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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

The inspection took place on the 2 and 3 March 2016 at the agency office and was completed by contacting people using the service with telephone interviews on the 4 March 2016. The first day was announced. This was to enable the management team to make themselves available.

Complete Care Services Rossendale is a domiciliary care service. The agency's office is located in the centre of Rossendale in Lancashire. The service provides flexible personalised care and support for people who require additional support to live independently within the community. Additional services are offered such as domestic support and carer support. At the time of the inspection 70 adults were using the service for personal care and or domestic support.

The service was last inspected in May 2013 and was found compliant in all areas inspected.

At the time of the inspection there was a registered manager at the service. However, the registered manager was not present over the two days of inspection. 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 this inspection people indicated that they were very happy with the service provided by the agency. Comments included, "I am very pleased with the service" and "I am never rushed, the girls will sit with me and have a natter. It's lovely" and "If they are ever running late they always let me know". The service manager told us she felt confident the care staff would go the extra mile for the people they cared for. The people we spoke with confirmed this and gave examples of when the weather had been bad due to snow and how the care staff still attended on foot. Staff expressed how happy they were working for the service and how supported they felt in their role.

We noted the service had robust processes and procedures in place to maintain a safe environment for people using the service and staff members. The service had detailed and up to date health and safety checks for each person's house. These covered areas such as outside steps, and pathways, lighting, flags, floor space, slip and trip hazards, water temperature, electrical appliances and lifting aids. These were reviewed every six months. People also told us that staff would ensure their safety by securing their property when leaving.

We noted robust safeguarding procedures were in place and staff showed a good understanding around recognising the signs of abuse. Staff had also undertaken safeguarding training. People who used the service showed a good understanding of how to raise any issues if needed.

At the time of inspection we found the service had adequate staffing levels. Staff told us they had adequate time to undertake the caring role effectively, but added that at times due to unforeseen circumstances the

job could be "Hectic" however this would be managed effectively by the service manager. People told us visits were never missed and they did not feel rushed when the carers arrived. People told us how the carers would offer to do extra jobs such as prepare breakfast.

We found the service had a good recruitment system in place. We looked at four staff recruitment files. We noted in most cases relevant documentation was present however, two of the files had documents missing. The service manager told us she was aware of this and would source the documentation as a matter of priority.

The service had processes in place for the appropriate administration of medicines. Staff were adequately trained in medication administration. People told us they received their medication when required and on time. Care staff told us the service manager carried out 'spot checks' on medication management and the outcome of these checks was discussed at supervision.

Each person using the service had detailed individual risk assessments based on their need. The assessments we looked at reflected risks associated with the person's individual needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. Risk assessment's considered areas around manual handling, skin integrity, pressure relief, well-being, dietary requirements, family contact and the risk of social isolation.

We saw detailed care plans, which gave clear information about people's needs, wishes, feelings and health conditions. Care plans considered areas around the person's well-being, personal safety and risk taking, specialist input from other health care professionals, religious commitments and personal care requirements. Care plan review meetings involved the person, their family member when necessary and service manager. Changes to people's needs and requirements were communicated well which meant staff were kept up to date with these changes.

We saw the service had detailed training programmes. This ensured care staff were equipped with the correct knowledge to support people effectively. All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately. We noted a robust training matrix system was in place. This enabled the manager to track when staff had received training and when training was due.

Staff spoken with were aware of the principles of the Mental Capacity Act 2005 (MCA) and Court of Protection. These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about the process to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

We had positive feedback from people using the service, relatives and staff about the management team. People told us they were happy to approach management with any concerns or questions. One family member told us they could call into the office at any time and the service manager would make herself available. We noted throughout the inspection that the service manager and area manager were very accommodating to us and open and honest about the service. They provided us with all the information we required at the time of the visit.

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.

People told us they felt safe. They were cared for by staff that had been subjected to a robust recruitment and interview process and had received appropriate induction and training prior to starting their caring responsibilities.

Staffing levels were appropriate and enabled the service to meet people's individual need and risk effectively.

