

Complete Care NW Limited

Alexandra House - Bury

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 was an announced inspection which took place on 13 and 14 July 2016. The service was previously inspected in November 2013 where we found all the regulations that we looked at had been complied with.

Alexandra House-Bury is an independent domiciliary care agency based in premises that are situated close to Bury town centre. The agency provides help and support to adults with a variety of needs. The service operates seven days a week and provides a range of care services to people who live in their own homes. At the time of our inspection we were told the service was providing care for 70 people. Services provided include assistance with personal care, help with domestic tasks, the preparation of meals, medication administration and monitoring and carer support.

Alexandra House-Bury has a registered manager who was present on the day of the 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 with the staff that supported them and felt the staff had the right skills and experience to meet their needs. They also spoke positively about the kindness and caring attitude of the registered provider, the registered manager and the staff. They also told us how helpful the administrator was.

We found sufficient suitably trained staff, that had been safely recruited were employed to ensure people received the support they required. We saw that staff received the essential training and support necessary to enable them to do their job effectively and be able to care and support people safely.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

All the care staff who dealt with people's medicines had received medicine management training and we found the system for managing medicines within people's homes was safe.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA). The MCA provides legal safeguards for people who may be unable to make their own decisions. Records showed that all the staff had undertaken training in relation to the MCA.

People's care records contained enough information to guide staff on the care and support required. The

care records showed that risks to people's health and well-being had been identified, such as the risk of poor mobility and managing their own medicines. Risks were also assessed in relation to general safety issues within people's homes. We saw that plans were in place to help reduce or eliminate any identified risk. People were involved in regular reviews of their care to ensure the care and support provided met their needs, preferences and wishes.

Arrangements were in place to help ensure the prevention and control of infection.

To help ensure that people received safe, effective care and support, systems were in place to monitor the quality of the service provided. Systems were also in place for receiving, handling and responding appropriately to complaints.

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.

Sufficient suitably trained staff, that had been safely recruited, were employed to ensure people received the support they required.

Suitable arrangements were in place to help safeguard people from abuse and a safe system of medicine management was in place.

Assessments were undertaken around risks associated with people's health care needs and general safety issues within people's homes.

Is the service effective?

Good ●

The service was effective.

People who used the service felt the staff had the right attitude, skills and experience to meet their needs.

Appropriate arrangements were in place to assess whether people were able to consent to their care and treatment.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We were told the staff treated people with dignity and respect.

Staff were aware of the importance of ensuring the privacy and dignity of people was respected and of their obligations to ensure confidentiality of information was maintained.

Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care and support to be provided. Records showed that people were involved in the planning of the care and support they required.

The registered provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good ●

The service was well led.

The service had a manager who was registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Alexandra House - Bury

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 inspection took place on 13 and 14 July 2016 and was announced. In accordance with our guidance we contacted the registered provider two working days prior to the inspection and told them of our plans to carry out a comprehensive inspection of the service. This was to ensure the registered manager and the registered provider would be available to answer our questions during the inspection. The inspection team comprised of one adult social care inspector.

Before the inspection we reviewed the completed provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including notifications the registered provider had sent to us and we also contacted the local authority commissioning team.

We visited the registered office on the 13 July 2016 and spoke with the registered provider, the registered manager and the administrator. On 14 July 2016, with their permission, we visited two people who used the service in their own homes. We also spoke with their relatives. We spoke by telephone with one person who used the service and with one relative. We spoke with one staff member on 14 July 2016 whilst they were at the home of a person who used the service. In addition we spoke with two staff members on the telephone.

We looked at the care and medicine records of three people who used the service. We also looked at records relating to how the service was managed; these included staff training and recruitment records, staff induction programmes, quality assurance audits, and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us, "They know what they are doing and I trust them". Other comments made included, "They are really good, know what they are doing and I wouldn't swap them" and "We can safely put our trust in them".

We looked at three staff personnel files and saw a safe system of recruitment was in place. This helps to protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training plan showed all staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). It was contained within the employee handbook as well as being in the policy and procedure manual. Staff we spoke with were familiar with the policy and knew they could contact people outside the service if they felt their concerns would not be listened to.

A discussion with the registered provider, the registered manager, the care staff and the people who used the service showed that sufficient numbers of staff were employed to ensure people received the support they required. People we visited and spoke with told us the staff were reliable, overall, "turned up when they should" and always remained with them for the correct amount of time.

