

Mr Alastair Buchanan MacDonald

Complete Care Services Blackburn

Inspection report

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22 May 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Complete Care Services Blackburn is a domiciliary care agency that was providing personal care to 23 people aged 65 and over at the time of the inspection.

People's experience of using this service:

The service had not always appropriately managed risks to people's health and wellbeing and staff had not always undertaken training to address risks people presented with. Action was taken during the inspection to address this. Staff were working long shifts and reduced days off to ensure that care was delivered in line with care packages agreed, this resulted in staff morale being low. Recruitment systems and processes were not always robust. Medicines were not always managed safely.

Some staff had commenced the Care Certificate, although had not completed this within specified timelines in the company policy and procedure. None of the staff had received one to one supervision. Only two out of the five staff files we looked at had received a spot check to assess their competency in personal care. Staff had undertaken training in Mental Capacity Act, although two out of three staff were unable to tell us anything about it. We have made a recommendation about supporting staff through training and one to one supervision.

We saw complaints had been dealt with, but they did not identify if the desired outcome was achieved or if the outcome was satisfactory. We have made a recommendation about the management of complaints. The service was not always well-led. Staff described the morale as being low due to working over their normal hours due to staff shortages and felt unsupported by the management team. There was a lack of quality assurance systems and processes to monitor the service and drive improvements.

People told us they felt safe when staff were in their homes. Staff knew their responsibilities in relation to infection control. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported with their nutritional needs, where required and people told us staff would call a doctor if they were unwell.

We received positive comments from people about the caring nature of staff. Staff spoke about people in an extremely kind and caring way, expressing their passion for their role in supporting people. People told us staff communicated well with them and communication needs had been considered in care plans.

People confirmed they were able to contribute to their care plan and their opinions were considered. We found the majority of care plans were person-centred and contained detailed information to direct staff in their roles.

Rating at last inspection:

This was the first rated inspection since the service registered on 16 May 2018.

Why we inspected:

This was a planned inspection.

Enforcement:

We have identified breaches in relation to medicines, recruitment and governance at this inspection. Please see the action we told the provider to take at the end of this report.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Complete Care Services Blackburn

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was undertaken by one adult social care inspector. People who used the service were contacted via telephone by an expert by experience to understand their experience of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provided personal care to people living in their own houses and flats. It is registered to provide a service to older adults, younger disabled adults, people living with dementia, learning disabilities, mental health, physical disabilities, sensory impairments and people who misuse drugs and alcohol.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 May 2019 and ended on 22 May 2019. We visited the office location

on both dates to see the care manager and office staff; and to review care records and policies and procedures. Phone calls to people who used the service and their relatives were made on 21 May 2019.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities, Healthwatch, safeguarding and clinical commissioning groups (CCGs). We also checked records held by Companies House.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During inspection we spoke with five people who used the service and three relatives to ask about their experience of the care provided. We also spoke with the regional manager, care manager, and three care staff. We also attempted to contact two staff members by telephone but were unsuccessful. The registered manager was unavailable during the inspection due to annual leave.

We reviewed a range of records. This included, five people's care records and five staff files around recruitment. We also looked at various records in relation to medication, accidents and incidents, complaints, training and supervision of staff, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the inspection, we met with the provider and accepted additional evidence.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always managed safely. One person told us, "I take my own tablets, but they help to remind me to take my medication." Another person told us, "They help me every day with my medication." Records we looked at showed handwritten medicine administration records had not been dual signed to reduce the risk of errors, writing had been scribbled out and some signatures were missing so it was not clear if medicines had been taken. We saw one person's prescribed medicine had ran out and an over the counter replacement purchased. However, staff were still signing records for the prescribed medicine.
- Medicine risk assessments did not always reflect the required level of support people needed. For example, a speech and language therapist (SALT) guidance stated one person was to have their medicines in a carrier such as yoghurt. However, this was not recorded on the risk assessment and had not been considered, placing the person at risk of choking.
- Staff had been trained in the administration of medicines. However, the staff files we looked at did not evidence their competency had been monitored in the administration of medicines.

The registered manager and provider failed to ensure medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- We found staff were working long shifts and reduced days off the ensure that care was delivered in line with care packages agreed. This resulted in staff morale being low, and staff told us they felt "Burnt out", "Tired" and "Miserable." The regional manager told us there was an on-going recruitment drive, but this was proving difficult within the local area. The provider recognised the pressures staff were working under and had various staff initiatives and reward systems to attract new staff and improve staff morale.
- Recruitment systems and processes were not always robust. We saw application forms that had not been completed in full, gaps in employment had not been explored and interview records that did not evidence why a person was employed.
- There was no audit of personnel files carried out.

