

Complete Care Services (Preston) Ltd

Complete Care Services Leyland

Inspection report

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Date of inspection visit:
24 July 2017
25 July 2017
26 July 2017
01 August 2017

Date of publication:
20 September 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This comprehensive inspection was announced, which meant that we gave the provider 48 hours' notice of our inspection, in line with CQC guidance for inspection of domiciliary care services. This is so we can arrange for someone to be at the agency office to assist with access to information we need to see.

On 24 and 25 July 2017 we made telephone calls to people who used the service. We visited the agency office on 25 July and 1 August 2017. We visited people who lived in the community on 26 July 2017.

Community Care Services Leyland is registered to provide personal care for people who live in the community and who have a physical or learning disability, a sensory impairment, those who misuse drugs and alcohol, older people, younger adults, those living with dementia and people with mental health issues.

The agency office is located in the town centre of Leyland. It is within easy reach of Preston and Chorley. Public transport links are nearby and ample car parking spaces are available.

The registered manager had left employment shortly before our inspection. The deputy manager assisted us during our inspection. She was very co-operative and helpful throughout the process. We made a recommendation in relation to a Registered Manager application being submitted to the Care Quality Commission as soon as practicable. 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 of the Health and Social Care Act and associated regulations about how the service is run.

When asked to describe the care they received in general terms, people who used the service and their relatives told us that their care workers were kind and caring. The main issue raised by numerous people was in relation to regular changes of care workers. However, people we spoke with told us they felt safe using Complete Care Services Leyland and we found that recruitment practices were satisfactory, which helped to protect people from harm.

Records showed that people's views about the quality of service provided had been sought in the form of surveys. However, this was two years prior to our inspection. We made a recommendation about this.

Medicines were being managed well. However we made a recommendation about hand written entries on the Medication Administration Records.

A business continuity plan had been developed, which outlined action to be taken in the event of any environmental emergency, which could affect the operation of the agency.

People's needs had been assessed prior to a package of care being arranged and the planning of individual support was person centred, in order to accurately reflect specific needs. We found that people were treated

in a kind and caring manner, with their privacy, dignity and independence being promoted.

Care files we saw showed that people had signed consent forms in a variety of areas and people's mental capacity had been assessed for those who were living with dementia. Decisions were made in the best interests of those who used the service and people were supported to have maximum choice and control of their lives.

At this inspection we found that people were mostly satisfied with the support they received around meal preparation. However, one person told us that carers always made sandwiches for their meals, which did not provide them with much variety or the option of a hot meal.

A structured system for assessing, monitoring and improving the quality of service provided had been developed and a wide range of risk assessments had been introduced in relation to people's health care needs and the safety of the environments in which people lived.

Complaints were being managed well and systems were in place for reporting safeguarding incidents.

Assessments were in place, which outlined actions that staff needed to take in order to minimise the risk of potential harm. The staff team were well supported by the senior staff of the agency, through the provision of information, induction programmes and a wide range of training modules.

The staff members we spoke with had a good understanding of people in their care and were able to discuss their needs well.

Records showed that some formal supervision and appraisals for staff were slightly overdue, but that the deputy manager was addressing this, in order to bring them up to date.

It was evident that care staff sought advice from community care professionals, should the need arise. This helped to ensure that people's health and social care needs were being appropriately met.

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 ●

This service was safe.

People felt safe using the services of Complete Care Services Leyland and we found recruitment practices to be satisfactory.

Medicines were, in the main being well managed, but hand written entries had not been witnessed and counter-signed.

Safeguarding incidents were documented and risk assessments were in place.

Emergency plans had been developed and safety policies and procedures were in place.

Is the service effective?

Good ●

This service was effective.

In general people expressed their satisfaction with the support they received around meal preparation.

Staff members were well trained.

People's mental capacity had been assessed, as required and decisions had been made in their best interests. Consent had been obtained from those who used the service for a variety of areas of care.

Is the service caring?

Good ●

This service was caring.

Feedback from those who used the services of Complete Care Services Leyland was mostly positive. People told us that, in the main staff were kind and caring.

People's privacy and dignity was consistently respected and their independence was promoted as far as possible.

Is the service responsive?

Good ●

This service was responsive.

Health and social care profiles were in place and needs assessments had been conducted. We found the plans of care to be detailed and person centred, reflecting people's support needs well.

