

Complete Choice Care Services Limited

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Inspection report

139 Spring Lane
Radcliffe
Manchester
M26 2QX

Tel: 01617258152
Website: www.completechoicecare.co.uk

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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 18 October and 8 November 2016 and was announced.

Complete Choice Care provided a range of care services to people who live within their own homes across the Bury area. However due to recent changes in commissioning by the local authority the main area of support is now provided in the Whitefield area of the borough.

The service operates seven days a week and care packages can vary depending on the individual needs of people. Services provided include assistance with personal care, help with domestic tasks, the preparation of meals, medication monitoring, planned outings, social activities and carer support. At the time of our inspection there were 76 people using the service. Not everyone using Complete Choice Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a registered manager who is also the director and sole shareholder of the company. 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 that staff cared for them properly. Staff were aware of their responsibilities in protecting people from abuse and knew the procedure to follow so that people were kept safe. Systems were also in place to ensure the safety and protection of people's property and belongings.

The management and administration of people's medicines was safe and demonstrated people received their medicines as prescribed.

Where potential risks to people's health and well-being had been identified, assessments and management plans had been put in place to help minimise potential harm or injury to people.

Sufficient numbers of staff were available to meet the individual needs of people so that their social, emotional and physical needs were met. Recruitment procedures were thorough so that only suitable applicants were appointed.

Staff received training in infection control and had access to protective clothing such as disposable gloves and aprons when needed. This helped to the reduced the risk of cross infection.

People told us they were involved and consulted about their care and support. Staff received training on the Mental Capacity Act 2005 and were aware of the importance of seeking people's permission before carrying out personal care tasks.

Staff received on-going training, development and support. This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people who used the service. Staff spoken with confirmed they received regularly training and felt they were equipped to support the people they visited.

Suitable arrangements were in place to help ensure people's health and nutritional needs were met, where needed.

People and their relatives were complimentary about their experiences and the support staff provided. People told us staff treated them with dignity and respect at all times and encouraged them to be as independent as possible. Staff we spoke with were clearly able to demonstrate they knew people well.

People were informed and encouraged, where necessary, to take part in social and recreational opportunities to help promote people's independence and community presence.

People's records reflected their individual needs and wishes providing direction for staff about the support people wanted and needed.

People and their relatives told us the managers and staff were approachable and felt confident they would listen and respond if any complaints or concerns were raised. People told us they would have no hesitation in speaking with the manager or the staff if they needed to.

The management of the service was said to be open and inclusive. Systems to monitor and review the service provided were in place to check that people received a quality service. People, their relatives and staff spoke positively about the management team in place.

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.

Potential risks to people's health and well-being had been adequately assessed and planned for so that people were protected from harm or injury. People received their prescribed medicines safely.

Staff had received training in safeguarding adults and knew what action to take should they witness or suspect abuse taking or witness poor practice of colleagues.

Staff had been safely recruited and there were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

A range of training opportunities were provided enabling staff to develop the knowledge and skills needed to meet the individual needs of people safely and effectively.

Staff received training on the Mental Capacity Act 2005 and recognised the importance of seeking people's permission before carrying out tasks.

People who used the service received appropriate support to ensure their health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People spoke positively about the support offered by staff. We were told staff were kind, caring and respectful towards them.

Those staff we spoke with were able to demonstrate they knew the people they supported well. Staff were able to explain how they promoted people's independence and offered privacy and dignity when providing care. This was supported by those people we spoke with.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved and consulted about how they wished to be cared for. People's care records included good information to guide staff about their individual likes, dislikes and preferences.

The service recognised and encouraged social inclusion to help promote people's emotional well-being and reduce isolation.

Systems were in place for the reporting and responding to people's complaints and concerns. This demonstrated people were listened to and concerns were acted upon.

Is the service well-led?

Good ●

The service was well led.

There was a manager in place who was registered with the Care Quality Commission.

Both people who used the service and staff spoke highly about the registered manager and their management of the service.

A number of monitoring systems were in place to review the service provided and people and staff were encouraged to share their views and experiences. This helped to promote continuous improvements.