The provider failed to ensure robust recruitment systems and processes were in place. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The service had not always appropriately managed risks to people's health and wellbeing. One person at risk of choking did not have a choking risk assessment in place and their care plan did not reflect guidance from a SALT. Staff we spoke with were able to tell us how they safely supported the person; they told us they

had been given the necessary information from the person's relative. The regional manager ensured care records and risk assessments were updated and in place by the end of our inspection.

- The registered manager had not ensured all staff had completed training to manage any risks people presented with. For example, not all staff had received training in supporting a person choking or a person with diabetes. We were told one of these staff members had been asked to complete this training during our inspection as a matter of priority.
- Accidents and incidents had been recorded.
- The care manager had completed environmental risk assessments to ensure their safety when in people's homes.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe when staff were supporting them in their homes. Staff had completed training in safeguarding. However, of the three staff we spoke with, only one could tell us what safeguarding was and what their responsibilities were. Two of the three staff we spoke with did not know what whistleblowing was or things they should report.
- Safeguarding policies and procedures were in place. The regional manager was aware of their responsibilities to notify the relevant agencies of any safeguarding concerns.

Learning lessons when things go wrong

- We saw no evidence of lessons learned. For example, accident and incident records did not have the option to evidence any lessons learned or how this would be shared.

Preventing and controlling infection

- One relative told us, "The staff are always in aprons when working." All the staff we spoke with understood how to minimise the risk of infection through correct use of personal protective equipment (PPE), such as gloves and aprons.
- Most staff had completed infection control training and policies and procedures were in place and accessible.
- We saw plenty of PPE was available for staff in the office.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- The service had an in-house trainer. All the staff we spoke with told us they had completed an induction when commencing employment. Some staff had commenced the Care Certificate, although had not completed this within specified timelines in the company policy and procedure. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is considered best practice for those staff who are new to the care sector.
- The training matrix we looked at showed staff had undertaken training in a variety of topics such as dementia awareness, health and safety, moving and handling, infection control and cancer awareness.
- None of the staff had received one to one supervision. One group supervision had been held (to discuss people using the service and rotas) and one staff member had received an appraisal. Only two out of the five staff files we looked at had received a spot check to assess their competency in personal care.

We recommend the provider considers current best practice guidance to ensure staff are suitably trained, knowledgeable and are in receipt of adequate support through supervisions and appraisals.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- The regional manager told us, no one using the service was subjected to an order from the Court of Protection.
- People who used the service told us they were able to make their own decisions and choices about their care. People were supported to have maximum choice and control of their lives.
- The training matrix showed staff had undertaken training in MCA, although two of the three staff we spoke with told us they had not had this training and were unable to tell us anything about it.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional needs, where required. A person told us, "They are very considerate, making sure I always have enough to eat and drink what I choose."
- Care records we looked did not always direct staff on the level of support each person required. As discussed in the safe domain, people at risk of choking did not have up to date care plans in place. The training matrix showed staff had received training in nutrition and hydration, although two of the three staff we spoke with told us they had not received training in nutrition.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records contained information that confirmed the care manager and regional manager completed assessments of people's needs prior to them using the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff would call a doctor if they were unwell. A person told us, "If I need to see the doctor or go to the hospital they [staff] arrange it and come with me." A relative told us, "[Family member] will not do their daily exercises for me but when [staff] asks they are always happy to do them."
- People told us staff arrived on time and stayed for the required duration.
- The service worked in partnership with other agencies, such as SALT, to meet the needs of people using the service.

Adapting service, design, decoration to meet people's needs

- The service was managed from purposed built offices which had adequate office space.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive comments from people about the caring nature of staff. They told us, "I feel respected and safe when they attend to look after me. Always happy when caring and prepared to discuss any changes and listen when to me when helping me", "She is very kind and lovely. I do look forward to her coming to help me", "They are so good with a brilliant attitude" and "I think they are just fantastic and hard-working people. I see them as part of my family; very friendly." Staff spoke about people in an extremely kind and caring way, expressing their passion for their role in supporting people.
- We saw staff had completed training in equality and diversity. Policies and procedures were developed to support people's diverse needs and those with protected characteristics.
- The service also supported people whose first language was not English. It had been agreed, where possible, staff who spoke the same language would support the person. We found no consideration had been made to ask people if they required information in their preferred language.

