

Complete Care Services (Preston) 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 visit took place on 03 July 2018 and was announced.

Complete Care Services (Preston) is a domiciliary care agency providing practical and personal care to people living in their own homes in the Preston and surrounding areas. The agency includes supports for older people, dementia, mental health, physical disability and younger adults. In addition the agency provides support for people who misuse drugs and alcohol, learning disabilities and people detained under the mental health act. The agency is part of a private company that has three branches in the north west. Parking is provided outside the office building.

At our last inspection on 28 September 2017 we asked the provider to take action to make improvements because we found breaches of legal requirements. This was in relation to their lack of auditing systems to identify and act on any issues. The service was rated Good overall during the inspection. At this inspection we found the provider had made improvements to ensure they met legal requirements. We found their auditing systems had improved to ensure the service was monitored in a timely manner and improvements made when required. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was not registered manager in place. 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. However, they were in the process of recruiting a suitable candidate as the previous registered manager had only recently left the service approximately two months ago.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People we spoke with and visited told us the service they received was provided by caring, polite and respectful staff. For example positive comments we received included, "Love the staff I have to say they are caring and nothing is too much trouble." Also, "The carers close the blinds because I'm at the front of the house."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and confirmed this when we spoke with them.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery

of their care. These had been kept under review and were relevant to the care provided.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified care and support people required to suit their individual needs. We found they were informative about care people had received. They had been regularly reviewed and changes made when required so they were up to date. Staff had the right information to reflect people's changing needs and tasks required when visiting people in their own home.

The service had the same good systems for recruiting staff in place from the previous inspection.

Staff spoken with and records seen confirmed a structured induction training and development programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care and support was planned with them. One person said, "Staff from the service came when I was in hospital and did the plan it's been reviewed."

Staff supported people to have a nutritious dietary and fluid intake. Assistance was provided in preparation of food and drinks as people needed.

People were supported to have access to healthcare professionals and their healthcare needs had been met. They were supported by the agency if required.

People who used the service and relatives we spoke with said staff and the manager who visited them treated them with respect and dignity.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The service had kept a record of complaints received and these had been responded to appropriately.

The service used a variety of methods to assess and monitor the quality of the service. These included, staff meetings, spot checks by senior staff, quality assurance visits, satisfaction surveys and care reviews.

The manager and staff were clear about their roles and responsibilities and were committed to providing a good standard of care and support to people in their care.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the agency.

The management team had introduced systems to properly assess and audit the quality assurance of the service provided.

The manager had a good understanding of each person's requirements in terms of health and social care needs.

The provider had suitable arrangements to obtain feedback from people and their relatives about the quality of their care.

Complete Care Services (Preston)

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.

This comprehensive inspection visit took place on 11 July 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection team consisted of an adult social care inspector and an expert by experience. The expert-by-experience was a person who had personal experience of using or caring for someone who uses this type of care service. The expert by experience had a background supporting older people.

Before our inspection on 11 July 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included 11 people

supported in the community, four relatives/carers of people, eight care staff, three senior carers and the manager. In addition we spoke with the provider and area manager. We visited two homes of people who received a service.

We also went to the office base at Complete Care Services (Preston) and looked at care records of five people, recruitment and supervision records of staff members. In addition we looked at the training matrix and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with people about the service to see if they felt safe and secure about the way they were supported. Comments were positive and included, "They have been wonderful it makes me feel good knowing people like them are looking after me." A relative said, "I know I can go out and relax knowing [relative] is in capable, safe hands." People informed us they received care from the same carers as much as possible and that made them feel safe. For example one relative said, "We have a lot of support from the agency but they try and use the same staff as much as they can."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding vulnerable adults training and understood their responsibility to report any concerns they may observe to keep people safe. One staff member said, "I also would whistleblow if needed I am aware of the process to go through. We have had enough training about safeguarding and it's updated."