Complete Choice Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on the 18 October and 8 November 2017 and was announced. The first day of the inspection involved discussions with people who used the service and their relatives about their views of the service and the quality of the support they received. We gave the service 48 hours' notice of the second inspection date to the office. This was because the service is small and we needed to be sure that the registered manager would be in.

The inspection team comprised of one adult social care inspectors 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, the provider also completed a Provider Information Return (PIR). 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 was completed by the provider as requested and returned to Care Quality Commission (CQC). Information provided was used to inform the inspection. We also looked at the information we held about the service, including notifications the provider had sent us. A notification is information about important events such as, accidents and incidents, which the provider is required to send us by law.

We contacted the local authority quality monitoring team and Health Watch Bury. No concerns were raised with us about the service.

During this inspection we spoke with 11 people who used the service and the relatives of two people by telephone to seek their views about the service provided. In addition, we spoke with four care staff, a senior care worker, a supervising senior, the administrator and the registered manager. We looked in detail at the care records for four people, medication administration records, five staff recruitment and training files, policies and procedures and quality assurance audits.

Is the service safe?

Our findings

We asked people who used the service if they felt safe with the care staff and would they know who to speak to if they were unhappy. People told us; "I feel very safe with them [carers], I would speak to [registered manager] if I had any problems", "Yes I do, the carers are giving me my confidence back", "I feel absolutely safe with them [carers]. They are wonderful", "I never feel unsafe when they are here, would tell my family if I did", "I feel much safer in the shower with their help", "I have not been with them very long, but I do feel okay when they are here" and "I feel very safe with them, I would speak with the manager if not."

We saw that safeguarding procedures and training were provided to guide staff if they witnessed or suspected abuse taking place. Staff spoken with were aware of the procedures to follow, including the whistle blowing procedure (the reporting of poor or unsafe practice) and said they would feel confident disclosing information as the management team were proactive and would immediately deal with any issues brought to their attention.

Through our discussion we found the registered manager was clearly aware of her responsibilities in reporting and responding to any concerns. Where issues had been identified, these had been appropriately reported and responded to and relevant information shared with the local authority and CQC.

At the time of the inspection there were 24 staff employed by the service. This included the registered manager, deputy manager and administrator. During our inspection we spoke with seven members of staff. We were told the team had been stable with little staff turnover. Most of the staff we spoke with had worked for the service for a number of years. All said they were happy in their role and enjoyed the work. Staff told us, "I'm very happy, it's flexible and a supportive team", "Staff are brilliant and focus on their clients", "There's always support around and we can respond quickly" and "We offer continuity."

We looked at the recruitment files for five staff. Robust procedures were in place. Records showed that appropriate checks were made prior to applicants being offered employment. These included an application with full employment history, written references, copies of identification and interview records. Checks had been carried out with the Disclosure and Barring Service (DBS). A record of the disclosure date and reference number was detailed on files. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks help to ensure only suitable applicants are offered work with the agency.

We asked people their views about the staffing arrangements and whether there were enough staff in place to support them. None of the people we spoke with raised any concerns about the support they received. People we spoke with told us, "I think they do, although I can get different ones appearing", "They seem to have enough yes", "They seem to have plenty of staff. Trouble is I get them all" and "They seem to have plenty of staff." The relatives of two people also commented, "As far as I can tell, they seem to have enough" and "I think they do."

We also asked people if they received consistent support from the same carers. We received a mixed

response. Whilst some people had regular staff, others said they received support from different carers. People told us, "They can change carer sometimes. The same girls all the time would be good", "Yes I have the same ones [carers] unless they are sick or on holiday", "I have four usual ones, they are all great", "They sometimes send different ones, but it's not a problem", "We go through phases. I can get any old ones sometimes. They don't send a rota and the staff have to tell me who is coming. It is pot luck", "I do have different ones" and "We don't have a proper system yet, so I do have different ones at the moment." The relatives of people also said, "Yes, we have settled with the same ones now" and "We see the same faces when we visit."

We discussed staffing arrangements with the registered manager and staff. The registered manager also told us that due to changes in the commissioning arrangements made by the local authority the service was in a period of transition. Complete Choice had been allocated a new area within the borough. Therefore some people were in the process of being allocated to a new care provider. We were told that once contracts had been handed over to the new provider, consistent staff teams would be established for any new work taken on by the service. One staff member we spoke with was confident this would improve, adding, "Things will settle down once the changes have been made." We were told staff worked in pairs or groups of four. Staff were provided with a two week 'rolling rota', which meant they knew what days they were working and who they were visiting. Staff spoken with said this worked well as they knew the people they supported and were able to cover shifts for each other if needed. This helped to provide continuity of care for people who used the service.