The plans of care had been agreed by individuals and their needs had been regularly reviewed.

Complaints were being well managed.

Is the service well-led?

This service was not consistently well-led.

A Registered Manager was not in post at the time of our inspection.

Records showed that people's views about the quality of service provided had not been formally sought for over two years. We did not see any staff surveys or feedback requests from others involved with the service.

Systems had been implemented to assess and monitor the quality of service provided.

Requires Improvement 

Complete Care Services Leyland

Detailed findings

Background to this inspection

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

This location is a new acquisition for Complete Care Services and this is the first inspection since their registration on 16 December 2015. The inspection was carried out on 25 and 26 July and 1 August 2017 by an Adult Social Care inspector from the Care Quality Commission (CQC). An expert by experience obtained telephone feedback on behalf of the CQC inspector on 24 and 25 July 2017, in order to gain peoples' views about the service provided. An expert by experience is a person who has had some experience of the type of service being inspected or has been involved in caring for someone within this particular client group. Our expert had cared for elderly family members who had used regulated services.

At the time of our inspection of this location there were 53 people who used Complete Care Services Leyland. We were able to speak with nine people and six relatives by telephone. We visited an additional six people who lived in the community, during which time we met and spoke with a further five family members. We also spoke with four care staff, the deputy manager and the provider of Complete Care Services Leyland.

We looked at a wide range of records, including the care files of eleven people who used the service. This enabled us to establish if people received the care and support they needed and if any risks to people's health and wellbeing were being appropriately managed. We also looked at the personnel records of four staff members. Other records we saw included a variety of policies and procedures, medication records and quality monitoring systems.

Prior to this inspection we looked at all the information we held about this service, including information

that the provider had told us about. We also listened to what people had to tell us and we were in regular discussion with local commissioners and community professionals about the service provided by Complete Care Services Leyland.

Is the service safe?

Our findings

People we spoke with told us they always felt safe using Complete Care Services Leyland, although we did receive varied responses in relation to people being provided with regular care staff.

Comments we received from people who used the service included; "They [carers] are on time. Its lots of different ones. Some of them I don't know. They do my medicines and do them right. I do feel safe with them"; "The girls are on time. It's usually my regular ones"; "They turn up on time. They are usually different ones. I don't know who is coming"; "They are always on time. We had one mix up but that was soon sorted"; "I have about eight girls who come. I do feel safe with them"; "They are on time. I don't know who is coming exactly, but I know them when they arrive. They do my medicines accurately"; "They are on time. I ring every morning to see who is coming"; "They do mess around with the times and change them without telling me, which causes problems especially if they turn up too early for my meds, that can be a problem" and "They missed a call a couple of months ago, but I managed to sort it out by ringing them or it could have caused a problem."

Comments we received from family members we spoke with included; "They [carers] come within the half hour time slot, which seems OK"; "Its men and ladies who come. They are doing their best to manage and "I'm sure my relative is safe with them"; "They do the medication, which seems alright"; "They come on time pretty much and they let us know if there is a problem"; "We have CCTV [Close Circuit Television] in and other check systems for peace of mind and so far everything is fine. We are happy that our relative is safe with them"; "They are on time, if not before. They haven't missed any calls" and "My relative is mentally and physically disabled so needs regular carers and they've had a change around, which upset him. I've told them and they said they would sort it out."

During our inspection we looked at the personnel records of four people who worked for Complete Care Services Leyland. We found recruitment processes to be robust. Application forms and health questionnaires had been completed. Those who fulfilled the criteria were invited to interview, which was clearly documented. Records showed that two references had been sought before people were appointed. Disclosure and Barring Service (DBS) checks were conducted before employment. DBS checks identify if any prospective employee has any convictions. This helps to ensure that those appointed are fit to work with vulnerable people. Staff we spoke with confirmed that recruitment processes were thorough.

Accidents and incidents had been documented well. These records included details of the nature of the event, action taken and people who had been notified. A business continuation plan had been developed, which provided staff with clear guidance about action they needed to take in the event of an emergency situation, such as fire, flood, pandemic, loss of water, adverse weather conditions and disruption to fuel supplies. Contingency plans were in place to ensure the service could exercise its functions as far as reasonably practical, should an emergency occur.