Staff were aware of their duty and responsibility to protect people from abuse and followed a correct procedure if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

People received care and support that was tailored to meet their individual needs and requirements.

People were supported by staff who were well trained and supervised. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People were effectively supported with their health and wellbeing and appropriate referrals were made to health professionals when required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and their privacy and dignity was respected by staff they described as being respectful and who understood their needs.

People's care and support was provided according to their wishes and preferences and they were encouraged to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were individualised and centred on their wishes and needs. They were kept under review.

Staff demonstrated a good understanding of people's needs and preferences. The agency offered a flexible service that responded to any changes in people's requirements including emergencies.

People were encouraged and felt confident to raise concerns and their concerns were dealt with effectively.

Is the service well-led?

Good ●

The service was well led.

We found effective systems in place to regularly assess and monitor the quality of the service that people received.

The service had a clear set of values which were promoted by the management team and care staff.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

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 was planned to check whether the provider was 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 took place on 2, 3 and 4 March 2016. We gave the provider 48 hours notice as this is a small service and we needed to be sure that a member of the management team would be available to participate in the inspection. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 70 people receiving care from the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we spoke with 11 people who used the service or their main carers. We spoke with four staff members, the area manager and the service manager. We looked at the care records of four people who used the service and other associated documents such as policies and procedures, safety and quality audits, quality assurance surveys. We also looked at three staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People we spoke with indicated they were "Very pleased" with the service they received. People told us that care staff always made sure their homes were secure before leaving. People indicated that this made them feel safe in their home. One person said "The care staff always ensure my door is secure when they leave as I cannot do this myself due to my poor mobility. I can rest at night knowing no one can just walk in my house". Care staff we spoke with demonstrated a good understanding of ensuring people's property was secure and the risks of not doing so. All staff we spoke with told us they would ensure keys were secured in key safes and numbers were 'scrambled' afterwards to ensure only people with the key code could gain access.

We looked at what processes the service had in place to maintain a consistent staffing team. We looked at staff rotas and time sheets covering a three week period. We noted there was a sufficient number of care staff employed to meet the person's needs safely and effectively. The service manager told us if a staff member becomes involved in an emergency situation and unable to attend the next visit then the service manager, care coordinator or another member of care staff would be called out. The area manager also added, "If due to unforeseen circumstances our staff team drops below a manageable level I have the resource to bring in care staff from the other area office to cover. Up to date this has never happened but it is there to use should we need it".

All people we spoke with and their relatives told us they had never had a missed call from the agency. Several people told us the care staff would walk to them if the weather was bad. One person said, "When it snows you cannot drive to my house. When this happens the carers will walk to me. They are great they have never missed a visit yet".

At the time of the inspection it had been snowing very heavily. All 11 people who we contacted confirmed they had received their calls as usual that day. Staff told us that they would always contact the office or 'on call person' should they be running late for a visit due to unforeseen circumstances. A call would then be made to the person to inform them of this. All people and their relatives we spoke with confirmed this happened. One person said, "The office is very good with letting me know if my carer is running late. I know their job is very hard and they can get held up. One time I needed them and they stayed with me. They were very good".

The area manager told us she was confident that the care staff would 'go the extra mile' for the people they support. She said, "All care staff have a really good relationship with the people they visit and will go the extra mile for them. Most of our staff have the same client base each day so see them as their responsibility and do not want to let them down. The weather can be bad here but the care staff will put their 'wellies' on and walk if they have to".

People we spoke with told us they never felt rushed when care staff visited. One person said, "I am never rushed. The girls will sit with me and have a 'natter'. It's lovely". Another person told us how care staff would offer to do extra jobs such as wash the pots or make breakfast. One staff member said, "I Love my job and

spending time with the people using the service. I never feel rushed or that I have too much work". Other staff confirmed this, however, they added that at times the job can be "Hectic" due to unforeseen circumstances. But felt this was handled well by the service manager. Another staff member said, "My rota is busy but achievable. However I like it that way".