We were shown the infection control policy that was in place. It provided instructions for staff on processes such as hand hygiene, personal protective clothing, waste disposal and the management of outbreaks of infections. All three staff we spoke with told us they had undertaken infection control and food hygiene training. The care staff told us they always wore protective clothing, such as disposable gloves and aprons when delivering personal care to people. They also carried alcohol hand gels. The people who used the service that we spoke with confirmed to us that the staff always washed their hands and wore protective clothing when attending to their personal care needs. During one of our home visits we saw one of the care staff wearing protective clothing whilst supporting one of the people who used the service.

The registered manager told us that all staff were provided with a photographic identity badge that had to be worn at all times. People who used the service confirmed that staff did wear them and we saw evidence of a staff member wearing their identity badge at one of our home visits. Identity badges are used to keep people safe by helping to prevent unauthorised people from entering their houses.

We looked at the policies and procedures in place to ensure the safety of people who used the service and of their possessions. This was in relation to such things as the handling of money, the safety of people's door keys and alarms and what to do in the event of accidents and incidents occurring. We were shown the first aid bag that was given out to each care staff member. The staff we spoke with told us they had undertaken first aid training and records confirmed this information was correct.

We saw that a safe system of medicine management was in place. We were shown the policy and procedure in relation to the safe management of medicines that all staff had access to. We were told that all the care staff had received medicine management training. Inspection of staff training records confirmed this information was correct. We also saw that competency assessments were undertaken before staff began administering medicines without supervision. People who used the service told us that, where the staff had the overall responsibility for the management of their medicines, they received their medicines when they should and they did not 'run out' of them.

Risk assessments were in place in relation to assessing whether people had problems with certain aspects of their health, such as a need for support with moving and handling or needing assistance with the administration of their medicines. Staff had written down what action they would need to take to reduce or eliminate any identified risk. We saw that assessments were also undertaken around risks associated with fire safety and the general safety issues within people's homes.

Is the service effective?

Our findings

The people we spoke with told us they felt the staff had the right attitude, skills and experience to meet their needs. Comments made to us included; "They [staff] are terrific" and "They do a good job and are so efficient".

We were shown the Service User Guide that was given out to people who used the service. The Service User Guide is a document that contains lots of information about the agency. It is given out to people so that they can keep it at home and refer to it as and when they need to. Both the homes we visited had the document in place.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA.) What the registered manager told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment. We saw that all the staff had undertaken training in relation to the MCA. This training should help staff understand that assessments need to be undertaken to determine if people have capacity to make informed decisions about their care, support and treatment

We asked the registered manager to tell us what arrangements were in place to enable the people who used the service to give consent to their care. We were told that any care provided was always discussed and agreed with people who were able to consent. The registered manager demonstrated their understanding of the action they would need to take should they have concerns regarding an individual's capacity to make a particular decision or give consent. We saw evidence of written consent in the care records that we looked at. These included consent for staff to administer medicines, deliver personal care and prepare meals.

The registered manager told us that all newly employed staff had to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers must use in their daily working life. It is the new minimum standards that should be covered as part of the induction training of new care workers.

The care staff we spoke with told us that although they had previous caring experience they still underwent an induction when they started their employment and spent time 'shadowing' experienced staff until they and management felt confident enough for them to work alone.

We were shown the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people using the service. Certificates of training undertaken were kept in each of the three staff personnel files that we looked at. The care staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely.

Records we looked at also showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The registered manager told us that regular 'spot checks' were undertaken to check that staff were delivering effective and

safe care to people in their own home. We saw evidence of some of the 'spot checks' that had been undertaken.

The staff we spoke with told us they were involved in the preparation and cooking of meals for some people who used the service. They told us it was mainly sandwiches, breakfasts and meals that needed cooking in the microwave oven. Staff told us that if they were worried about a person's lack of appetite or weight loss they would report it to the manager.

The registered manager told us they would contact other health care professionals such as GP's or community nurses if they felt there were any concerns about a person's health. The names and contact details of the health and social care professionals involved in the person's care were clearly documented in the three care records that we looked at.

Is the service caring?

Our findings

People who used the service were very complimentary about the staff. Comments made included; "I have nothing but praise for them", "They are truly kind and caring", "One word; great" and "I have to say [staff member] is exceptional".

Staff told us that the importance of ensuring the privacy and dignity of people was emphasised throughout their induction and their training. We saw that the employee handbook re-iterated the importance of ensuring people's privacy, dignity, choice, equality, rights and independence were respected.