Out of hours 'on-call' support was available for people who used the service and staff in the event of an emergency or issue arising. This was provided by the registered manager and senior members of the care team.

Staff spoken with told us whilst working alone in the evening they were required to text the on-call phone from 5pm (winter) and 7pm (summer) to say they were home safe. The registered manager said that staff were required to complete an electronic login when arriving at someone's home. If this did not happen then the on-call would be alerted contact the staff member to make sure they were alright. In the event of an emergency staff also had a 'SOS' button on their phones, which enabled them to call for assistance in the event of an emergency. These systems enabled the management team to respond quickly should any concerns arise.

We looked at other systems in place to ensure the safety and protection of people and their belongings. We were told that none of the staff held keys to people's homes. Where necessary a key safe was available. This is where keys are kept in a secure locked box outside the person's home and can only be accessed by people with the code. We looked at how key safe numbers were stored so information was kept confidential. We saw that information was held in the on-call file with a coded descriptor and staff had access to relevant numbers using the 'Webroster' application on their mobile phones. This system was password protected and staff were required staff to login to access the information. This system also had an automatic locking devise. This helped to ensure personal information was kept safe. One person told us, "Yes I feel safe when they are helping me. I also have a key safe as well, so feel secure there." The relative of one person also told us, "Yes there is a key safe and they let themselves in, although they recently rang to say they could not get in."

We were told that some people received support with their shopping. Staff said they did not handle people's bank cards or books and only used cash when needed. We saw financial transactions were recorded and signed by the staff member and the person to confirm the money spent and the change received. Receipts were also held file. This was confirmed by people we spoke with.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. We saw a detailed policy and procedure was available to guide staff and training was provided. Observations of staff were carried out by senior staff to ensure their practice was safe. A review of records and discussions with staff confirmed what we had been told. This helps to ensure the administration of medication by staff is safe.

We looked at the medicines administration records for four people. We saw people signed a medication consent form agreeing support from staff. Where people received 'when required' medicines, a protocol was completed advising on the use of such medicines. Staff spoken with were clearly aware of the importance of people receiving the medicines as prescribed. The level of support people required was seen to be detailed in people's support plans. Those people able to manage their own medication were encouraged to do so. We saw medication administration (MAR) records were appropriately completed and monthly audits were carried out to check accurate records were maintained and people had received their prescribed medicines as required. Any issues identified would be addressed with the relevant staff member.

We asked people if they received the support they needed where they required help with their medication. Some people told us they were able to manage independently whilst others said that staff would either 'remind' them to make sure they had taken their tablets or would give them their prescribed medicines. People told us, "No, I manage my own", "Yes they give me my tablets in the morning", "No I don't need help with that" and "I take a few tablets, they always make sure I have had them."

We looked at how potential risks to people's health and well-being were planned for. People's records contained risk assessments that guided staff on what action they might need to take to manage and minimise areas of risk, such as moving and handling, pressure care, food preparation and personal care. This helped to keep people safe whilst enabling them to maintain their independence.

Systems were also in place to keep people safe in the event of an emergency, such as fire. We saw that environmental assessments were complete of each person's home. These explored the internal and external environment, control of hazardous substances, equipment and fire safety. Due to the issues identified with one person the service had consulted with the fire officer to explore ways to minimise the risks to the person. This was clearly recorded on the person's file and evidenced they had been consulted with about this. Personal emergency evacuation plans (PEEPs) were also included. This information helps to assist the emergency services in the event of an emergency arising. Other records included details of any equipment in place, the supplier details and details of any servicing required in accordance with the manufacturers' instructions.

Detailed records were completed of any accident and incidents. Information included the nature of the event, time and place. Records showed that these were monitored and reviewed by the registered manager and where necessary action required had been taken. Staff spoken with told us they would call emergency services if they arrived at a person's home and they needed immediate assistance. They would then ring the person's family and the on-call to ensure any concerns were appropriately communicated. Staff said they would not generally escort people to hospital but would wait for the family to arrive or handover relevant information to ambulance staff. This helped to ensure people received safe and effective support.

