

Complete Care West Yorkshire Ltd

# Complete Care West Yorkshire Ltd

## Inspection report

Somerset House  
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Tel: 01924274448

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13 September 2021

14 September 2021

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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 West Yorkshire Ltd is a domiciliary care agency, which provides personal care to people living in their own homes. At the time of this inspection, the service was providing personal care to 112 people in the Wakefield and Kirklees areas. 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 people do receive personal care, we also consider any wider social care provided.

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

People told us they felt safe when receiving care from the service. People received support from a consistent staff team, who knew how to safeguard people from the risk of abuse. Staff were trained to administer medicines safely and were assessed regularly to make sure they were competent. People were protected from the risk of infection and they told us staff wore PPE whilst in their homes.

Staff received regular supervisions and ongoing training, to ensure they had the right knowledge to support people effectively. 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; the policies and systems in the service supported this practice.

People were treated well by caring and compassionate staff. People were actively encouraged to be involved in decision making around their care. People's privacy and dignity was respected, and their independence promoted.

People received personalised care, which was responsive to their needs. Staff felt confident in delivering care in line with people's preferences. People and relatives said they felt able to raise concerns, should they arise and the provider had a system in place to manage and respond to complaints.

The service had an open and positive culture. Staff and the management team showed a strong commitment to providing good quality, person-centred care to people. The registered manager regularly sought feedback from people and input from staff, in order to continuously drive improvement. The provider had robust governance arrangements in place, to assess the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 17 July 2019).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Complete Care West Yorkshire Ltd

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and two Experts 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 homes.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection to be sure the registered manager would be available to support the inspection.

Inspection activity started on 26 August 2021 and ended on 20 September 2021. We visited the office location on 8 September 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and 16 relatives about their experience of the care provided. We spoke with 15 members of staff including; the registered manager, senior care co-ordinator, trainer, team leader and care workers.

We reviewed a range of records. This included six people's care records, specific sections of three other care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested training data and quality assurance records from the provider. These records were provided in a timely manner and were used to inform our judgements.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from the risk of abuse.
- People and relatives told us the service was safe. People told us, "I feel quite safe with them [staff], in fact I could not do without them" and "I feel very safe, never felt any different. I need help to walk and they walk me safely to have my shower, so I can't fall over."
- The provider had a safeguarding adults' policy in place, which was easily accessible for staff. Staff received training about how to safeguard adults from abuse and staff we spoke with were aware of their responsibility to report concerns to management immediately.
- The provider collaborated with the local safeguarding authority, to review and develop the local authority safeguarding guidance.
- When necessary the registered manager made referrals to the appropriate agencies, such as the local safeguarding authority and CQC.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks to people.
- People's care records contained detailed guidance for staff about how to support people safely, to reduce the risk of avoidable harm.
- Care records included assessments of specific risks posed to people. This included risks arising from their home environment, the risk of falls and risks associated with moving and handling. Detailed care plans for two people's choking risks were seen, although an associated risk assessment was not in place. The provider put these records in place immediately after the inspection.

Staffing and recruitment

- There were enough staff employed to safely meet people's needs.
- People and relatives told us there was consistency of staff, who arrived when expected. People told us, "They are always on time. They have never missed coming to me and never been short of staff" and "We can set a clock by them [staff] and have certainly not had any missed calls."
- We reviewed electronic records which showed the number of different staff supporting people was kept to a minimum.
- The provider used safe recruitment practices. The staff personnel records we reviewed contained the appropriate background checks.

Using medicines safely

- The provider had systems in place to ensure people received their medicines safely.
- Staff responsible for administering medication received training and their competence to manage

medicines was assessed during regular spot checks.

- Staff made comprehensive records of the support they provided to people with their medicines, so it was clear what medicines people had received, and when. The records we reviewed demonstrated people were receiving their medicines as prescribed.
- The guidance in people's care records in respect of 'as and when required' (PRN) medicines needed some improvement. This was to make sure staff had enough guidance about how and when to support people with these medicines. This was brought to the attention of the provider, who addressed this issue immediately after the inspection.