A variety of assessments had been conducted within a risk management framework, such as moving and handling, falls and pressure care. We noted appropriate action had been undertaken in response to a

moving and handling risk being identified for one person who used the service. Another example we saw was that of discussions with the district nursing team in relation to the provision of pressure relieving equipment. Risk assessments had also been conducted in relation to the safety of the environments in which people lived. Records showed that Lancashire Fire and Rescue service had been involved in the assessment of people's homes within the community and reports seen in some cases provided advice, as was needed. Together the above assessments of potential risk helped to protect people from harm.

Policies and procedures were in place in relation to infection control and the use of Personal Protective Equipment [PPE] was incorporated into the care planning process well. This helped to reduce the risk of cross infection.

During the course of our inspection we assessed the management of medicines. We found that medication care plans were always in place, which detailed the prescribed medication for each individual and the possible side effects. We saw these were retained in people's homes for easy reference. This was considered to be good practice, as even though care staff were not always responsible for the management of people's medicines, it helped them recognise any adverse drug reactions and therefore seek advice promptly, if needed.

Records showed that medicine reviews had been conducted regularly and action taken as a result of any shortfalls being identified. The Medication Administration Records we saw had been completed appropriately. However, some hand written entries we saw had not been signed and countersigned. We recommend that any hand written entries are signed, witnessed and countersigned, in order to avoid the possibility of any transcription errors.

Relevant authorities had been informed of any safeguarding incidents and clear safeguarding policies were in place at the agency office. We saw documented evidence of recent concerns raised by a service user, which had been reported under safeguarding procedures and where the local authority had been involved, in order to resolve the situation. This helped to ensure that staff were fully aware of action they needed to take in the event of an allegation of abuse or neglect being reported.

Is the service effective?

Our findings

Comments we received from people who used the service included; "They [staff] are OK. They know what to do"; "They make my meals. They cook for me, just what I ask for"; "They are well trained, very much so"; "They make something (to eat) if I ask them to"; "They seem well enough trained. You can tell the difference between the older ones and the newer ones mind, but they're all OK"; "They just make me tea and toast in the morning"; "I think they are well trained, especially some of the older ones" and "Of course they are well trained."

Relatives we spoke with told us; "We leave pre-prepared meals for our relative, then she can have what she likes, the staff see to that. She only wants female carers and the company have respected her wishes"; "They make my relative a drink and do all his meals"; "Some are really capable and just get on and do what they should, but then there are one or two you could shake"; "Well his meals? They've just been making sandwiches. You can't live on sandwiches 24/7 can you? I've spoken to the office and they say they will sort it out" and "They [the staff] are very accommodating."

The staff personnel files were very well organised, making information easy to find. Those we saw showed that prospective staff had completed application forms, which incorporated details of individuals' employment history. Records showed that Complete Care Services was an equal opportunity employer, which meant that all applicants who fitted the criteria were judged with fairness and equality.

New employees were provided with a range of information, such as contracts of employment, job descriptions specific to their roles, an employee handbook, terms and conditions of employment, codes of conduct and a variety of important policies and procedures. Together these documents helped new staff to be aware of what was expected of them whilst working for Complete Care Services Leyland and helped them to perform the duties for which they had been appointed.

Records showed that each new member of staff was assisted through a detailed induction programme which incorporated a number of shadow shifts. This enabled them to observe a more experienced care worker, whilst gaining confidence and the skills needed to provide the support which people required. Staff members we spoke with felt their induction programme was sufficient to enable them to do the job for which they had been appointed.

New employees initially worked a six month probationary period. This enabled the agency to assess their performance and suitability for the job. It also provided the new staff member with the opportunity of deciding whether they wished to continue working for Complete Care Services Leyland.

Records showed that staff members were regularly observed and assessed during visits to their clients. This helped to ensure a satisfactory standard of work performance was maintained.

A spread-sheet had been developed for the recording of when staff supervision and appraisals were due. However, this was not completely up to date and showed that some staff were a little overdue their

supervision dates. The deputy manager confirmed that these had slightly slipped behind, but that she was in the process of bringing them up to date.

The training matrix indicated that a wide range of learning modules was provided for the staff team and that a high percentage of staff members were up to date with all mandatory courses. This was supported by certificates of training we saw in staff personnel files and it was also confirmed by staff we spoke with. Examples of training modules provided included, medication management, Mental Capacity Act, safeguarding, moving and handling, fire awareness, personal care and food hygiene. The provider told us that staff members were also supported to undertake additional training when a need was recognised in areas such as, dementia awareness.