We looked at the recruitment records of four members of staff. We looked at how the recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. The recruitment process included candidates completing a written application form and attending a face to face interview. The four recruitment files we looked at contained information in line with current guidance. We saw in three of the four files reference checks had been completed and recorded. However, in one file we saw only one reference check. We spoke to the service manager about this who told us she was still awaiting response from the referee and would follow this up as a matter of priority. We noted all four staff files contained DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We noted the services 'recruitment policy' was written in accordance with the services 'equal opportunities policy'.

We looked at how the service ensured that staff were competent in medicine management. We noted all care staff had been trained in the administration of medicines. The service manager told us "Spot observations" were done with all care staff. This included observation of medication administration, sample audits of medication administration records (MAR) to ensure they were correctly completed and 'spot counts' on medication. Care staff we spoke with confirmed they had received training in medicine management and demonstrated understanding around the safe handling of medicines in line with current procedural guidance.

People who used the service confirmed that the service manager would call and watch the care staff administer the medicines. We also saw evidence of these observations in the staff personal files. One family member said, "The care staff have been supporting my [relative] with their medication for many years and I am confident they can do this effectively. We have never had any incidents where medicine has been wrongly given or missed. The care staff always let me know when things are running low". Another person said, "I need the prompt as I will forget to take them. I trust the girls 100% and rely on them to remind me".

We found there were specific protocols for the administration of medicines prescribed 'as necessary' and 'variable dose' medicines. These protocols ensured staff were aware of when this type of medicine needed to be administered or offered.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with the care staff and the service manager. Staff spoken with showed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. We noted the service had robust safeguarding policies and procedures in place covering the responsibility of the person. Details of the Commission and Local Authority were also documented. We saw clear information on how to record an incident and a matrix system detailing mandatory safeguarding training for all staff. Staff we spoke with confirmed they had received training on safeguarding issues. We noted the safeguarding policy which detailed contact names and numbers. This was also included in the 'service user guide'. People we spoke with confirmed they had these packs and could demonstrate who to contact in such an event.

We noted the service had 'whistleblowing' (reporting poor practice) procedures in place. Staff we spoke with

told us they were aware of the policies and procedures to follow in any such event. Staff told us they felt confident that the service manager would deal with any issues they raised. Staff also told us they felt confident to approach the registered manager or area manager at any time. Staff referred to the management team as fair and professional.

We noted the service had robust disciplinary procedures in place. We saw people had been disciplined in accordance to the policy when required and a clear audit trail was evident.

Accidents and incidents were also clearly documented detailing actions and outcomes in line with procedural guidance. Correct procedures had been followed in relation to statutory notifications to the Local Authority and Commission when appropriate.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. We noted risk assessments were in place to ensure the safety of both staff and people using the service. All four care plans we looked at contained a 'general risk assessment'. This considered areas such as outside steps and pathways, lighting, flags, floor space, slip and trip hazards, water temperature, electrical appliances and lifting aids. Each of these areas considered the person deemed at risk, the likelihood of incident and the control measure. These four 'general risk assessments' were in date. The service manager told us it was her responsibility to review the risk assessments during the person's six monthly review. This would be done at the person's house with their involvement and the family member where appropriate.

Care workers we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported. They demonstrated a good understanding around encouraging people to live their lives the way they choose, but they recognised this should be done in a safe way.

We noted the service had a clear and detailed policy in place in the event of care staff being unable to gain access to people's homes. We spoke with staff about this. Staff showed a good understanding of the procedures to follow in any such event.

We noted the service had clear 'emergency fire procedures' in place. These procedures provided clear guidance to staff on how to react on discovering a fire or the sounding of an alarm. We noted in the four care files we looked at that each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations. This gave staff clear guidance around areas to consider in such an event for example the person's understanding, communication and mobility. The PEEP also considered the number of smoke alarms fitted and exits.