#### Preventing and controlling infection

- There were systems in place to support staff to control the spread of infection.
- Staff had access to personal protective equipment (PPE), which they used and disposed of appropriately when supporting people.
- People told us, "They [staff] are trained to do their job and always have worn their gear (PPE), so it feels safe to have them in my home" and "They [staff] are always wearing their PPE. They get through tons of the stuff during the day, they change them a couple of times when they are here, but they take it (PPE) with them so I don't have to worry about where it goes."

#### Learning lessons when things go wrong

- Accidents and incidents were managed appropriately. Staff knew when and how to report accidents or incidents, which resulted in appropriate action being taken.
- The provider completed a range of audits on a monthly basis, which were analysed for patterns, themes or trends. This information was used to help make continuous improvements to the safety of the service.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and their preferences for how they would like their needs to be met were recorded.
- Care records we reviewed contained people's preferences, likes and dislikes, life histories and backgrounds, as well as their religion.

Staff support: induction, training, skills and experience

- Staff were supported to develop skills, knowledge and experience to deliver effective care. This was through regular supervisions, spot checks to review staff practice and appraisals.
- New staff underwent an induction and a mandatory training programme, which included the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. One staff member told us, "Everybody is lovely and I feel well supported. The training was great. I am doing the Care Certificate. It is part of the job that we do this."
- People and relatives had confidence in the abilities of the staff team. Comments included, "Staff are very well trained in my opinion. They certainly appear to be very competent" and "We found all staff to be very knowledgeable and well trained, they contact me for any concern at all."

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

- People were happy with the support they received with food and drinks.
- Care records we looked at sufficiently detailed people's needs around nutrition and hydration, including their personal preferences.
- One person told us, "At lunchtime, I have a sandwich of my choosing with fruit or yogurt with a cup of tea or a coffee and at teatime they get me a ready meal done in the microwave."

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

- Staff continuously monitored people's health and wellbeing.
- People and relatives consistently told us that staff supported people to access healthcare services, when necessary. One person said, "Last week they [staff] came and saw I was off colour, as they know me well, so they called my doctor for me. He could not come out, so they called the paramedics who came to me." One relative told us, "Two months ago, one of the carers noticed that [relative] had an infection in their mouth and the GP was called. It does make me feel [my relative] is safe knowing they will take action when they need to."
- Care records we looked at showed the service worked in partnership with other professionals involved in

people's care, as and when required.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

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.

- People were supported within the principles of the MCA.
- Care records we looked at demonstrated that where required, people's capacity to consent to their care had been assessed and best interest decisions were made.
- People told us, "Staff are so good at knowing how I am and have never done anything without my consent first" and "I make the choices and they will do anything for me."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 by caring and compassionate staff.
- People's comments included, "They [staff] are all brilliant, so caring and thoughtful, I could not wish for better", "My carer stayed with me right up until the paramedics left. I felt so grateful and safe with them being with me" and "They [staff] are so nice and caring, they are my lifeline to be honest as I don't have or see anyone else. They mean everything to me."
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were supported to express their views and make decisions about their care, as far as possible.
- Care records we looked at demonstrated people and their representatives were involved in decisions about when and how people were supported by staff, through both the care planning and review process.
- People told us, "I do have a say in what I need and they [staff] do always check if I am okay", "They [staff] always chat to me, ask what I want and do all I ask of them" and "I certainly had a say and my [relative] also does, as they are my power of attorney."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and their independence promoted wherever possible.
- People consistently told us their privacy was respected and the care they received was dignified. One person said, "I am fully respected. When showering me, staff always close the door and hand me a towel to dry." Another person told us, "Staff ensure the curtains are drawn (when providing personal care) and after a shower they always look away when handing a towel to me."
- Staff we spoke with gave examples of how they supported people to maintain their independence. Staff comments included, "I always ask if the person can do [a task themselves], or I offer to help, or we do it together" and "I try and involve people in what I am doing by asking what clothes they want to wear and what they want to eat. They make decisions not me." One member of staff went the 'extra mile' to ensure one person was able to access their garden independently, by cutting back the bushes outside their home to ensure they had a clear pathway.
- The daily records we looked at were of a good standard overall. Although, the language used by one staff member was not entirely dignified. We brought this to the attention of the registered manager, who took