We saw that the service had infection control policy and procedures. These provided staff with guidance on the prevention, detection and control of the spread of infection. As part of the programme of training staff completed courses in these areas. Staff spoken with confirmed they had completed training and had access to personal protective equipment (PPE) such as gloves, where this was needed. Staff told us they received a bag on commencement of work, which included the equipment they needed such as disposable aprons and

gloves and alcohol gel as well their uniforms and a waterproof coat. This helped to ensure staff were appropriately equipped to carry out their duties.

Is the service effective?

Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

During this inspection we checked to see if the registered manager was working within the principles of the MCA. The service had policies and procedures to guide staff with regards to capacity and consent and information was displayed within the staff training room. A review of training records and discussion with staff confirmed training in the MCA had been provided. Those staff we spoke with were able to demonstrate their understanding of the MCA and described how they offered people choice and encouraged them to make decisions for themselves.

A review of people's records evidenced that people had been involved and consulted in planning their care and support. Most of the people we spoke with confirmed that staff sought their permission before providing care and support. Their comments included, "Yes they ask me if it is okay", "They always say what they are doing, yes", "Yes they do", "They do chat all the time to me", "No, not really they don't", "They say what they are doing" and "Sometimes, it depends who it is." The relative of one person also commented, "I can't say I have noticed but they do chat all the time they are here to [relative]."

We looked at what systems were in place for the induction, supervision and training of staff. We looked at records and spoke with the registered manager and staff. We also asked people if they felt staff were well trained and knew how to support them in meeting their needs. People spoke positively and felt staff knew them well and had the skills needed to carry out their role. People's comments included; "They are job sharing at the moment, so one ticks all the boxes and one is not so good. It can vary but they do know if I am not feeling very well", "I think they are very well trained...lovely girls", "Yes they know me well. I can be very slow and they are so patient with me", "Yes they are very good...and professional", "Yes they are all good carers", "They are all very well trained, lovely people", "Yes they all seem very nice" and "They are all excellent carers." People's relatives also said, "Yes, they are learning how my relative likes things doing" and "I think they are well trained, it just seems they don't have enough time to do everything which needs doing."

We were told the induction programme was carried out over a two week period. This included the completion of the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. Staff were said to complete this on-line and were required to complete a test to evidence their understanding. In addition staff completed relevant training as well as a period of shadowing with an experienced member of staff. The registered manager said that shadowing periods were flexible depending on the experience and confidence of the staff member. This was confirmed by those staff spoken with.

We were told there was a programme of supervision and appraisal as well as team meetings. Staff spoken with and records seen showed that occasional meetings were held. We also saw that spot checks were carried out to check that staff continued to provide the standard of care expected.

The service had a programme of training, which included practical sessions facilitated by an external provider and e-learning sessions. Training included moving and handling, first aid, infection control, safeguarding, effective communication, challenging behaviour, MCA, death, dying and bereavement, dementia awareness and person centred care. Information to show what training staff had completed was kept on their personnel files as well as a full staff team training plan.

Staff spoke with confirmed that 'lots' of training was offered as well as updates when needed. Staff felt they had the knowledge and skills needed to support the people they visited. They confirmed they received on-going training and development and felt supported by the registered manager and senior staff. One staff member said "We get plenty of training." Another staff member told us that staff would receive alerts via the webroster application on their phones advising that an area of training was due to be updated.

We saw that consideration was given to people's diet so that people had good nutrition and hydration. Information was recorded in people's care records where this support was needed and staff had received training in food hygiene and nutrition and diet. Some of the people we spoke with said they managed their own shopping or meal preparation independently or with support from family members. Whilst other said staff would prepare meals and/or go shopping for them. People told us meals were based on their own preferences and staff would ask them what they would like to eat. People we spoke with commented, "They always make sure I have a drink when they are here", "I don't need help with meals, but they always ask if I have eaten and do I need anything making. My appetite is not good and they encourage me to eat", "They get my breakfast ready for me. I choose what I fancy", "Yes they get my breakfast for me and an evening meal. I just tell them what I want" and "They will make me a sandwich at lunch time, if I ask them to."

