

Complete Care Services (Rossendale) Ltd

Complete Care Services Rossendale

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Complete care Services Rossendale is a domiciliary care service providing personal care to people living in their own homes. The service provides support to younger adults and older people with a physical disability, sensory impairment, learning disabilities or autistic spectrum disorder. At the time of our inspection there were 68 people using this service, including 58 people who were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support

Risks to people's health and safety were managed well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not always support this practice as consent to care forms were not always in place. We made a recommendation about this. There were enough skilled and experienced staff to safely care for people and recruitment processes were safe. We were assured IPC practices were safe. Staff treated people well and people were supported to make their own decisions about the care they received.

Right Care

Medicines were mostly managed safely. However, we found protocols were not in place to guide staff on 'as required' medicines. We made a recommendation about this. People's needs were assessed prior to them starting to use the service and these assessments helped to develop person centred risk assessments and plans. People had been involved in the care planning process and staff had time to read people's care plans. People's privacy, dignity and independence was respected and promoted.

Right Culture

Governance systems could be further strengthened to ensure the provider was working in line with their policies and procedures. We made a recommendation about this. The provider had a robust lessons learnt procedure in place and we saw evidence of concerns being shared amongst the staff team through staff meetings and learning. There was a complaints procedure in place and people and their relatives told us they had no need to complain about the service. Staff had their competency checked regularly though spot

checks and supervision. Staff were aware of their safeguarding responsibilities and felt comfortable raising concerns. People and staff spoke highly of the management team.

For more details, please see the full report for Complete Care Services Rossendale which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 18 January 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 7 November 2018.

Why we inspected

The inspection was prompted due to Complete Care Services Rossendale being a newly registered service.

Recommendations

We made recommendations in relation to the management of medicines, consent and overall governance at this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Complete Care Services Rossendale

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who use the service and 6 relatives about their experience of the care provided. We spoke with 8 staff including the branch manager, support workers, senior support workers and the registered manager. The registered manager is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including records relating to medicines, staff recruitment, support plans, risk assessments, accidents and incidents and safeguarding logs. We also looked at a variety of records relating to the management of the service including audits and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely. However, protocols were not always in place to guide staff on when to administer 'as required' medicines.

We recommended the provider reviews all their medicine records and ensures the appropriate protocols are in place to guide staff.

The provider responded to this during the inspection process and implemented protocols for all 'as required' medicines.

- Topical cream charts were in place to guide staff on where creams/ointments should be applied.
- An electronic recording system had recently been introduced and medication was logged accordingly. The system alerted the management team if medication was missed, enabling management oversight.
- Staff had received training in medicines administration. The management team completed regular staff competency checks and medicine audits were in place to pick up on any errors that might occur.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Detailed risk assessments had identified hazards and guided staff on how to eliminate risks to people and themselves. For example, the environment where people lived. These assessments were person centred and appropriate for specific activities.
- Accident and incidents were recorded and reviewed by the branch manager. This included the outcome of incidents and how to help reduce future risks. The outcomes were shared with staff through team meetings.
- Lessons learnt processes were robust and there was clear evidence the branch manager had put measures in place to mitigate risks such as additional staff training and guidance.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and avoidable harm. Staff had a good awareness of safeguarding, could identify the different types of abuse, and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff.
- People felt safe using this service. One person said, "I feel very safe with these carers, they do a good job."

Staffing and recruitment

- Recruitment processes were safe. All required checks had been undertaken prior to people commencing employment. This included Disclosure and Barring Services (DBS) checks which provide information including details about convictions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Enough skilled and experienced staff were employed to ensure people were safe and cared for. Staffing levels were determined by the number of people using the service and their needs.
- Feedback from people and staff was they felt the service had enough staff. Relatives praised the time keeping of staff. One relative told us, "The carers are all good and work hard. The punctuality has been quite good."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection control practices.
- Staff had completed training in this area and there were plentiful supplies of PPE.
- People felt staff were following good standards of infection prevention. One person said, "The hygiene standards are fantastic; They are excellent in every way and wear the protective clothing."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was not always meeting the requirements of the MCA. Consent to care forms were not always in place. This meant the provider could not be sure on people's ability to consent to the care and treatment they received.

We recommended the provider reviews all consent to ensure they're in place and up to date.

The provider responded immediately and ensured, where people gave consent, forms had been signed.

