Complete Care West Yorkshire Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 October 2016, with follow up telephone calls being made to people who used the service, their relatives and staff on 13 and 14 October 2016. The inspection was announced. The service had been registered with the Care Quality Commission since November 2011 and had previously been inspected during October 2013, when the service was found to be compliant in all areas inspected.

Complete Care West Yorkshire Limited provides domiciliary care services to approximately 80 people in their own homes. The people who received these services have a wide range of needs.

The service had a registered manager in post at the time of our 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.

People told us they felt safe and staff had received safeguarding training in order to keep people safe. There were robust recruitment practices in place, which meant staff had been recruited safely. Risks to people had been assessed and reduced where possible.

People received effective care and support to meet their needs. People felt staff had the necessary skills and training to provide effective care and support. Staff told us they felt supported and we saw staff had received induction and training as well as ongoing supervision and appraisal.

Care and support was provided in line with the principles of the Mental Capacity Act 2005. We saw from the care files we reviewed, consent had been sought and obtained from people, prior to their care and support being provided.

People we spoke with told us staff were caring. The staff we spoke with were enthusiastic and were driven to provide good quality care. Staff told us how they respected people's privacy and dignity and the people we spoke with confirmed this. People were encouraged to maintain their independence.

Care and support plans were detailed and personalised, taking into account people's choices and preferences. People had been involved in their care planning and told us they felt they could make their own choices. Appropriate referrals for additional support for people were made when necessary.

People and the staff we asked told us they felt the service was well led. Quality assurance checks and audits took place, although these were not always consistent. Staff told us they felt supported and people felt able to contact the office in the knowledge they would be listened to.

The vision, mission and values of the organisation were clear and these were communicated and discussed with staff regularly to ensure staff were working towards these aims.

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 and staff understood signs of potential abuse and could explain what action they would take if they had any concerns.

Risk assessments had been completed and measures were in place to reduce risks to people.

Staff had been recruited safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and people told us they felt staff were skilled and well-trained.

Care and support was provided in line with the Mental Capacity Act 2005 and staff had received training in this area.

Consent was obtained from people in relation to the care and support provided.

Is the service caring?

Good

The service was caring.

People told us staff were caring. Staff were motivated to provide good quality care.

People's privacy and dignity were respected.

Confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

People told us the service was flexible to meet their needs.

Care plans were detailed and personalised, enabling people to receive support that was appropriate for their individual needs and preferences.

People told us they were able to make choices in relation to their care and support.

Is the service well-led?

Good

The service was well led.

People and staff told us they felt the service was well led.

Quality assurance checks were in place in order to continually improve the service, although these were not always consistent.

There was an open and transparent culture and the registered manager was receptive to feedback and keen to drive improvements.

Complete Care West Yorkshire Ltd

Detailed findings

Background to this inspection

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

The inspection took place on 10 October 2016, with follow up telephone calls being made to staff and people who used the service, and their relatives where appropriate, on 13 and 14 October 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in the office. The inspection was carried out by two adult social care inspectors. Prior to our inspection, we looked at the information we held about the service and considered information we had received from third parties or other agencies, including the local authority who commissioned the service.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform and plan our inspection.

As part of our inspection we looked at nine care plans and associated records such as daily notes and medication administration records, four staff recruitment files, training records, records relating to quality assurance and audits and policies and procedures. We spoke with six people who used the service and two relatives of people who used the service. We also spoke with three members of care and support staff, a care coordinator, and the registered manager.

Good

Is the service safe?

Our findings

We asked people whether they felt safe with the carers providing care and support in their own homes. One person said, "Oh yes, of course. I wouldn't have them if I didn't." Another said, "I was dreading it at first [receiving support at home], but they made me feel at ease and, yes, I feel completely safe." A further person told us they felt the care and support they received gave their spouse peace of mind because they knew they were being well cared for. One person told us, "Staff all wear uniforms and it has the logo on their top. They have identification badges too. I wouldn't want to let a stranger in. They do brilliant."

One person who used the service told us, "It's reassuring to know they're coming in a morning. I do appreciate them." This person added, "They're on time, all the time. There is nothing I could fault them for."

However, a relative we spoke with told us they felt the times that staff arrived fluctuated and a further relative also indicated this. One of the relatives gave consent for us to share this information with the registered manager, who explained that contractually calls could be up to half an hour earlier or later than the allocated time. Information we received from the local authority showed, in the month prior to the inspection, 94% of calls were within 30 minutes of the planned time.