We asked people if staff offered support in making or attending healthcare appointments. People we spoke with told us they did not require any help and would manage themselves or with support from family members. Staff spoken with confirmed what we were told however said they would call for assistance if there was an emergency.

People told us and information showed that the service worked in partnership with other professionals to ensure people's physical and health care needs were effectively met. A review of people's records showed that people were registered with a GP and also accessed support from other professionals such as district nurses or occupational therapist. This helped to ensure people received coordinated support so their health and well-being as maintained.

We were told that the agency had been approached by a local GP asking if they could advertise the service within the surgery and on their appointment cards. This helped to promote the service within the wider community.

Is the service caring?

Our findings

As part of this inspection we asked people who used the service and their relatives their views about the service provided. We asked people if the staff were reliable and arrived on time. We also asked if there had been occasion where staff had missed a planned visit. People told us their visits were generally consistent and had never experienced a missed visit. People we spoke with told us, "Generally they do. They can be a little late but it's not a problem. They never miss me completely", "Within a few minutes, they never let me down", "They do in the morning but to be honest I am not sure what time they should come in the afternoon", "They can be 5/10 minutes late, but that is not bad", "They generally turn up on time" and "Usually within a few minutes. They never miss me"

People also told us that the staff treated them with dignity and respect when providing care and they felt comfortable with the staff who visited them. Their comments included, "They are very good. It can be embarrassing for me, but they do all they can to put me at my ease", "They treat me very well", "They are very respectful and are aware of my feelings when it takes me a while to do things, there's no rushing me", "Yes they do. They are very patient and encouraging", "Yes I can't fault the girls", "They all treat me with respect yes", "They are very respectful when they help me shower" and "Always, especially when helping me have a shower which is very important to me." The relatives of two people also commented, "Very much so, yes. Lovely ladies" and "They seem very patient with [relative]."

We looked at how staff encouraged and supported people to maintain their independence. Staff spoken with gave good examples of how they prompted and encouraged people to do things for themselves and only intervened where necessary. This was confirmed by those people we spoke with. Their comments included, "Yes I have my own routine and they let me stick to it as much as possible", "Yes, following my stroke, they encourage me to do small things for myself", "Yes they do", "They do encourage me to do as much for myself as possible", "I do try to help myself. If I wake up early I get up have a wash and brush my teeth. Then get back into bed until they come" and "Yes I wash myself as much as possible." This helps to build people's confidence and maintain their daily living skills.

People also told us that staff listened to them and respected their opinions. They said, "Yes they do. They know it is important that I don't have any infections so they always make sure they wear gloves and aprons for me", "Always, yes they do", "Yes, I always feel they listen", "They do yes" and "Yes, they do everything I ask of them." The relative of one person also said, "Yes they listen to both of us." This helps people to feel valued.

The registered manager and staff all spoke in a caring and compassionate way about people who used the service. They had detailed knowledge of people and were able to tell us what was important to them, their likes and dislikes and the support they required. All the people we spoke with said staff were polite and had a kind and caring attitude towards them. People's comments included, "They are very nice, polite and confident", "Yes, they are and we have a good laugh which I like. Their company is good", "They are all wonderful and they make me laugh which is the best therapy", "Very much so, very helpful people", "Very nice people. No problems at all with them", "Excellent carers", "Yes they are very caring and efficient. Some

can be a little heavy handed though", "I do think they are very kind and caring people", "Yes they are all very kind and caring" and "I am very happy with them all, lovely people."

The service employed a male member of staff who provided care. They told us they would not provide personal care to females where requested however would provide more informal support. We saw this information was also detailed in people's individual care records as well as the on-call file.

People's records were stored securely in the main office. Information accessible to staff via the 'webroster' application on their mobiles phones which was password protected. This helped to ensure that confidentiality was maintained.

Is the service responsive?

Our findings

People we spoke with told us they received the support they wanted and needed. Two people we spoke with said they had been involved in planning their support package with the service. They told us, "They did an assessment when I started with them" and "Yes [registered manager] came to do the assessment when I started with them. She is very nice and helpful."