Staff we spoke with told us that training was provided by various teaching methods. Practical training was available in group sessions, for areas such as moving and handling, but other modules were completed on line. Those we spoke with expressed their satisfaction with this, as they felt it worked well around their shift patterns. We were told that automatic reminders were circulated to individual staff members when training modules were due for renewal and that managers were able to access individual training records, to enable them to monitor if staff members were keeping up to date with mandatory training programmes.

The provider told us of a recent dementia awareness open day, which had been arranged by Complete Care Services and to which relatives had been invited. 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.

Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We looked at the care files of 11 people who used the service and found that they were supported to have maximum choice and control of their lives. Formal consent had been consistently obtained for a variety of areas of support which people needed. The majority of consent forms we saw had been signed by the individuals themselves. However, on one occasion a relative of one person had signed a consent form on their behalf. We discussed this with the deputy manager of the service, who ascertained that this relative had not been granted legal authority to give consent on behalf of the person who used the service. This was addressed promptly by the deputy manager. A mental capacity assessment was conducted and systems were put in place to ensure that any decisions were made in this person's best interests. The care records of another person showed that discussions had taken place with relevant people around eating difficulties and decisions had been made in the individual's best interests.

Two family members we spoke with told us that communication from the agency could sometimes be better. One said, "They [the agency] have a habit of changing things without telling us." Another gave examples of when they had cancelled visits, due to pre-arranged hospital appointments, but the information had not been passed to the relevant care staff, who turned up for the visits. This was discussed with the deputy manager and provider of the service, who assured us that they would immediately explore this further.

At this inspection we found that people were mostly satisfied with the support they received around meal preparation. However, one person told us that carers always make sandwiches for their meals, which did not provide them with much variety or the option of a hot meal.

Is the service caring?

Our findings

People we spoke with described the staff as 'Very kind', 'Lovely' and 'Caring.' One person said, "If all carers were like this lot, the world would be a much better place. The carers are fantastic. They always go that extra mile."

Other comments we received from those who used the service included; "The company has done its best to get things right. We are having a meeting with everyone soon to review the care plan"; "I did start out with a care plan, but we have re-visited that and tweaked it as needed. I get on with them [carers] all"; "They [carers] are nice to me"; "We did a care plan. They [staff] are wonderful"; "The girls are lovely, really caring, you couldn't ask for better."

Relatives we spoke with told us, "[Name] loves them. We think they are great. We have a care plan"; "Some of the carers are wonderful. They are lovely with [name], especially the really good girls"; "I do realise people need a day off, but they send young ones sometimes. I like to talk to the older ones, but some of the young ones don't have any life skills really"; "My cat greets them at the door and they say hello to her and then they come and see to me. They really are wonderful" and "The girls always ask if there is anything else they can do for me. They are so nice, caring and polite."

Another relative, who was the service user's main carer said, "We have no complaints whatsoever. We get the same two male carers, as we requested. They cover for each other during holidays and times like that. They do what is in the care plan. They are both great. We have a good laugh. When they have done their jobs they will sit and have a coffee with me. It is nice to have a chat with them. I read everything they write about their visits."

We were told that carers were respectful and protected people's privacy and dignity at all times. The policies and procedures of the service covered areas such as, privacy and dignity, data protection and the importance of confidentiality. This helped to ensure people's personal information was consistently protected. The plans of care we saw included the importance of respecting people's privacy and dignity, particularly during the provision of personal care.

Staff members we spoke with were able to discuss the needs of those in their care well, although they did tell us that they were not always formally introduced to people who used the service before their first visit and this was confirmed by those who used the service. However, we were told that shadow shifts were sometimes conducted at the homes of those they went on to support. When asked how staff were made aware of the needs of new service users, they said this information was usually passed on by email. We discussed this with the deputy manager, who advised that this area would be explored further by the management of Complete Care Services Leyland.

We saw evidence of additional visits arranged at short notice by the agency to cover emergency situations, such as unexpected hospitalisation of a service user's main carer.

We saw that care staff wore identification [ID] badges whilst on duty and people who used the service confirmed the staff did always wear their ID badges. This helped to reduce the possibility of bogus individuals impersonating care workers from Complete Care Services Leyland.