We looked at how risks to people's individual safety and well-being were assessed and managed. We noted in all four care records individual risks had been assessed and recorded. This was in the form of a 'needs assessment'. The needs assessments considered areas around manual handling, skin integrity, pressure relief, well-being, dietary requirements, family contact and the risk of social isolation. The assessments we looked at reflected risks associated with the person's individual needs and preferences. Strategies had been drawn up to guide staff on how to manage and respond to identified risks. We found all risk assessments to be detailed and up to date. People we spoke with indicated that care staff were very attentive to their needs and cared for them well. One family member said, "All the care staff are very attentive and caring. They provide my [relative] with lots of encouragement. Their needs and care are well looked after and care staff always pick up on any issues such as pressure care or any dietary issues".

We saw all staff were provided with an identity card that remained the property of the company. These were required to be returned when staff left. Staff told us the pictures were updated annually. Staff told us they were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection. Care plans included details for staff to follow best practice for the safe disposal of continence products. We noted care staff had received 'infection control' training and showed a good understanding around infection control issues. People we spoke with confirmed care staff would leave their house clean and tidy. One person told us, "Staff always leave my house nice and clean. They will even put a load of washing in for me if they have time".

We noted a Business Continuity Plan had been developed. The plan followed a four stage recovery process and had been authorised by the Executive Director from Lancashire County Council. The plan had been created to look at the services function and vulnerability against unforeseen events such as adverse weather conditions, civil disruption, loss of staff, and loss of critical business information, damage to offices, accidental death or injury through criminal actions or negligence. It set out emergency plans, roles and responsibilities for the continuity of the service in any such event.

The area manager told us that in the event of an emergency each person using the service would be categorised. The area manager told us the person is assessed on factors such as mobility, essential medication, living arrangements, do they have family who can help in the event of an emergency and do they solely receive non-essential services such as a cleaning visit. The area manager told us this assessment would be done on the day of the emergency due to needs of people changing on a day to day basis.

Is the service effective?

Our findings

People we spoke with indicated the service was effective. One relative told us how having the service, "Has made a huge difference to our lives. It provides piece of mind to know that care staff visit my [relative] and it has helped them maintain their own independence in their own home which means so much to them". Staff told us they receive the correct support and training to effectively and confidently care for and support people. One staff member said, "I love working for the service. It was a complete career change for me. I love the contact with people and making a difference in their lives".

We looked at the services induction process for new staff. We found this induction process to be very detailed and thorough. The service manager told us the induction requires new staff to be office based for two days, over this period she would sit with the staff member and cover all essential information relating to their role. The service manager told us the inductee is also required to familiarise themselves with the services policies and procedures. The service manager added that mandatory training is also done before the person is able to shadow an experienced member of staff and that the shadowing period can last as long as the person requires but on average it is two weeks.

The service manager told us, "I believe a more thorough induction enables care staff to have more knowledge when they go out on the job". Care staff told us the induction was thorough. One staff member said, "The induction was very detailed and once it had finished I felt ready to do the job. There was no pressure on me around the length of time my induction lasted. I told them when I was ready and they accommodated this".

We looked at the processes in place for staff training. Staff told us they felt they received a good amount of training and that the training courses were very detailed. One staff member said, "Oh there is always training to do. I like it. The service manager always keeps us up to date with new training. I will receive an email or phone call from her when I am due any". The service manager told us, "I visit the training matrix several times per week and will let staff know in advance. I will communicate via email or telephone to arrange availability with the care staff".

We noted the service had a detailed training matrix and all staff training was in date. All training was relevant to the caring role and covered a wide range of topics including, peg feeding, infection control, mental capacity, managing continence and load management. We noted certificates of training in each person's file. People we spoke with indicated the staff were well trained and able to carry out their roles effectively. One person said, "The carers are very good at what they do. They are very skilled. They get my care just as I need it".

The service manager told us the service aims for all care staff to have successfully completed the 'Care Certificate' training by 2017. The Care Certificate is a set of standards that social care and health care workers should adhere to in their daily working lives.

