

Complete Care NW Limited

# Alexandra House - Bury

## Inspection report

1-7 Taylor Street  
Bury  
Lancashire  
BL9 6DT

Tel: 01617611628  
Website: [www.completecarenw.co.uk](http://www.completecarenw.co.uk)

Date of inspection visit:  
25 February 2019  
04 March 2019

Date of publication:  
27 March 2019

## 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:

Alexandra House is a domiciliary care service providing care and support to people living in their own homes. 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 including; assistance with personal care, help with domestic tasks, preparation of meals, medication administration, social outings and appointments. At the time of our inspection we were told 54 people were using the service. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

Systems continued to be maintained to help ensure the safety and protection of people who used the service. This included the safe management and administration of people's medication, thorough recruitment and training processes, assessment and management of areas of risk and infection control procedures.

People were happy with the care and support they received from the service. Information about their needs and wishes were detailed in a care plan, which was kept under review. 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 place supported this practice.

The service worked closely with other agencies so that people's health and well-being was maintained. Staff spoken with clearly understood the importance of respecting people's privacy, dignity and independence.

The service continued to provide consistent management and oversight. Opportunities were provided for people who used the service, their relatives and staff to feedback their views and experiences. People said managers were approachable and responsive.

The service continued to meet the characteristics of 'Good' in all the key questions. Therefore, our overall rating for the service is 'Good.' More information is in the full report.

### Rating at last inspection: Good (11 July 2016)

At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected: This was a planned inspection based on the previous rating for the service.

### Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for Good

services. If we receive any information of concern, 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 remains safe

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service remains effective

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service remains caring

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service remains well-led

Details are in our Well-Led findings below.

**Good** ●

# Alexandra House - Bury

## **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. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an adult social care inspector and an assistant inspector.

#### Service and service type:

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

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

#### Notice of inspection:

This was a comprehensive inspection and took place on the 25 February and 04 March 2019. The inspection was announced. We gave the service 72 hours notice of the inspection visit as we needed to be sure that managers would be available. On the first day of our inspection we contacted people and their relatives by telephone to seek their feedback about the service provided. On the second day we visited the office location to meet with managers and staff as well as review records about the service.

#### What we did:

Prior to the inspection the registered provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the registered provider had sent us. A notification is information about important events which the registered provider is required to send us by

law.

We contacted the local authority commissioners and adult care teams and Healthwatch Bury to seek their feedback about the service. No issues were raised with us.

During our inspection we spoke with five people who used the service, the relatives of two people, a supervisor, 2 support staff, the registered manager and registered provider. We also reviewed the care files for three people, medication administration records (MARs), three staff recruitment files and training and development records as well as information about the management and conduct of the service.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and their relatives felt people were supported safely. People told us, "Yes totally", "Yes absolutely" and "Oh yes I do." One person told us if they did not feel safe they would "Speak to [name] I think she's the supervisor."
- Staff continued to receive training updates and have policies and procedures to guide them about how to keep people safe from abuse and whistleblowing.
- Staff spoken with knew the different types of abuse and what they would need to do if they had any concerns.
- We saw staff wore uniforms and had a photographic identity badge. Identity badges are used to keep people safe by helping to prevent unauthorised people from entering their homes.
- Other systems to help keep people safe had been maintained. This included safe management of people's house key with the use of key safes. Numbers were kept confidential so that only those requiring access to people's property had access to them. A person said, "There's authorised access, there's a little box outside" and "There is a key at the side of the house in a key safe."

Assessing risk, safety monitoring and management

- Individual assessments were completed to help reduce the risks to people such as mobility, medication, hydration or outside activities. Assessments guided staff on the actions to take to help reduce such risks.
- Environmental risk assessments also looked at how to minimise any hazards within the home including fire safety.
- Most people we spoke with said staff did not handle their money. We were told people either managed this themselves or were supported by family members. Where shopping tasks were carried out, financial transaction sheets were completed, and receipts provided. One person commented, "They do shopping twice a week for bits, but my daughter does the main shop, I just put the money out, it's not much, they don't spend more than £5.00, but I do get a receipt."

Staffing and recruitment

- The registered provider continued to carry out relevant employment checks prior to new staff commencing in employment.
- Sufficient numbers of staff were available. We were told the recent appointments of new staff had improved workloads. Staff told us, "Things are a lot better now, it's easier to manage" and "It's made a difference with the new staff we've got."
- We asked people and their relatives if staff were reliable and consistent. We were told, "Pretty much yes" and "I don't know quite what time they are due, but I know if they are going to be late I get a phone call."