Staff and the registered manager were able to demonstrate a good understanding of different types of abuse and were aware of signs that may indicate someone living in their own home, or in the community, may be at risk. Staff were able to explain what they would do if they had any concerns that people were at risk of abuse and staff were aware of the safeguarding policy. A member of staff told us, "If I reported something to the office and they didn't act on it, then I'd report it to safeguarding myself." Another staff member told us, "All the contact details are displayed on the wall, so you don't need to ask for them. That's important in case you need to whistle blow." We saw an appropriate referral had been made to the local authority, for example where staff had suspected a person was being financially abused. The registered manager kept clear records of any actions or investigations that had taken place. This meant people who used the service were protected from the risk of abuse, because the registered provider had a policy in relation to safeguarding and staff were aware of this.

Risks to people were assessed and measures were put into place to reduce risks, for example in relation to medication, falls and moving and handling. Environmental risk assessments included information relating to how to turn off water supply in an emergency and how to access electrical fuse boxes for example. The registered manager was clear they wanted to promote people's independence. Having risk assessments in place helped to ensure people could be empowered to be as independent as possible whilst associated risks were minimised.

Staff were given clear instructions on how to safely assist people to transfer and move and referrals to moving and handling advisors were made when necessary. We saw moving and handling risk assessments were in place which identified the type of hoist which should be used, the make, type and size of sling to use as well as method of application. This helped to ensure risks were reduced and staff were given appropriate information to assist people to move safely.

Time was allocated for travelling between different people's homes which reduced the risk of carers feeling pressured and rushed. We asked a member of staff whether they felt safe working for the organisation and they confirmed this to be the case. They told us two staff worked together when this was necessary and that carers were encouraged to highlight any risks to the office staff and they would be assessed by a suitably experienced person. This meant steps were taken to keep staff, as well as people using the service, safe.

Accidents, incidents and near misses were logged and analysed. We saw actions were taken when possible, to reduce risks of accidents and staff had applied basic first aid when necessary. Information was shared with other agencies as appropriate, such as the local authority and Care Quality Commission. This helped to reduce the risks of accidents and incidents.

Staff were able to confidently tell us the actions they would take in an emergency, such as a person falling or not answering their door or in the case of a medication error for example. One of the incident report forms we inspected showed a member of staff took appropriate action when, upon arrival at a person's home, they found the person on the floor. This demonstrated care and support staff took appropriate action in the case of emergencies.

Staff electronically logged in and out of each call, using a mobile device. The registered manager told us, and records and feedback showed, there were no missed calls. Having this system in place meant office staff would be alerted to any late or missed calls and action could be taken. An on call system was operated and we saw records which showed the on call staff had actioned any issues out of office hours. The staff we spoke with told us the on call system was effective and they felt confident advice could be sought and would be given out of office hours.

We received mixed responses from people when we asked whether there was continuity of care staff. One person said, "Sometimes you get different ones, but you've seen them all before." Another person said, "Oh yes, I know my carers," and another said, "I tend to know most of them that come." However another person we spoke with, following the inspection, told us they were unhappy with the inconsistency of staff. This person felt staff changed too often and they were unhappy with a particular member of staff. We asked whether they had raised this and they told us they had spoken to office staff and although they were trying to resolve this, they remained unhappy. The person agreed we could share this information with the registered manager, which we did following the inspection. The registered manager outlined the situation and explained they were addressing this with the person concerned. We saw evidence the concerns regarding the staff member had been addressed and the staff member was receiving supervision.

We looked at four staff recruitment files. We found safe recruitment practices had been followed. For example, the registered manager ensured reference checks had been completed and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at how medication was managed and recorded. A person we spoke with told us, "They [staff] know what they're doing with medication. I wouldn't use them if they didn't. I have nothing to worry about with them." Staff had received training to manage and administer medicines and the staff we asked told us they felt confident assisting people with their medicines. Furthermore, staff demonstrated they would take appropriate action if any mistakes were made. This helped to keep people safe because staff had received training and felt able to share and learn from mistakes.

The registered manager told us, and we saw evidence, staff were trained and competency checks were undertaken to ensure staff were competent to administer medicines. Medication risk assessments had been

completed in relation to those people who required assistance with medicines. This helped the registered manager to work with the person in order to determine the level of support required, without taking away the person's independence and whilst minimising risks associated with taking medicines.

We looked at the medication administration records (MARs). We saw these were completed by staff and included staff signatures as well as recording the time medicines were administered. This helped to ensure medicines were administered at safe intervals. We saw MAR sheets had been signed as, 'checked' by a care coordinator once returned to the office.

People told us staff wore personal protective equipment (PPE) when providing personal care and all of the staff we asked told us they had access to adequate supplies. This helped to prevent and control the risk of the spread of infection.