We noted staff received supervision and appraisal in line with current procedural guidelines. We saw records

of supervisions held and noted plans were in place to schedule supervision meetings. Staff spoken with confirmed they received regular one to one sessions and on-going support from the management team. They told us this time was valuable and provided an opportunity to discuss their responsibilities and the care of people who used the service. The service manager told us supervision sessions were mostly unplanned and before a supervision session a "spot check" was done on the member of staff. This was an unannounced visit to a staff member to observe them supporting a person and administering medication. The outcome of this observation would be discussed in the supervision session and any training needs would be identified.

Staff told us they were kept up to date about people's changing needs. The service manager told us if there is any information that needs sharing between staff a text or phone call is made. Care staff were also required to familiarise themselves with the persons care file on a regular basis. Staff told us there was a communication book in each person's house. This was used to pass messages to colleagues and families. However, if the information was high priority the service manager will ring the relatives directly. Relatives told us this happened and the communication book was an effective method to day to day information. One relative said, "The girls are very good at documenting things in the daily notes. I read them and it keeps me up to date with what is happening".

The service manager told us care plans were "Constantly under review" and are updated when required. The service manager told us she would visit the person's home on a six month basis to carry out a full review of the support package and risk assessments. People we spoke to confirmed this happened and that they played an active part in the review process.

People told us the service supported them to maintain good health and were happy to discuss their health care needs with care staff. People also told us they felt supported if they were not well and could ring the office and ask for support and advice. We saw evidence of meetings between people using the service, health professionals, the service manager and family member. Staff shared examples of when medical advice was needed and how this was sought. One person told us of a time when they were "Poorly" and referred to the staff as, "Very professional". People's care plans contained important information about their medical histories and any health care needs. This meant that care workers were aware of any risks to people's wellbeing and what action they should take if they identified any concerns.

We noted processes were in place to assess and monitor people's nutritional and hydration needs. The service's standard assessment process includes a nutritional risk assessment. We noted care staff had received additional training on nutrition and peg feeding. This helped to make sure any risks relating to poor nutrition or hydration was identified and addressed. Any support people required with their nutrition as part of their commissioned care was managed well. Visits were arranged to coincide with their preferred meal times and where relevant, their food preferences and any specialist dietary needs were provided. Records returned to the office showed how staff provided this support and consulted people on their requirements. Staff shopped for food if people needed this support. 'Food hygiene' was part of the service's training programme, which helped to ensure staff had the knowledge and skills to prepare food safely. We saw evidence of these certificates in care staff files.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We found the service had systems in place to protect people's rights under the Mental Capacity Act 2005. The registered manager and staff demonstrated good understanding of the Mental Capacity Act and arrangements required to deprive people of their liberty when this is in a person's best interests. At the time of our inspection there were no concerns about the capacity of any person who used the service to consent to their care. The service manager was

able to describe the action she would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

The people we spoke with were pleased with the care and support they received from the service. People told us that the care staff were always, "Considerate an understanding" about their needs. One person said, "The carers are very good at what they do. They are very respectful". Another person told us, "When I first started receiving care it was very strange as I have always been a very independent person. The staff were very understanding and respectful of my worries and this made me feel more at ease. I see them now as an extension of my family". Another person said, "Staff are very good they do anything I ask".

All the people we spoke with told us the staff respected their rights to privacy and dignity. People told us staff entered their home as had been agreed and that staff were respectful of their personal property. We noted the service had a 'code of conduct' of practice that staff were expected to follow. The service manager told us it was her responsibility to ensure she monitored how staff interacted and conducted themselves when supporting people. This would ensure staff were adhering to best practice guidance. Any practice issues would be discussed in a one to one session with the staff member.

People indicated that the staff listened to their wishes and feelings and would explain things in a manner which could be understood. We noted individual care plans covering preferred communication methods and these were individual to the person's requirements.

We noted that care staff teams were consistent wherever possible. This helped provide continuity of care to people. People confirmed this to be the case. However, people understood that when regular carers were absent such as when on holiday this meant a different member of care staff would visit.