We asked the registered manager about the referral and assessment process. We were told that commissioning arrangements had recently changed. The local authority now allocated work to the service in a specific 'patch'. There was an expectation the service accepted 80% of referrals; that contact was made with the person within 24 hours and support commenced within 7 days of the referral. We were told that only basic information was received about the person. The service would then make contact with the person to agree times of visits and complete a more detailed assessment. Should the service feel they were not able to meet the person's needs this would be raised with the local authority.

On commencement of the support package people were provided with an information file. This included; a service user guide, consent forms regarding the care and support and management of medication, a copy of the local authority information, emergency information including the on-call details and individual care records.

The registered manager told us they had introduced a 'start up team'. The team comprised of two staff who took responsibility for supporting people for an initial two week period. This enabled them to set up the support package and arrange medication and equipment, where necessary.

Most of the people we spoke with were aware they had an up to date care plan, which staff referred to. People told us, "Yes I have one. it is too soon to be reviewed yet", "I do have a care plan, yes", "I have a care plan but it is too early to review", "Yes, the council did one. I think they use that as there have been no changes", "I'm not sure, is it in the book" and "I do have one but I don't remember it being reviewed at all."

We reviewed the care records for four people. We saw an agreement form was completed stating that the care plan had been drawn up with the person in partnership with staff and that information reflected their needs, wishes and preferences. An 'All about me' document had been completed providing a pen picture of the person and things that were important to them. Care plans also provided good information about people's routine and what support was required during each visit. This helped to guide staff in meeting the individual needs and wishes of people. We also saw evidence that records were kept under review. This helped to ensure information reflected people's current and changing needs. We did note on one person's care records the plan had not been updated to reflect changes in pressure care. We discussed this with the registered manager who said this would be addressed without delay.

We saw the service also considered people's social and emotional well-being. The registered manager said their aim was to 'stamp out loneliness'. As part of their role the 'start up' team would speak with people and shared information about activities and events taking place in the local and wider community. They also

helped people, who wished to, complete an application for the bus service 'ring and ride'. Details of local groups and community events were also included in the monthly newsletter sent out to people. Staff also provided people with information and introductions to a local befriending service run by the Blind Society. This support helped to keep people informed, promote their community presence and reduce the risk of social isolation.

In the office area we saw a picture board with information about a charity which people were asked to select each month. During the inspection we saw that people had chosen Remembrance day. Some people had provided pictures of family members who had taken part in the war. We were told that staff had raised money for a number of charities such as a lantern walk for a local children's hospital and Movember to support men's health issues.

Plans had also been made for the annual Christmas party arranged by the service for people and their relatives. This was to take place at a local community centre. People who used the service had been asked what they would like as part of the entertainment. Plans had been made for a local school choir to join them for carol singing as well as a buffet meal. Staff said that this had been a regular occurrence as well as the distribution of Christmas cards and gifts. Staff felt this made people feel valued.

We looked at how the service reported and responded to people's complaints or concerns. Information about how to make a complaint was included in the information pack given to people when they started to receive a service from Complete Choice Care Services. This was confirmed by people we spoke with. We saw that information explained how people could complain to the service and also included details of the local authority and how to share their experiences with the CQC. A review of records showed that since March 2016 four complaints had been raised with the local authority due to invoice queries, two were in relation to staff behaviour and one around the availability of visits. Each issue had been clearly recorded and acted upon. There were also a number of 'thank you' cards displayed in the training room, thanking staff for the quality of care and support provided to people.

All the people we spoke said they had not needed to raise any concerns however knew what to do if they needed to. People told us, "Yes I would speak with [manager] if I was not happy", "I have never had any problems with them", "I would if I needed to, no problems", "Never needed to complain about anything", "Oh yes, I would not have a problem ringing them", "I have never needed to complain about anything. I would be happy to if need be", "I have no problems at all with them" and "I would have no problem telling them if I was worried about anything."

Is the service well-led?

Our findings

People we spoke with told us they received an effective service, which was well managed. People told us, "I would say it is. I have no problems with them at all", "I think it is a very good firm, not had one bad carer", "Everything is fine so I would say yes it is", "It is an excellent service, yes" and "Yes I think so. We have no complaints anyway, only compliments."