- Staff had received training in the MCA and told us how it applied in practice. People were given choices in the way they wanted to be cared for. One person told us, "I think the care is tailored to the way I want and what I need."

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

- People's needs were assessed before they started to use this service and care and support was delivered in line with current standards to achieve effective outcomes.

- These assessments were used to develop person centred risk assessments and support plans. These were sufficiently detailed to guide staff on the care and support people required and how people wanted that support provided.

- Relative's spoke highly of the assessment process. One relative said, "The office staff came out and got to know my relative very well when we first started using this service. I was very impressed with that."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Various training courses were available to staff to provide them with the skills and knowledge required to meet people's needs, this included training on how to support people with a learning disability and autistic people.
- Staff spoke positively of the training available. One staff member said, "We get lots of training. It used to be online but it has got better now we have more face to face courses. We go to the office for this and we get to meet other carers which is nice."
- People also felt staff were well trained. One person said, "I'm fully confident that they [staff] have the right level of training to cover my needs well."

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The branch manager worked well with other healthcare professionals including the district nurse team and the occupational therapy team. This meant people experienced good health and wellbeing outcomes.

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

- People lived in their own homes and could eat what they wanted. Records detailed people's likes and dislikes.
- Relatives were satisfied with how staff prepared meals. One relative said, "The carers prepare food and drink for my relative and she has never complained about it."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People were treated well, and their individuality was respected. Staff and managers knew people well.
- Staff spoke positively of the people they supported and of their role. One staff member said, "I love this company, they cared for my relatives. I have so much confidence in what we do."
- Relatives spoke highly of the care their loved ones received. One relative said, "The standards of care are 10 out of 10. I can't fault them [staff]."

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

- Staff provided people with choice and control in the way care was delivered.
- People were supported to make their own decisions where possible and staff encouraged independence. One staff member said, "We promote independence so people have control over their care."
- Care records indicated how people communicate and how staff could encourage them to be involved in decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- People felt they were treated well. One person said, "I'm well respected and treated with dignity, they [staff] don't rush to get away."
- People also spoke highly of the personality of the staff. One person said, "They [staff] have a great personality and I enjoy talking to them. I think the banter helps my mood too. They are very kind and genuinely caring."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that took into account their needs, wishes and preferences.
- Care records were person centred and covered people's identified needs. They were detailed and gave clear guidance to staff on what tasks they were expected to do and how.
- People told us they were involved in their care planning process. One person said, "I have a care plan and I've had regular reviews. If I need anything changing, I just need to contact the office and they will do it right away."
- Staff had access to care records through a new electronic system. Staff praised this system and told us they had time to read through care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.
- People's communication needs were assessed. Information was available to people in different formats as required to meet their needs.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was made available to people and their relatives.
- People and their relatives told us they had no need to complain about this service.

End of life care and support

- Nobody at this service was receiving end of life care at the time of the inspection. However, people's wishes for end of life care and support could be recorded if they wished.
- Staff had received training on end of life care. Some staff felt they would benefit from additional training in this area. The provider was actively sourcing to provide more training in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. However, we did find shortfalls in some of the provider's governance systems.
- Protocols were not in place for 'as required' medicines as mentioned in the safe key question. This worked against the provider's own policy.
- Management audits were not robust enough in identifying the concerns found during the inspection including consent to care forms.

We recommended the provider reviews their governance systems to further strengthen their procedures and ensure they are working in line with their own policies.

The provider responded to these concerns during the inspection process and reviewed their governance systems and auditing tools.

- The provider had a strong lessons learnt system in place and it was evident managers acted and responded quickly to any concerns found during monitoring checks of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at this service.
- We saw evidence of staff meetings taking place and managers conducted regular spot checks and supervision of the staff.
- Managers undertook regular reviews of people's care which gave people and their relatives the opportunity to highlight any concerns they may have and what they felt was going well.
- Staff spoke positively of the management team. One staff member said, "The managers here are smashing, we can ask them anything, they are always on hand to help."
- People praised the managers of this service. One person said, "I generally have a fantastic relationship with management. They are like a right hand if I need anything. There's nothing I would change about the company."
- The provider had set up a food bank which was located at the office. This provided emergency supplies for both staff and people using the service. This was to ensure nobody was left in a vulnerable position and

promoted people's wellbeing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The provider understood their responsibilities under the duty of candour.
- We found evidence of learning being shared through handover documents and staff meetings.
- Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people that use it. The provider had notified CQC as required.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.