Relatives we spoke with expressed very positive comments about the standard of care and support that was provided. Comments included, "All I can say is the care is excellent" and "I haven't got a bad word to say about them they are great".

We looked at comments people had made in a recent questionnaire. One person had written, "The care mum received is first class. Nothing is too much trouble. The office staff are always obliging with any requests we may have".

Care staff we spoke with talked respectfully about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted peoples independence and choice. One staff member said, "It is a very rewarding job. I love to make a difference to people's lives".

Is the service responsive?

Our findings

People we spoke with indicated they were happy with the way their needs were being met by care staff who visited them. People indicated that they received care which was based on their individual needs and wishes. We were told by people and their families that staff had a good understanding of the support they required and whenever possible the care staff team was consistent. Comments included, "I generally see the same faces and I have a big care package so I think that's great" and "The staff are very good. They understand the variable amount of emotion which is attached to dementia and because of this they meet my [relatives] needs very well".

We found the service had processes in place to ensure a thorough assessment of the person's need was completed before the care package commenced. We found the assessment contained specific information which was detailed and individual to the person. The assessment included information about specialist equipment, exercise routine, preferences and priorities in care, daily living requirements, communication methods, mobility and dietary needs.

We noted each person's care file contained a 'Customer contract' we saw in some cases contracts had been signed by the person or relative. These contracts detailed information around the person's rights and responsibilities of the service.

We found individualised care plans and risk assessments had been created based on people's needs and requirements. We looked at four of these care plans and found adequate documentation to support the development of the care planning process and support the delivery of care. We noted care plans in response to identified needs and preferences. These covered subjects such as well-being, personal safety and risk taking, specialist input from other health care professionals, religious commitments and personal care requirements. The purpose of the care plan was to provide detailed directions for staff to follow on meeting the needs of the person.

We found care plans had been signed and agreed with people or their relatives. People's capacity to make decisions for themselves had been assessed. Essential contact details were recorded as routine such as GP and next of kin. People we spoke to confirmed they had been part of the initial care planning process and review meetings. One relative told us how they felt this had been beneficial and had helped with ensuring their relative received best care based on their need. Another relative said, "There is only my [relative] who can say what care and support they want so it is only right they are involved as much as possible in their plan of care. The agency always ensure this is done". We noted in most cases care plans were reviewed and up to date. The service manager assured us that any care plans which were not in date would be dealt with as a matter of priority and would inform the Commission when this had been done.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The people we spoke with confirmed the care staff completed a detailed log after every visit. One relative told us how they used this to keep themselves updated on their relatives day to day presentation. They added, "There is always a detailed log which gives

me a clear picture of how my [relative] is doing. The girls are very good at doing that. I also receive a phone call from the agency if they have any problems".

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. We noted the complaints procedure was included in the service user guide. The complaints procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We noted the policy included contact numbers for the management team, Commission and the local Ombudsman. People we spoke with confirmed they had received a copy of the policy and demonstrated a good understanding on how to raise a complaint. The service manager told us any complaints are generally dealt with verbally but ensured a detailed log was kept. We saw a good audit trail of this. We saw a file containing a full record of any complaint along with details of other professionals who had been involved for example social workers or health care professionals. We saw outcomes of complaints with further agreed actions if relevant. We noted any complaints had been dealt with appropriately and within time scales of the policy.

We saw a large file containing compliment cards and letters. Comments included, "I wanted to write to express my gratitude to you and your staff for the kindness and care that you all showed my [relative] and all the family during the time you looked after them. Staff made the last months of their life as comfortable and pain free as they could be and I know my [relative] was very fond of all the carers who visited" and "Just a few lines to say a heartfelt thank you for the care you gave to my [relative] in their last weeks.

We looked at the most recent client survey for 2015. The service manager told us this survey was sent out annually and the next one was due to be sent out in the next few weeks. We noted the survey covered areas such as quality of service, peoples satisfaction with the service received, staff attitudes and punctuality of care staff. Results of the surveys indicated that people were happy with all aspects of the service.

