and I trust them." A relative said, "I have no concerns whatsoever. They have been brilliant and my relative looks forward to them coming."

There were appropriate safeguarding and whistle blowing procedures (reporting bad practice) in place to protect people from abuse. The registered manager and care manager demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur, 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 and they would use it if they needed to. A member of staff told us, "I would immediately challenge any concerns and then report my concerns to the office staff. I would use the whistle blowing procedure to report any poor practice but I am confident the managers would deal with issues and keep people safe."

People's views about staff availability and punctuality were positive with no one raising any concern. Comments included, "It's nearly always the same carers each time which is good", "The staff always stay the full time and ask if I need anything else before they go.", "Staff are mostly on time and always explain if they are late", "Sometimes they are a few minutes late but I understand that but they do everything for you when they come" and, "They are always on time and usually stay for the full time allocated."

The care manager and office staff 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 live in the same area as the people I support so it's easy for me to get to calls on time. The manager sorts it out so that staff and the people we support are catered for." The care manager told us they and the office staff were available to cover emergencies and short falls in cover if required.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files of five 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 where discussed with staff during the recruitment process.

Action was taken to assess any risks to people using the service. We saw that peoples care files included risk assessments for example on 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 hours service. Comments included, "I have two numbers to ring in case of any problems" and, "They go out of their way to

help and I can contact them any time. They always do their best."

People were supported, where required, to take their medicines. The care manager told us that most people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to apply creams and take medicines. Where people required prompting or support to take their medicines, we saw that this was recorded in their care plans. The medicine administration records (MAR) completed by staff confirmed that people had taken their medicines. We saw MAR's that had been audited by the care manager held at the office and 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 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 (PPE) such as gloves, aprons and foot covers was available in the office for staff. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Good

Is the service effective?

Our findings

People told us staff understood their care and support needs. Two people told us, "I get very good support from them and they understand my needs" and, "The staff know what they are doing and know my limitations and when to act." A third person commented, "Any new girls are aware of my care package and they always have this information to help them."

Assessments were undertaken to identify people's care and support needs before they started using the service. Initial assessments covered areas such as people's religious and cultural preferences, communication methods, food likes and dislikes, hobbies and social activities, personal care support, medicines, eating and drinking and moving and handling needs. In some cases they included information from family members and health care professionals. Assessments were used to draw up individual care plans.

Staff had the knowledge and skills required to meet the people's needs. Staff told us they had completed an induction when they started work and they were up to date with their training. The registered manager told us that all new staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. 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. This training included basic first aid, fire safety, moving and handling, administering medicines, infection control, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA). Staff had completed other training relevant to people's needs for example dementia awareness and we noted that the provider was putting in place advanced training for some care staff on catheter care and emergency first aid. Staff told us they received regular supervision. We saw records confirming that all staff were receiving regular formal supervision and annual appraisals of their work performance.

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. When they come they always shout to say they are here and always knock on my door." A member of staff told us, "I would not do something for someone unless it was okay with them. We are encouraged to seek consent."

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 and support. 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, "They check I'm getting enough to eat and drink. Before they leave they ask if I need anything and always fill my kettle up."

People told us they arranged for their own appointments with health care professionals and GP's. However, from records at the office we noted that when one person was acutely unwell, a member of staff had called an ambulance and waited with the person until the ambulance arrived. Staff told us they monitored people's health and wellbeing and if there were any concerns they would refer people to appropriate healthcare professionals. One member of staff told us, "If I felt I needed to I would call the GP or an ambulance for someone. Sometimes we report matters to the office so they can act whilst we get on with our next call."

Good

Is the service caring?

Our findings

People spoke very positively about the care and support they received. Comments from people included, "Staff are pleasant and friendly they sit and chat with me and keep me company" and, "They are pleasant with me and always deal with me with kindness." A person's relative told us, "My relative gets on well with all the girls they make her feel comfortable."

People said they had been consulted about their care and support needs when they started using the service. One person's relative said, "We all had a talk about it at the beginning." A person also said, "A senior carer came around after six months and we discussed my care needs again."

People said staff treated them with dignity and respect. One person said, "Staff have always been so respectful and considerate towards me and my family." Another said, "They treat me with dignity and respect, I have no worries about them."