One family we met raised their concerns in relation to their relative refusing personal care. We discussed this with the family and the deputy manager of the service. This had already been identified by the staff and solutions to resolve this issue were being looked at by the senior staff of the agency and the local authority.

Is the service responsive?

Our findings

One person told us, "The carers are excellent. I have no complaints about any of them. I usually have the same ones and they are very rarely late and this would only be due to traffic or bad weather conditions, or maybe if they were delayed at the previous call." Another told us that most of their care workers stayed for the allocated amount of time and described them as "Absolutely wonderful." We discussed with the deputy manager and provider a report that one carer stayed only a short period of time. They assured us that this would be looked at further without delay.

Other comments from people who used the service included, "I did a care plan I think. They do come from the office to speak to me. I have never had to complain"; "We did the care plan and they [management] come regularly to check everything's alright"; "I have had them four weeks. They came and saw me and asked me stuff. I need longer though. I need to find out about that"; "I came out of hospital eight weeks ago and they were here and sorted everything out" and "I have a care plan and someone comes out every other month to check on things and do the paperwork."

A relative of one person gave us a good example of how the service had been responsive to their requests for changes and how this had been facilitated. One person told us that their care workers were constantly changing, but that they were happy about this. This person added, "I enjoy seeing different faces. They [the carers] are all very good though. One young girl is particularly brilliant. Some are better than others, but I don't have any complaints about any of them. They are never late and they always stay for the length of time they are supposed to."

Other comments we received from relatives included; "The times (of calls) aren't right for us really, but it's what they had at the time and we are working towards changing them when they can"; "They [management] have been out to check with us. We have never had a complaint. It runs like clockwork" and "We did the care plan and we do have regular reviews."

We looked at the care files of 11 people who used the service. We found that information had been gathered about them and an assessment of their needs had been conducted before a package of care was arranged. This helped to ensure that the management team were confident staff had the right skills and experience to deliver the care and support people needed.

Plans of care had been generated from the information obtained during the assessment period and these were developed further, as care staff understood more about people as individuals. The care plans we saw were retained at the agency office as well as copies of them in the homes of each person we visited in the community. This provided a good point of reference for service users and also for those providing care and support.

We found the plans of care to be well-written, person centred documents, which provided clear guidance about people's preferences, interests, assessed needs and how these needs were to be best met. The care plans had been developed with the involvement of those who used the service or their relative and their

preferences were taken in to consideration. One family member told us that their relative had asked for care staff of the same gender and that this request had been honoured. This helped to ensure that people were able to make some decisions about how their care and support was delivered. We saw that a spread-sheet had been introduced, which enabled senior staff members to monitor the regularity of care plan reviews. Care staff we spoke with were able to discuss the needs of people well, in accordance with the plans of care we saw.

Records showed that community health care professionals, such as district nurses, GP's and the mental health team were contacted by care staff for advice, as was needed. This helped to ensure that people received the health care and support which they required.

We saw that the agency had received a good number of thank-you messages from people who were evidently satisfied with the service they had received.

We found that complaints were being well managed. A detailed written procedure was in place, which identified who would be responsible for dealing with complaints and the timeframes to expect during the investigation process. It also provided contact details for external organisations, such as the local authority and the Care Quality Commission, should someone wish to make a complaint to an external body. This procedure was included in the Statement of Purpose, and each service user received a copy of this for easy reference. A robust system for the recording of complaints received by the agency had been established. This clearly outlined action taken following any investigation and provided a detailed account of the findings to the complainants. People we spoke with were confident in making a complaint, should they wish to do so.

People told us they were supported to access the community, if they wished to do so and weekly programmes confirmed this information to be accurate. The records of one person showed that they enjoyed a regular visit to the cinema and others participated in shopping trips. A care staff member told us that he and one service user were going to find the directions to a community facility, which the person who used the service wanted to go to, so they could visit it later that day.

Is the service well-led?

Our findings

People who used the service told us, "They are OK with you if you ring"; "The office is very good. They are very nice with you. It's going along very well"; "It's been OK so far"; "I am happy with the service I get"; "The office is fine. A girl from the office came out last night, as they were short staffed and she was grand. I am satisfied with it"; "They are OK in the office, but they do have this habit of changing things and not saying. For someone in my situation that's bad"; "The office staff are very helpful" and "It's running fairly well at the moment."