We noted the service manager and the area manager worked closely with other social care and healthcare professionals as well as other organisations, to ensure people received a consistent coordinated service. We saw there were good links with local GP's and health care services. In the event of a medical emergency whilst providing care, the service manager told us staff would stay and support people until they were confident the person was safe under the care of relevant professionals such as a GP or hospital admission. The service manager gave good examples of recent meetings she had been involved in regarding the health care of people who used the service.

Is the service well-led?

Our findings

People we spoke with indicated they were happy with how the service was managed. One person said, "Oh they are very accommodating with time changes. If I am going out they will come later". One relative told us how happy they were with the care their [relative] received. They said "My [relative] is well cared for and had a good rapport with all the care staff". Staff we spoke with told us they were happy in their roles as carers. One carer said, "I am very happy working here. The service manager can be very flexible with my working hours. I need this due to other commitments". Another staff member said, "It's such a good company to work for. They are so supportive".

There was a registered manager in post at the time of the inspection. The registered manager had overall responsibility for the service. He was supported in his role by the service manager and area manager. It was the service managers role to manage the day to day operation of the service. This included line managing the care staff. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People we spoke with knew the name of the registered manager, service manager and area manager. We asked people if they felt able to contact the management team with any issues they may have. People told us they had no issues with this and gave examples of when they had needed to do this and how well it had been managed. One relative said, "I can call in the office whenever I want to. I am happy with that. The service manager will always make herself available should I need to speak with her". Other people also told us they felt confident that any issues would be dealt with effectively. People told us that the service manager played an active part in the service and would visit them often. Care staff we spoke with also spoke positively about the service manager. They told us that she was very approachable and would deal with any issues immediately. Staff told us how the management structure operated an 'open door' policy and that they could go into the office or call them at any time.

We saw a wide range of policies and procedures were in place at the service. These provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service had effective audit systems in place and these were kept up to date. The service manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. We saw medicine audits were completed. We also noted call log audits were done on a regular basis. The service manager told us this would monitor the length of visit times. Spot checks on staff conduct were also carried out every month. These spot checks also included medicines management. The service manager told us she would provide detailed feedback afterwards.

We noted client questionnaires were sent out on an annual basis. At the time of inspection we looked at all eight surveys completed. All eight indicated people using the service felt safe. They also stated staff were

well trained, arrived on time, worked effectively and had not had any allocated visits missed.

We noted staff newsletters were sent out on a monthly basis. These newsletters highlight any new training being offered, and reminders to staff on practice issues and further reading. The staff told us these were a good idea as it kept them up to date with relevant information.

We saw evidence staff meetings. However, these meetings were held infrequently. The service manager told us a meeting would only be held if there were any concerns which needed to be addressed. We spoke to staff about the lack of meetings offered. Staff told us they felt it would be beneficial to have regular meetings to enable them to come together as a team and discuss any new ideas or issues. We discussed the importance of staff meetings in great detail with the service manager and the area manager. They told us they would look into this and ensure more frequent dates were set for staff to attend should they wish to.

We noted the service had a 'statement of purpose'. This highlighted the services aims and objectives alongside the services values and principles of care. It stated, "Complete Care Services believes that for a service to be effective they should be based on sound values and principles and a sound understanding of the fundamental and individual needs of people. The service is fully committed to the privacy, confidentiality, dignity, anti-discrimination, communication, independence, risk taking, fulfilment, rights and responsibilities and choice of the person using the service. We found by reviewing relevant documentation, talking to people who used the service, their relatives and also care staff that these principles were adhered to on a daily basis.

The area manager told us that the service had recently made links with the Hospice agency and had raised money through raffles, bag packing at the local supermarket. In addition to this the service worked closely with the Alzheimer's society and had recently held an event at their offices where the Alzheimer's society attended and held a presentation for staff and families to raise awareness about Alzheimer's and offer a safe place for people to share their experiences.

Over the two days of the inspection we found the area manager and service manager to be very accommodating and open and honest about the service. They provided us with all requested documentation and additional information that was required at the time of the visit.