During the visit to one person's home we saw how polite, patient, friendly and caring the staff member was in their approach. It was evident they knew the person's likes and dislikes, how they wished to be cared for and what they liked to eat for breakfast. We saw that before any care was delivered, such as giving the person their medicine, the staff member explained what they were going to do and then asked for the person's permission to do so. This demonstrated to us that the person was treated with dignity and respect.

A discussion with the registered manager showed they were presently supporting a person from an ethnic minority group. Inspection of this person's care record showed that information was in place to guide staff on what they had to do to ensure this person's cultural needs were met and respected.

We were told that although 'end of life' care was provided by community nurses and specialist palliative care services, some of the staff had received training in relation to 'end of life' care. This showed to us that the service recognised and considered the importance of ensuring staff had an understanding of the needs and wishes of a person in the last stages of their life; ensuring a dignified and respectful approach to their care.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that people's care records were kept securely in a filing cabinet in the registered office.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "I couldn't fault the care we receive. It is excellent", "They are patient and understanding and know what needs doing" and "They check that I am up and running and don't leave until they know I am ok".

People told us they had never been let down by the service. One person told us that if staff were ever, 'running late' they would let them know. We were told there was usually a very good reason if this happened. One relative told us that if, due to holidays or sickness, their usual care staff member was not available they would be informed about this and the replacement staff member would be introduced to them beforehand. This showed to us that the service considered the needs of people and understood people needed reassurance about who would be caring for them.

We asked the registered manager to tell us how they ensured people received safe care and support that met their individual needs. We were told that once people had been assessed by the professionals funding their care and the service agreed to provide the care required, a senior member of staff from the agency, usually the registered manager, undertook their own assessment. This was to ensure the person's individual needs could be met by the agency staff and also to assess if they were at risk of harm from any hazards.

We looked at three care records that were kept in the office and copies of two of them that were in people's homes. They contained enough information to guide staff on the care and support to be provided. They showed that people were involved in the planning of the care and support they required. The records also showed that staff wrote in the report sheet what care and support had been provided during their visit.

Records showed people routinely had a review of their care within six weeks of the support being provided. A review was then routinely undertaken annually; more often if there had been a change in the person's condition. We were told that, where possible, and with the person's permission, their family and social worker were involved in their care review.

We saw there was a 24 hour 'on call' system in place; staffed by either the registered provider, the registered manager or a senior member of the team. The registered provider told us that each staff member was supplied with a mobile phone. Apart from being used for routine and emergency calls the phone was fitted with a device that enabled the care staff to 'log in and out' of a person's home. This system alerted management to respond to any missed or late calls; helping to ensure the safety of people who used the service.

Information about how to make a complaint was contained within the Service User Guide that each person who used the service was given. The procedure explained to people how to complain, who to complain to and the time it would take for a response. The people we spoke with told us they had never had to make a complaint but they would have no hesitation about speaking with the registered provider, registered manager or any other staff if they had to.

Is the service well-led?

Our findings

The registered manager and the registered provider were present on the day of the inspection. People who used the service were complimentary about the registered provider and the registered manager. Comments made included, "We know both of them really well" and "They call regularly and make sure all is well" also "They really care about us".

Staff also spoke highly of the registered provider and the registered manager. They told us they were approachable, supportive and caring. One comment made was, "It's the best place I have ever worked at".

Before the inspection we contacted the local authority commissioning team to seek their views on how they felt the service operated. The comments received were very positive. We were told that it was a good management team that served the people of Bury well.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe, effective care and support. We were told that monthly checks were undertaken on all aspects of the running of the business such as training, care reviews and medicine records. We looked at the information on the computer which showed that the checks had been undertaken.

Management told us they sought telephone feedback from people who used the service, normally within two weeks of the support being provided. We were told that feedback was also sought during the six week care review. We saw that management also sought feedback from people who used the service through the annual questionnaires that were sent out. We looked at 16 of the responses that had been sent in September 2015. The responses were positive about the care and support provided. Comments people made included; "The girls are nice and very friendly", "No concerns at all" and "I am very pleased".

We were told that staff meetings were held approximately every three months. We looked at the records of two of the meetings that had been held, the most recent being May 2016. The staff we spoke with confirmed that staff meetings did take place. They also told us they were in regular contact with management and could discuss anything they wished to at any time.

We looked at the employee handbook that was given out to staff. It contained information to guide staff on their conduct and practice but also information to help protect their safety and wellbeing. It included a policy on whistleblowing, equal opportunities, grievance and disciplinary plus a policy on bullying and harassment. We were also shown the policies and procedures that were in place to guide and support staff in the undertaking of their roles

We checked our records before the inspection and saw incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.