Good

Is the service effective?

Our findings

We asked people whether they felt staff had been trained appropriately to perform their roles effectively. One person told us, "Oh, yes, definitely." This person told us they had specific health care needs and the staff were knowledgeable about how to provide effective care. They added, "I'd be happy to take their [staff] advice."

Some staff had completed training at a level to enable them to deliver training to other staff members. We saw in the training room a height adjustable bed and moving and handling equipment which could be used to train staff. A member of staff we spoke with told us this equipment was used during training and they felt confident as a result. The staff member said, "It's better than other training at previous providers I've worked for. I took it in. It was informative."

The care coordinator told us new staff completed their training, both electronic learning and practice-based, and shadowed other more experienced members of staff. A further supervision was then held with the carer to determine whether they needed further training or shadowing and we saw evidence of this. All the staff we asked told us they shadowed more experienced members of staff before being expected to perform their duties. We saw evidence staff received an induction which included training and shadowing. We saw probationary reviews took place. This showed the registered manager had ensured staff received the necessary training and support prior to commencing their caring duties.

Some staff were working towards the care certificate. The aim of the Care Certificate is to provide evidence that health or social care support workers have been assessed against a specific set of standards and have demonstrated they have skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Staff had received training in areas such as safeguarding, moving and handling and first aid as well as training in providing person centred care, medication management, communication, dignity and respect, equality and diversity, the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards and end of life care. A member of staff told us, "You have to do a test after your training as well. That's good because it makes sure you've understood."

Observations of staff competence took place regularly to ensure staff were providing effective care and we saw evidence of these. Areas observed included staff uniform, use of personal protective equipment, moving and handling skills, personal choice being promoted, respect, medication administration and whether the care plan was followed. These observations of staff conduct were recorded and actioned if necessary.

The registered manager told us all carers were Dementia Friends. The Dementia Friends programme is an initiative to change people's perceptions of dementia. Some staff were Dementia Friend Champions, who volunteer and encourage others to make a positive difference to people living with dementia. This meant carers had a better understanding of what it is like to live with dementia and enabled staff to provide care and support accordingly.

Staff received regular one to one supervision and an annual performance appraisal. This gave staff the opportunity to discuss areas such as learning and development, any issues with medication, moving and handling, professional relationships and knowledge of safeguarding and whistleblowing. During supervision, we saw staff were asked how they incorporated the company values into their work. This showed staff were receiving regular management supervision.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Care and support staff had received training regarding the Mental Capacity Act 2005 and the registered manager was aware of their responsibilities under the Act and its associated code of practice. The care records we sampled showed people's capacity to make decisions had been assessed and recorded. Where a person was found to be lacking capacity, we saw the registered manager had engaged with family and the local authority, in order to ensure decisions were made in the person's best interests. We saw people had consented to their care, through the care planning process and staff were clear they sought consent prior to providing care.

Some people were assisted to have their hydration and nutritional needs met. People told us they had choices. One person we asked said, "I have what I like." We asked a member of staff how they knew what support a person required, in terms of food and fluid, and we were told the information was in the person's care plan. The member of staff told us exactly where they would find this information. They told us what consistency a particular person's food must be, in order for the person to be able to safely swallow. This showed the staff member was aware of the person's needs in terms of food and nutrition.

People received support to access health care. A carer told us, "We share information with other health care professionals if we need to." This staff member explained they had contacted GPs on behalf of people, if they felt this was necessary. Other referrals were made to health care professionals such as physiotherapists, occupational therapists and a specialist falls team when necessary and we saw evidence of this.

Good

Is the service caring?

Our findings

We asked people whether staff were kind and caring. One person said, "I'm very comfortable. They [staff] treat you with respect." Another said, "They're lovely ladies." A further person told us, "I like them. They're really kind."

Another person said, "Really, they're wonderful. They're respectful and treat me well."

One person told us they had recently been upset and were feeling down for reasons not associated with the care provided by Complete Care. This person told us staff had been very reassuring and had taken the time to listen. We were told, "The carers helped me through." This showed staff took time to listen to people and they were empathetic in their approach.

A relative told us they felt carers should be, "Kind, caring and they should create a pleasant atmosphere." They added, "They do just that. I do think, on the whole, they create a pleasant atmosphere when they come."

A further person we spoke with told us they were initially very reluctant about receiving support from carers. They told us they were a very private person. The person said, "Carers help me with intimate care and now I don't mind at all. They're so good and considerate, some carers." This showed the approach of carers meant they put people at ease.

A staff member said to us, in relation to people using the service, "At the end of the day, it's their home. They have to feel comfortable."