The service completed risk assessments to identify the potential risk of accidents and harm to staff and people in their care. Risk assessments provided clear instructions for staff members when they delivered their support. For example each individual home was risk assessed where potential risks had been identified and action taken by the service had been recorded to ensure staff were safe when delivering care in a person's home.

The service had the same good systems for recruiting staff in place from the previous inspection. In addition the management team monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support for people in their home.

We looked at how the service was staffed and found appropriate arrangements were in place. People supported in the community by the service received weekly rotas informing them the time of their visits and the names of staff who would be supporting them. People we spoke with told us they were happy with arrangements in place and said staff who supported them were reliable and consistent.

Staff employed by Complete Care Services received medication training to ensure they were competent to administer medicines. Staff we spoke with confirmed they had been trained and assessed as competent to support people to take their medicines. Although the two homes we visited people did not require medication administered, we were shown documents that would be signed by the person and the management team. These gave clear instruction as to whether the person would self-medicate or request support from the agency. Staff told us the system was clear and in each care plan information was available for staff when visiting people's homes on how medicines should be administered. In addition we saw signed forms to identify and evidence people who self-medicated were contained in care records.

We looked at how accidents and incidents would be managed at the service. However none had been reported. The manager informed us any events that occurred would be addressed and they would monitor for trends and patterns when visiting people in their own home. The manager told us they would analyse any incidents and learn lessons to ensure people were not at risk of repeated events.

Is the service effective?

Our findings

We found evidence the manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People received effective support from staff at Complete Care Services because they were supported by trained staff who had a good understanding of their needs. For example a relative of a person who used the service said, "[My relative] seems happy with the carers now, they know how to meet their needs." Also, another said, "Yes, the carers who come to do the shower are competent and because they're always the same ones they are used to me."

We looked at training records, spoke with people and care staff about the competency and access to training courses for staff. Responses were positive and one staff member said, "We have our own in-house trainer so training courses is not an issue." Another said, "I wanted to do more training to gain a qualification and they have supported me. The company is excellent when it comes to access to training courses." Training records showed a number of courses had been attended by staff and regular training was ongoing. For example training included, safeguarding, moving and handling, medication and infection control. The manager provided equality and diversity training for staff and this was utilised by staff we spoke with. The course recognised the importance to respect people's individual beliefs including religion, culture and sexual orientation. This confirmed the service was able to accommodate diversity in the workplace and create a positive and inclusive environment.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We saw written consent to care and support had been recorded on people's care records by the person. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes. Also so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. Staff demonstrated a good awareness of related procedures.

The service worked in partnership with health and social care professionals to ensure people with complex health needs could be cared for in their home. We saw people's care records included contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health.

Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded. People we spoke with told us they were happy with the support they received with their meal preparation and times that staff attended to their meals. One person said, "Carers prepare meals for me and they're fine." We found by talking with staff they had completed food and hygiene training to ensure they were confident when meal preparation was needed.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. People we spoke with told us they were happy with the support they received with their healthcare needs. One relative we spoke with said, "They have been great with [relative] they constantly check she is fine and would be straight in touch if any health problems occurred."

Is the service caring?

Our findings

People supported by Complete Care Services told us they were treated with kindness and respect by friendly caring staff who were aware of protecting people's privacy. For example comments were positive and included, "Love the staff I have to say they are caring and nothing is too much trouble." Also, "The carers close the blinds because I'm at the front of the house." In addition a relative said, "[Relative] is poorly and the carers are so nice they have given me a new lease of life knowing they are kind and caring towards [relative]."

When we visited a person's home with a staff member we observed they consistently engaged with the person in a kind and supportive manner. They interacted in ways that demonstrated they knew the person and what interested them. We spoke with the relative of the person we visited who said, "[Staff member] is so nice and caring we have a great relationship." It was clear from our observations and discussion with people who used the service staff showed a good awareness of the importance of treating people with respect and maintaining their dignity.

Care records contained evidence the person or a family member had been involved with and were at the centre of developing their care plans. Also, what support was required to maintain their independence within their own home. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and provided information for staff who were visiting the home.