### Using medicines safely

- People's prescribed medicines continued to be managed safely. One person who received support with their medication said, "Yes, a carer comes and gives medicines. I have it in the mornings."
- Where people consented to support with their medication this was detailed in their care records along with a medication profile and risk assessment.
- Information to guide staff on the safe administration of medication as well as training were provided. In addition, records also showed staff continued to have their competency assessed to check their practice was safe.
- Medicines Administration Records (MAR) were completed in full to confirm that people had received their medicines as prescribed. Monthly audits were carried out to check accurate records were maintained.
- Staff said changes in people's needs were effectively communicated. One said, "We're always told about any changes, such as medication."

### Preventing and controlling infection

- People confirmed that staff wore personal protective clothing (PPE) when assisting them with care tasks. One person said, "They use aprons when they wash my feet" and "Yes, always."
- The registered provider continued to provide information to guide staff in infection prevention procedures as well as a programme of training.
- Staff were provided with PPE such as disposable aprons and gloves. During our inspection we saw staff visiting the office to collect further supplies. Staff spoken with said these would always be used when supporting people with personal care.

### Learning lessons when things go wrong

- The registered provider and registered manager were actively involved in all aspects of the service and were keen to learn from experience and make improvements to enhance the service and experiences of people.

# 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

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; 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. We checked whether the service was working within the principles of the MCA.

- Following referral by the funding authority the service carried out their own assessment to establish the care and support people wanted and needed. This helped to ensure the individual needs of people could effectively be met by the service.
- Records showed that people had been involved and consulted with about their care and support. This include people consenting to their care and support as well as the administration of medication. People told us, "Yes it's [care file], they involved me, it's always here" and "I have filled in forms on occasion."
- Staff understood the importance of gaining consent from people prior to completing tasks and spoke about how they offered people choice and control.
- We found the registered provider continued to work within the principles of the MCA so that people's rights were protected. Information was available to guide staff with regards to capacity and consent. Staff confirmed, and records showed that training in the MCA was provided.

Staff support: induction, training, skills and experience

- Staff completed a period of induction and shadowing prior to working independently with people. One person told us, "Generally no one comes until they have been introduced by the manager, so I am happy with that."
- People and their relatives felt staff had the knowledge and skills to support them in a way they wanted and needed. They told us, "Yes they know what they're doing", "Oh yes they are all very good actually" and "They get trained, they know what they are doing. They don't do anything medical except give me medicines."
- Staff told us they completed a range of practical and e-learning training and were well supported in their role. Staff told us, "We do courses all the time", "They are on the ball with training", "We work well together and help each other out", "We get time to talk about our work" and "They [managers] are supportive."

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

- Some people were supported by family with their shopping and meals. However, where people needed

help with their meals this was recorded in their care records.

- People were encouraged and supported to maintain a healthy diet, they told us, "Yes, they do help me, my meals are ordered from a firm and they deliver them each week. The carers talk to me about what I want and cook them for me." Another person also told us, "Yes they ask what I want to eat. I write a list sometimes for shopping. They just take a ready meal out of the fridge."

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

- People said they were supported by family to attend any healthcare appointments. However, told us that they knew if they were unwell that staff would take appropriate action such as calling a family member or ringing their GP. One person told us, "They call my daughter or paramedics when I have a medical need, then they decide what to do."
- We were told that relevant equipment was always provided to help promote people's independence as well as keep them safe. This included; mobile hoists and walking aids.
- The service worked closely with healthcare professionals, such as community nurses to help maintain people's wellbeing. It was hoped this would be further enhanced with the development of a community hub comprising of a multi-agency team including social workers, occupational therapist and physiotherapist.

# 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

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

- All the people we spoke with said staff were kind and caring towards them. People told us, "Yes definitely, they are very thoughtful, they very much think of his needs" and "Yes, I am kind with them too."
- Staff said they usually worked with the same people offering continuity in care. Staff had a good understanding of the individual needs of those people they supported.
- Policies, staff training, and people's records explored areas of equality and diversity helping to promote anti-discriminatory practice. The staff knew it was important to uphold the rights of people they supported.