A member of staff who was responsible for developing care plans told us, "We offer people a choice. We do not just go with what family tell us. We ask the person, it's about them isn't it? It's their life. We treat people as we expect to be treated ourselves or how we expect our family to be treated." This showed staff understood the importance of involving the person in making decisions about their own care and we saw evidence of this in the care plans we sampled.

Staff were issued with mobile devices which contained confidential information relating to individuals. These devices were protected by a password and automatically locked when not in use. Other personal information such as care plans, which were held in a paper format in the office, were stored in a locked cabinet in a secure room with a coded keypad. This showed personal information was respected and kept confidential.

All of the records we sampled, such as care plans, risk assessments, accident and incident records, complaints records and daily notes were written in a respectful and professional manner. We overheard some telephone calls during our inspection and staff spoke respectfully with people on the telephone. This indicated that staff were aware of the importance of treating people with respect.

Staff told us about the ways in which they promoted privacy and dignity. One member of staff told us, "I close curtains and doors and make sure people stay covered if I'm helping with personal care. I talk to people, to try and put them at ease." The people we asked told us staff respected their privacy and dignity.

We saw carers had completed end of life training which enabled them to provide more effective end of life care when the need arose. Information relating to 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders were held in people's care files and in their files at home, so care staff were aware of any advance decisions and choices in terms of resuscitation in the event a person stopped breathing. This helped to ensure staff could follow people's wishes and advanced decisions.

Good

Is the service responsive?

Our findings

We asked people whether the service was responsive to their needs. One person told us, "They're accommodating. If I cancel and rearrange calls it's not a problem." Another person said, "I've asked them to come earlier and they did. Then I requested a later evening call and they did."

We looked at nine people's care records. All of the care records we sampled were up to date and contained relevant information. Care records contained key contact information such as GP and family details. Plans included information which provided a background history of the person and information such as the person's likes, dislikes and preferences. A care coordinator was responsible for obtaining this information and they told us, "It's good for carers to know about the people they care for. They are individuals." This showed the staff responsible for developing care plans were aware of their importance and of treating people as individuals.

We asked people whether they had been involved in their care planning and we were told this was the case. One person said, "They came to see me in hospital and we went through it with [staff name]. I can decide what I want."

We found the information contained within care plans to be person centred and they provided care and support staff with the information they would need in order to provide effective care. Plans were reviewed regularly and people had been involved in their care planning and had signed their care records.

We looked at the daily logs, which are records that care staff complete, to show what care and support has been offered and provided. Staff completed the logs fully, showing the time they arrived and the time they left and the support they had provided. Staff then signed each entry. This showed care and support was being provided in line with the person's care plan.

A member of staff explained to us they read each person's care plan to ensure they were providing the care and support that was required. They gave an example of how the care plan described what consistency a person's food needed to be and how important this was. Another staff member told us they ensured they followed care plans and read moving and handing plans and risk assessments. Most of the people we spoke with told us they felt staff knew how to support them, according to their care plan. However, one person told us they felt some carers did not read their care plan and, as a result, the care they received was not always in line with their care plan. The person agreed we could share this information with the registered manager, which we did, and the registered manager provided evidence to show this was being addressed.

Choice was promoted through care planning. We saw care plans contained statements such as, 'Prepare breakfast of choice,' and, 'Ask if [name] would like a shower or wash,' and, 'Clothing of choice.' A member of staff we spoke with said, "We prepare food for some people. We ask what they would like. Give people choice." A person we spoke with confirmed this to be the case.

We looked at whether complaints were handled appropriately. One person we spoke with told us, "I'd be

happy to complain if I had something to complain about, but I don't [have anything to complain about]."

We inspected the complaints and compliments log. We found records were kept of formal and informal complaints, including any telephone concerns received. We saw evidence of action being taken where necessary. The registered manager had arranged a meeting with a complainant and a social worker to try and resolve an issue when a person was unhappy with call times. This showed the registered manager handled complaints effectively and attempted to resolve issues.

We saw some compliments to the service had also been logged. An email, of June 2016, stated, 'We have been delighted with the service,' and a record of a telephone call received during August 2016 stated, '[Name] phoned to thank carers for their excellent work and the extra call due to family having a bug and struggling with [name].' We saw the registered manager shared this feedback with carers.

Good

Is the service well-led?

Our findings

The registered manager was also the registered provider for the service and had been registered with the Care Quality Commission to manage and provide the service since November 2011. The registered manager was involved in the day to day running of the business.

A person we spoke with, who used the service, said, "The office staff are very helpful." A member of care staff agreed and said, "They're all lovely in the office. They get straight back to you. I feel really supported."