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support they wanted to retain their independence and live a meaningful life.

We spoke with the manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

Complete Care Service provided care and support that was focused on each individual and their needs and preferences. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about how they wished their care to be delivered in order to maintain as much independence as possible. One person who used the service said, "I've got a book as long as your arm. Someone came around and went through everything; they took most of the day over and made sure they knew every detail of what I needed."

Care records we checked were personalised and contained information about the person's likes and dislikes. Staff also told us they had a process where staff with interests if possible would support people who they would have something in common with. We found documentation in care records of the matching process. Also we confirmed this by talking with the manager and a person who received a service. For example a person said, "I like football and we have a right good chat about things especially now the world cup is on." This meant staff with interests would support people who had the same interest so that they could develop relationships.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw complaints received by the management team had been taken seriously and responded to appropriately with details of the concern, action taken and outcomes. This was achieved in a timely manner. One of the management team said, "We take complaints seriously and act upon them and learn from any concerns which is a good thing." A person who used the service said about the complaints process, "If I had any problems I'd ring and I know they'd sort it out. I know I can talk to the staff at the office. I had a problem with a pharmacy once with medication not arriving in time and they took it over for me and sorted it all out. They're great."

People's end of life wishes had been discussed sensitively with them and their family members where appropriate and recorded so staff were aware of these. Staff spoken with confirmed they had received or were in the process of attending end of life care training. One staff member said, "I have just requested end of life training and have been put on a course soon."

Staff told us they had regular visits by the same staff as much as possible so they were able to form relationships with people and get to know them better. One staff member said, "We do try and accommodate people with the same carers it helps build up a relationship."

Is the service well-led?

Our findings

At our last inspection in August 2017, we found the provider had failed to properly assess the quality assurance of the service. Auditing systems were inconsistent and not in place.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 good governance.

The management team had now a range of audits in place to continually monitor and improve the standard of the home. They had acted upon findings from audits to improve the service. For example in July 2018 a care plan audit identified a fire risk assessment had not been completed for the home of a person who used the service. This was identified and documented that action had been taken and evidence written they had completed the task. This showed the management team continued to improve the quality of the service and aim to keep people safe. Other audits undertaken included, individual home environment assessments, medication and quality assurance systems.

The registered manager had recently left the service and the provider had appointed a manager. The provider informed us they were in the process of putting forward a suitable applicant to register with CQC and they would inform us when an application was submitted. The provider told us the previous registered manager had recently left approximately two months ago and they are acting quickly to appoint a replacement.

People who received a service and relatives told us they had experienced positive changes and good leadership since the new manager commenced in post. One person said, "[Manager] has made a lot of differences and changes and has done a phenomenal job." Also, "I think things are improving since the new manager has started." A third person said, "I like the new manager. You can talk to them straight and they're very open. I have rung up to say thank you for the things they've sorted out for me."

The manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. Discussion with the manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service. Staff we spoke with spoke positively about the new manager and leadership of the service. For example one staff member said, "Staff morale is excellent, that is down to the new manager she is very supportive and always available if needed." Another said, "[Name of new manager] is great, she gets involved and supports everyone. She has made a tremendous difference."

The service had systems and procedures in place to monitor and assess the quality of their service. These included seeking views of people they support through satisfaction surveys. We looked at the outcome of 24 survey responses received in 2018 and the process was still ongoing. There was evidence action had been taken to address the any negative comments. The majority of comments were positive and included, 'All the girls I get are perfect they always give 100%.' Also, another person wrote, 'Very satisfied with the service.'

Other quality monitoring procedures were in place including home visit assessments and telephone monitoring by senior carers and the manager. In addition staff meetings were held and minutes taken. A staff member said, "The meetings give us a platform to air our views and make changes for the better." A number of people we spoke with during the inspection confirmed they had received visits from office staff and courtesy telephone calls to check everything was ok.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, occupational therapists, district nurses and speech and language therapists.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.