Comments we received from relatives we spoke with included; "We have used the service for six weeks and we are happy with it so far"; "We came over from another company, which frankly was horrible and I have to say this one is 200% better" and "its fine. They are very helpful. We are happy with it."

At the time of our inspection there was no registered manager in post, as they had left the service a short time previous to our visit. However, the deputy manager was on duty, who was very co-operative and helpful throughout the inspection process.

The provider told us that he intended to take on the role of registered manager at Complete Care Services Leyland. We recommend that an application for registered manager be submitted to the Care Quality Commission as soon practicable.

The Statement of Purpose and Service Users' Guide were available in people's homes and together these highlighted the aims and objectives, values and principals and services available from Complete Care Services Leyland. This helped prospective service users to decide if this agency provided the specific care and support they needed.

We saw evidence of alternative solutions being explored when one package of care was not working particularly well, which included involvement of the local authority and keeping relevant people informed of progress. This was followed by a 'lessons learned' report, which helped people understand why things did not go well and how this could have been improved. This was pleasing to see, as it demonstrated an open and transparent approach to sometimes more difficult circumstances. The service had submitted statutory notifications to the Care Quality Commission [CQC] about any events which were reportable under the Health and Social Care Act 2014.

Staff we spoke with told us they felt well supported by senior personnel and enjoyed working for Complete Care Services Leyland. We were told that an open door policy was in place at the office, so that people involved in the agency could call in at any time to discuss any concerns they may have or to highlight any areas of good practice. This helped to promote openness and transparency. Staff we spoke with had a good understanding of their roles and responsibilities towards those who used the service.

Several staff members identified that travel time between visits was sometimes a problem, resulting in people not always receiving their full allocated time. This was also raised by some service users we spoke

with, although they were not concerned by it, as the reduced time was minimal. Two members of staff felt this was not an issue for them, as their clients were all located within close proximity, which were described as, 'Within walking distance of each other.' Other people told us that their care workers always arrived on time and stayed for the allocated length of time expected. One relative told us, "They [the carers] are never late and they always stay for the right amount of time. They even stay longer sometimes and have a chat, if they don't have another person to go to." We discussed this area with the deputy manager and provider of Complete Care Services, who told us that in general they did try to allocate staff to geographical patches, but they also tried to honour requests for particular staff members where possible. However, they did advise that they would look again at the allocation of staff, so that where possible carers were travelling shorter distances between visits. One member of staff told us, "I absolutely love working for this agency. It is great. The management are extremely supportive. I have never looked back since I started with CCS [Complete Care Services] Leyland." Another member of staff commented, "I really enjoy working for CCS [Leyland]. It is like a family. The managers do really care about the clients and staff. It is a great agency to work for."

A variety of audits and monitoring systems had been conducted, such as care file reviews, call logging systems, observation assessments and spot checks on staff performance. We found some staff reports and competency assessments to be very detailed, which provided employees with good feedback about their individual performance. Each month a progress summary report was generated, which identified any concerns raised and evidence was available to show how issues had been addressed, such as providing care workers with additional support and training, in order to improve their performance where needed. This helped to ensure the quality of service provided was regularly assessed and monitored, so that action could be taken promptly to address any shortfalls identified.

We saw minutes of monthly management meetings and the deputy manager told us that staff meetings had recently recommenced. These were to be arranged every three months, following which minutes of the discussions would be produced. This would help to ensure that any important information was disseminated throughout the staff team.

People who used the service or their relatives had returned completed questionnaires, which highlighted their views around specific areas, such as the performance of care workers who were supporting them. Responses we saw were positive. However, no-one we spoke with could remember completing a full questionnaire and we noted that these were last conducted in 2015. We recommend that surveys are repeated this year, so that anyone with an interest in the agency, such as service users, relatives, staff members and community professionals can provide feedback about the quality of service provided.

The company had been accredited with an external quality award, which showed that a professional organisation periodically audited Complete Care Services to assess if an acceptable level of service was being provided. We were told that the provider visited the agency office in Leyland at least once a week to provide support for the deputy manager and agency staff. The provider attended the agency office to receive feedback, along with the deputy manager following the inspection.

A wide range of detailed policies and procedures were in place, which were organised in line with the Health and Social Care regulations. These included areas, such as advocacy, autonomy and independence, the Mental Capacity Act, privacy and dignity, consent, fire safety, moving and handling, food hygiene and health and safety.