The service has a manager who was registered with the Care Quality Commission (CQC). The registered manager is also the director and sole shareholder of the company.

People we spoke said the registered manager was helpful and approachable. They were aware who the manager was and spoke positively about her approach to the work. People told us, "Yes, she is lovely. I have had to ring the 'out of hours' number in the past and she has personally come straight out to me", "Yes I do, she is great, very helpful", "Yes I know [registered manager]. She does try to be helpful I suppose" and "We met the manager when she did the assessment. She has kept in touch with us to see if we are okay." People were also complementary but those staff who worked in the office. One person told us, "I don't know the manager but everybody in the office is very helpful when I call them." Other comments included, "Yes they [office staff] are very pleasant" and "The people in the office are all very helpful if I ring them."

Those staff we spoke with also said the management of the service was open and inclusive. They found the registered manager to be approachable and supportive. One staff member said "She [registered manager] would not ask you to do anything she would not do herself." Other staff members told us, "She [registered manager] is incredibly dedicated to the company, staff and the people we support", "This is the best agency I've worked for" and "You are appreciated."

We asked the registered manager how they kept up to date with current good practice. The registered manager said she attended the registered manager forums held by the local authority. They and the deputy manager also completed training in areas of care as well as their management responsibilities, for example Mental Capacity Act 2005, recruitment, safeguarding adults for managers, Multiple sclerosis (MS), Parkinson's disease and diabetes awareness. This enabled them to effectively guide and support the care team.

We looked at what systems were in place to monitor and review the quality of service people received. The management team carried out regular checks of care records, medication administration records, visit logs, accident and incident and complaints. Records were also monitored with regards to staff training and development and recruitment checks. This provided the register manager with clear oversight of the service and helped to identify any areas of improvement.

In addition to the monitoring systems senior staff carried out 'spot checks'. These checks explored areas such as; punctuality, attitude and whether staff adhered to people's care plan. A record was completed of observations made and followed up with staff if any action was required. We asked people if senior staff contacted them to check if they were receiving the agreed plan of support. Not everyone could remember if

checks were completed however other people told us, "Yes, they check all the time" and "Only been with them a matter of weeks, so it is early days yet. The relative of one person also commented, "[Registered manager] checks on us to see if we are okay."

The service utilised an electronic system, 'Wedroster', which monitored visits to people's home. Staff were required to dial in on arriving at a person's home and dial out when leaving. We were told this system was not fully effective as not everyone who used the service had agreed for staff to use their telephone or did not have a telephone. Therefore paper records were also completed by staff and reviewed to ensure people were receiving the agreed package of care.

We were told that opportunities were also provided for staff to share their views or ideas about the service. Staff spoken with said meetings were regularly held and they were able to discuss any matters they wished to such as training opportunities and practice or rota issues. Records seen confirmed that meetings had been held throughout the year. Staff also told us that they were able to speak with the registered manager on an informal basis at any time and that she would always listen and help where needed.

We looked at how the service sought feedback from people about the quality of the service they received. The registered manager told us that feedback surveys had last been distributed in July 2017 exploring the quality of care and management of the service. Feedback provided included, "Overall a good service", "The service my relative has received since being at home has been excellent", "I am happy that I have the same reliable carer that comes to support me. This is very important to me as she knows me and my routine very well, this helps me to feel relaxed", "I have complete confidence in the management of the service" and "I have no complaints regarding your company and the carers are very pleasant." Two people described their carers as "excellent" and "outstanding." We were told that copies of the surveys had been sent to health and social care professionals, however none had been returned.

We discussed with the registered manager their plans for improvement. We were told that the immediate focus was to complete the transition in work ensuring continuity and stability of support was provided to people before exploring expansion of the service. We saw the service had a 5 year business plan which explored the market place, business potential and commissioning and pricing. The plan also identified work priorities in order to achieve its aim. This demonstrated the service strived to make continuous improvements of the service so the people continued to experience good quality care.

The agency had policies and procedures in place, which were kept under review. All staff were provided with an employee's handbook. This included the aims of the service and code of conduct. People who used the also received a copy of the Service User Guide which provided them and other interested parties with details of the services provided by Complete Choice Care Services. This should help to inform people about what to expect from the service.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of events such as safeguarding concerns, accidents and incidents. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.