Supporting people to express their views and be involved in making decisions about their care

- We looked at five people's care records. The majority showed evidence that people had been involved with decision making.
- People told us staff communicated well with them. People's communication needs had been considered in care plans. One relative told us, "[Family member] is unable to understand very much, but they [staff] explain and talk with her, having fun and making her smile." We asked the regional manager how they met the Accessible Information Standard. This standard was introduced in 2016. Social and health care organisations must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. They told us if they needed information in different formats they could access this.
- Guidance was available for people about advocacy services. Advocacy seeks to ensure people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful and supported their privacy and dignity. Care records we looked at directed staff on meeting people's privacy and dignity when providing support. Care plans identified what people were able to do independently.
- Confidential information was being stored securely and in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People confirmed they were able to contribute to their care plan and their opinions (and the opinions of their relatives) were considered. We looked at five people's care plans. We found the majority of these contained detailed, person-centred information, including people's likes, dislikes and preferences. There were some that required further information to make them person-centred. The regional manager told us regular reviews of care plans were undertaken with people and their relatives (if appropriate) in care package reviews. Care plans were available in people's homes and in the office.
- People's communication needs were identified, and care plans directed staff on how best to communicate with the person.
- Technology was used to support people to receive care and support.

End of life care and support

- No one was receiving end of life support at the time of our inspection.
- None of the staff had undertaken end of life training, although this training was available if staff were to support someone at the end of their life. We saw end of life policies and procedures were in place.

Improving care quality in response to complaints or concerns

- People told us they had never needed to complain. They commented, "I have no complaints. Any problems I can speak to any of the girls if something needs changing or to the office who are always helpful", "I have never had any complaints with the help they give me" and "I do not have any complaints and I think they are all very good."
- The registered manager told us in the PIR the service had not received any complaints. During the inspection we asked the care manager if we could look at complaints and were given an empty folder. The care manager told us there had not been any complaints. However, prior to our inspection the local authority advised us the service had received four complaints. We were then given a print out of telephone conversations with people raising concerns/issues. Whilst these had been dealt with, they did not identify if the desired outcome was achieved or if the outcome was satisfactory.

We recommend the service considers best practice guidance and internal policies and procedures in relation to the management and recording of complaints.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a registered manager in place who was not present for our inspection due to annual leave. However, the service was managed on a daily basis by a care manager who was overseen by a regional manager (the regional manager was present for the duration of the inspection). Staff we spoke with told us they did not see the registered manager.
- People told us 'office staff' always present as kind and had a polite manner when calling. A relative told us, "I always have good communication with the manager (care manager)." A staff told us, "[Name of staff] is the manager and [name of staff] is the regional manager. I think [registered manager] is from the Preston branch. When I had my training, the trainer was telling me about him, but I have never met him." Most staff told us there had been many changes to the management team and they felt unsupported. Staff described the morale as being low due to working over their normal hours due to staff shortages and felt unsupported by the management team. For example, one staff told us the care manager was approachable and they could go to them with any concerns but added, "Whether she does anything about it or not is a different matter." Another staff told us management were not approachable and felt unable to raise concerns.
- There was a lack of robust quality assurance systems to effectively monitor key aspects of the service. Those quality assurance systems that were in place were not sufficiently robust to identify the issues we found during the inspection.
- Records we looked at showed only one staff meeting had been held since the service registered with us. We did not see any evidence that staff were asked to complete a survey to give their feedback on working for the service.
- Only one staff member said they would be happy for a relative to use the service. Other staff told us they would not due to lack of staff, corners being cut and the service not being well managed.

There was a lack of oversight of the service to assess, monitor and improve the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw the service sought the views of people using the service and their relatives through the use of surveys. Whilst the results of these had not been analysed at the time of our inspection, they had been looked at to spot themes and trends. We saw the majority of these contained positive feedback.
- Review visits were also undertaken to capture the views of people and their relatives.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The care manager and regional manager promoted person-centred care, through detailed care plans; although as discussed in other domains, care records were not always kept up to date.
- The registered manager, who was also the provider, was not available throughout the inspection. However, the regional manager was aware of their responsibility to submit notifications to us.

Working in partnership with others

- The service worked in partnership with other health and social care professionals, the local authority, safeguarding teams and multi-disciplinary teams. Relevant and appropriate referrals were made, when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager failed to ensure robust recruitment systems and processes were in place.</p> <p>The registered manager failed to ensure medicines were managed safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have appropriate oversight of the service to assess, monitor and improve the service.</p>