appropriate action immediately and arranged to provide refresher training.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 person centred care which met their needs.
- People had a personalised care plan, created in consultation with them and their representatives. This recorded the outcomes people wanted to achieve and how they wanted to be supported. Care plans were reviewed regularly, to ensure any changes in the person's circumstances were accounted for.
- People told us they were fully involved in their care planning and their care was tailored to their preferences. One person said, "I do it with them and have a copy of the care plan here. Everything is catered for me." Another person told us, "My [relative] does my care plan as they are my attorney, but all my care needs are well catered for and delivered to my liking."
- Staff felt confident in delivering care in accordance with people's preferences. One staff member told us, "I read regarding their hobbies, lifestyle and what is important to the person. I update myself on what has happened during the care that has been provided before my call so I can work around what the person needs."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans.
- The registered manager told us they ensured information was accessible and suitable to meet people's needs by changing the way it was produced. For example, they would increase the font size or use braille.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded, investigated and responded to by the provider.
- People and relatives told us they knew how to make a complaint, should they need to, and felt able to raise issues or concerns with staff.

End of life care and support

- Although the service was not providing end of life care at the time of this inspection, staff had received training in end of life care and three senior members of staff had received training in advanced care planning. This meant they were confident to meet people's end of life care needs, should the need arise.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had an open, inclusive and positive culture.
- People and relatives spoke positively about the management of the service and the support they received from staff. One person told us, "I certainly think the service is well managed. All the staff are excellent and very helpful." One relative told us, "It is very well managed, the staff are all so very helpful."
- Staff told us they enjoyed their job, they felt appreciated and part of a team. Staff were confident any concerns they raised would be dealt with appropriately by the registered manager. Staff told us, "It is a great company to work for, I have the support to do the role well" and "If there is anything that bothers you, you can approach [the registered manager] or other staff in the office. I feel appreciated."
- The provider had implemented a positivity tree at the service, where compliments for staff could be recorded and displayed on the wall. Staff were also encouraged to praise one another and provide a quote for the positivity tree.

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

- The provider understood their responsibility to be open and honest when things went wrong.
- There was a suitable system in place to manage this and the provider worked closely with the local authority, to share information, where necessary.
- Records we looked at showed the provider had reported events appropriately to the Care Quality Commission.

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

- The registered manager, management team and staff were passionate and motivated about their roles and understood their responsibilities, to ensure they achieved good outcomes for people.
- The provider carried out a robust and comprehensive program of audits on a monthly basis. This helped assess the quality of the service and identify any areas for improvement, which they then acted upon promptly.
- The provider used an electronic care management system to enable close and effective monitoring of the care being delivered, as it produced alerts which allowed the provider to respond quickly. For example, if there was a delay in a staff member attending a call. The registered manager told us the system supported them to provide a high-quality service.

- The provider had implemented a 'buddy' system, to support new starters and act as an additional support network for staff. Staff spoke positively of this system and told us they contacted their buddies to share ideas or concerns, which were then addressed at regular buddy meetings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged with people and their relatives on a regular basis through annual surveys and regular reviews.
- The registered manager told us they analysed the data from the surveys and personally contacted each person to ensure they were happy with the service. Any concerns were acted on immediately. One person told us, "They [managers] call every couple of weeks and visit me to check as well. They are so good." A relative commented, "They [office staff] have asked for feedback and I have been happy to give it. I would highly recommend them."
- The provider regularly involved staff through a range of meetings; such as team meetings and buddy meetings, as well as one-to-one staff supervisions. The registered manager told us they operated an open-door policy and encouraged staff to visit the office for additional support, when necessary.
- The provider had implemented a staff recognition scheme, where staff were rewarded with points on a monthly basis for a variety of reasons, including for going 'above and beyond'. The provider had also invested in a private health care plan for staff, to support their health and wellbeing.

Working in partnership with others

- The provider had established good links with local healthcare professionals, the local authorities and other registered managers. For example, the registered manager acted as the chair of the local domiciliary care network and is an active member of the Homecare Association, which is the UK's membership body for homecare providers.
- The provider had five 'I Care Ambassadors', who visited local schools to promote awareness about their roles within social care.