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, covered on staff induction and available to staff at the main office. A member of staff said, "We all treat people sensitively no matter who they are. Everyone is dealt with the same. I'm really proud about that and the service we provide."

People were provided with appropriate information about the service in the form of a 'Service user's guide'. The provider's representative 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.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One person said, "They do checks to make sure that everything's OK and I'm happy." A person's relative told us, "My relative was recently discharged from hospital after falling. The agency came round and did a thorough review."

People had care plans and risk assessments in place. These were developed using referral information received from social services and initial needs assessments carried out with people and their relatives in their homes. 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 that most people looked after their own diverse needs and none had expressed any preferences that required any specific support from staff. However, they told us they and the staff team always respected people's differences and would support any person to do whatever they wanted to do. A member of staff told us, "I treat everyone the way I would expect to be treated. I support people from different backgrounds and cultures."

The care manager told us there was a matching process in place that ensured people were supported by staff with the skills and training to meet their needs. They 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. In another case, one person had been discharged from hospital with a specialist piece of equipment fitted and the service was arranging training for staff to manage this at the stage when health care professionals concluded their visits to the person's home. A member of staff said, "The training I've had in all areas of care has been good and very helpful." Another member of staff said, "I'm particularly interested in end of life care and the provider is putting me on a specialist course at a local hospice. This will help me to care and support people at this difficult time in their lives."

The provider's representative told us that most of the people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide. However, if required, documents could be provided to people with poor eyesight in large print or Braille. They said that if any person was not able to understand this information they could provide it in different formats to meet their needs for example easy read versions or in different written languages.

People told us they knew about the provider's complaints' 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, "If I had any complaints I would take it to the office and am sure it would be sorted out. A relative said, "We've never had cause to complain but I am aware of

the system they have and who to contact." The registered manager showed us a complaints 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 health care professionals in order to provide people with end of life care and support if and when it was required.

Good

Is the service well-led?

Our findings

Comments from people about the running of the service were positive. These included, "Very, very happy with the service. I feel blessed to have such a wonderful team.", "Well managed; I am satisfied." and, "I'm quite happy and would recommend them."

The provider had sent notifications to the CQC when they were required to do so and the management staff we spoke with 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

The service had a registered manager in post. 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. During the course of the inspection they demonstrated good knowledge of the needs of the management and care staffing team.

Staff said they enjoyed working at the service and they received good support from the provider, managers and office staff. They said there were regular team meetings and communication within the service was very good. One member of staff told us, "If I ever need anything, the manager and office staff are always there to help me." Another member of staff said, "I think all the carers are well supported, the managers have an open door policy and we can talk to them any time." A third member of staff commented, "We have team meetings where we discuss people's needs and any accidents or concerns that staff are having."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. The care manager carried out monthly audits on areas such as care plans, medication, incidents and accidents, supervision and safeguarding. We noted that the registered manager and provider's representative checked the care manager's audits and reviewed their own specific areas of concern. This happened on a monthly basis and included matters such as statutory notifications, complaints, recruitment and any disciplinary matters with staff.

We saw records of unannounced spot checks carried out by the care manager on staff working at people's homes. The care manager told us they carried out these checks 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. A member of staff told us, "I see that the manager's spot checks are an important part of running a busy service like this. They make sure we wear our uniforms and identification badges and wear PPE clothing when giving personal care. Basically that we do our jobs properly."

The service also asked people and their relatives for their views about the support they were receiving from staff and the office. This occurred through monitoring calls and satisfaction surveys. We saw records of the analysis of the 2018 survey that had been received by the service from people in April/May 2018. These were generally positive. People were asked about how they felt about the service, the quality of the support from

carers, if carers turned up on time and stayed the full allocated time, how people felt engaged and if the support they received from the office was satisfactory. There was one area of concern where a third of the people who had replied said that notifications around changes in care was only adequate. The others who had responded said that they were either satisfied or very satisfied around this issue. The provider's representative said that as a result of this analysis, management staff had engaged with care staff in meetings and supervisions around the need to engage with people and their relatives when health care professionals had suggested any changes. The records of these engagements with staff supported this position.

In a response to the 2018 survey, we noted that one person said, "Great service and lovely staff. A well run professional outfit that we would recommend to others."