All of the staff we asked told us they felt supported. One staff member said, "I have 100% job satisfaction." A member of staff told us, "I enjoy working for the provider." Another said, "I'm happy in my job. It's a good company and I work with such lovely colleagues." The registered manager had nominated some staff in the Great British Care Awards and two staff had been shortlisted as finalists.

A member of staff we spoke with told us they felt the culture of the organisation was, "Quality care, person centred care, dignity and independence."

We saw a service user guide was displayed in the reception area and a person we asked told us they had been issued with this guide. The guide outlined the service that people could expect to receive as well as information relating to medication, security, out of hours communication, complaints and contractual and payment details. This guide was available in alternative formats such as different languages, large print and Braille. This showed the registered provider shared relevant information with people, in appropriate formats, about the service they provided.

Regular staff meetings took place and we saw items discussed included the structure of the organisation, Care Quality Commission inspections, recruitment, new staff support and staff training. At management team meetings we saw additional items such as business overview and local authority updates were discussed. Meetings were also held in different patch areas. This meant relevant information could be shared and discussed with staff who worked in particular locations. Furthermore, quarterly meetings were held and information was shared with staff in relation to the organisation such as performance, expenditure, investment and feedback from quality assurance audits. Meetings are an important part of a registered manager's responsibility to ensure information is disseminated to staff appropriately and to come to informed views about the service.

Regular surveys were sent to staff which enabled the registered manager to obtain the views of staff in relation to the quality of training for example. We saw staff had indicated they were happy with the training they received and they felt the mixture of classroom based and electronic learning was effective. Action plans resulted from surveys and these indicated who would be responsible for specific actions and a timescale of when actions would be completed.

Feedback, through questionnaires, was sought from people who used the service. We saw actions had been written on these where any issues were raised and it was recorded when any issues had been resolved. This

showed the registered manager was seeking and acting on feedback from people who used the service. Results from January 2016 showed 98% of customers thought the service was either, 'Good,' or, 'Excellent.' All respondents were offered the opportunity to discuss their responses on a one to one basis.

Seasonal newsletters were produced and distributed. These included welcome messages to new staff and farewell to leaving staff, team work and links to the CQC website.

Supporting the managing director, who was also registered manager, was an accounts manager, Human Resource manager, care coordinators, team leaders, care workers and domestic workers. There were clear lines of accountability within the organisation and an effective structure.

The registered provider's vision, mission and values were displayed on the wall in the reception area and in the training room. These stated the vision was, 'To be the home care provider of choice.' The mission was, 'Delivering high quality services, providing choice and promoting independence, whilst making a positive difference to the lives of others.' The values of the organisation were promoted as being, 'High standards, quality service, trust, respect, learning and development and team work.' These values formed the basis for supervision sessions with staff which meant staff were also aware of the values they were working towards achieving.

The previous inspection ratings were displayed. This showed the registered manager was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.

Although the majority of people we spoke with told us they were happy with the service, some people told us they were not asked for feedback regarding the service. When we asked people whether they were asked for their views one said, "Not really but I'm happy with what they do. I could tell them if not." Another person told us they had received two questionnaires in the last four years asking for their views.

We looked at records of audits undertaken. Once records were returned to the office, such as daily communication logs and Medication Administration Records (MAR)s, these were checked and audited. However, the frequency at which records were returned to the office was inconsistent and there was sometimes a delay in errors or issues being addressed. For example, we saw some MARs which had been completed in March 2016 had not been audited until October 2016. The audit found some information was missing from the MAR and this was addressed with staff, but this was up to seven months later. We highlighted this to the registered manager who was receptive to our findings and agreed to address this and consider a more efficient way of ensuring documents, including MARs, were returned and audited consistently.

The registered manager had signed up to the social care commitment. This is a Department of Health initiative which aims to both increase public confidence in the care sector and raise workforce quality in adult social care. A certificate was displayed, stating, 'By signing up we are pledging to continually strive to deliver high quality care and invest in our staff to ensure the public can have confidence in the care and support we offer.'

The registered manager met with other providers and attended local network meetings, which enabled local domiciliary care issues to be discussed and best practice to be shared. The registered manager also attended registered manager forums which offered peer support.

The registered provider was a member of the UK Homecare Association. This is a member-led professional

association, whose mission is to promote high quality, sustainable care services so that people can continue to live at home and in their local community.

The registered manager told us their future aim was to focus on the quality of service provision and this was more important than increasing the quantity of hours of care delivered. This showed the registered manager was mindful of the need to provide good quality care.