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

- Information about the service, such as the service user guide, advised people of what they could and should expect as well as how they would be involved in expressing their views and feelings.
- One relative spoke about how they had been consulted with and felt staff had listened to what they had said. Adding; "Yes, I wanted them to make sure [family member] walks every day even if it's just a little walk, they do it. They risk assess and they listen to me. They are very proactive, this is the third agency I have had, and I would say they are the best." Another person when asked if they felt they were listened to said, "Yes very much so."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with and their relatives felt that staff considered their privacy and provided care in a discreet and dignified manner. One person told us, "Yes, they usually explain what they are doing something or they ask if there's anything else they can do." Another commented, "Yes, they are trained in that, they [staff] are lovely."
- Aids and adaptations were provided where people needed assistance to help keep them safe as well as enabling them to maintain some independence.
- Staff told us they would support people to maintain their independence by encouraging them to take part in their care, and to do what they could themselves.
- Staff said they would always ensure people were appropriately covered when providing
- personal care and would check that doors and curtains were closed.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service continued to involve people, and relevant others, in the assessment and care planning process so that information reflects their needs and wishes. Plans included people's goals and any barriers they needed to overcome as well as things that were important to them.
- Plans explored people's method of communication. Whilst no-one required information in a different format we were told information would be made available in different languages or formats.
- Care records were reviewed annually or as needs changed so that information reflected people's current and changing needs.
- One relative said they were kept informed and had been consulted with about their relative's care. Adding, "Yes I am in contact with them. As I live here I see them a lot, the owner came out and said I must contact them with any issues."

Improving care quality in response to complaints or concerns

- Information about how to complain was made readily available to people in the 'service user guide'.
- People and their relatives told us they knew who to speak with if they had any concerns and felt confident they would be listened to. People commented, "I would tell the carers or the manager", "I don't have any grumbles. I think [registered manager] knows how to deal with things" and "Yes I think it would if I spoke to [registered manager]."
- The registered provider had not received any recent complaints. However, systems were in place for the reporting, investigating and responding to any issues or concerns brought to their attention.

End of life care and support

- Staff completed training in death, dying and bereavement. This helps to prepare staff when dealing with the emotional and practical issues surrounding the death of a person.
- At the time of our inspection we were told the service was not providing care and support for anyone at the end of their life.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered provider and registered manager worked closely together and were committed to driving improvement. There was a clear structure in place to support the staff team. Managers and staff spoken with had a clear understanding of their roles and responsibilities.
- People and their relatives told us managers were approachable and responsive. They told us, "I haven't needed to speak to the [registered manager], but I know it's [managers name]" and "I think they work jolly hard and give us a very very good service."
- Staff said they worked well as a team and felt supported in their role. The registered provider and registered manager were described as 'very hands on' and always available for advice and support.
- Staff were provided with a comprehensive handbook, which detailed what was expected of them and the policies they needed to adhere to.
- Outside of normal office hours people and staff were provided with an 'on-call' number which was available for advice or support if needed. All the staff we spoke with said they had the 'back up' if needed. One person also commented, "Yes, I have the number it's in a book they gave me."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us the service was well run. This was also echoed by staff who said, "It runs smoothly", "[Registered manager and registered provider] know the clients, are out there and hands-on" and "They deal with things really well."
- The service had a statement of purpose and service user guide which outlined what people could expect from the service.
- CQC were kept informed of any incidents and events in line with legislation.
- The rating from the previous inspection was displayed in the office and on the registered providers website.

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

- Annual questionnaires were sent to people who used the service and their relatives, seeking feedback about their experiences and views of the service provided. Results were analysed to identify any areas for improvement.
- People and their relatives confirmed what we had been told, adding, "Yes I have filled forms in", "I have filled a questionnaire in. I'm not sure what happened then and "They took on new staff and then asked what

I thought of the new staff."

- Members of the management team visited people to check their satisfaction with the service and if improvement were needed.
- Staff were provided with a mobile phone so that information could easily be shared with them. These were password protected to ensure confidentiality was maintained.
- Staff told us they too were able to share their views and ideas through the occasional team meetings and supervisions that were held.

Continuous learning and improving care

- The registered provider spoke about new initiatives they were looking to implement over the next year, providing more effective ways of enhancing the service and outcomes for people.
- Regular checks were carried out by the registered provider, registered manager and members of the management team. These helped to identify if improvements were needed.

Working in partnership with others

- The service worked well with other organisations. They had good relationships with local healthcare services and worked with them to achieve the best outcomes for people.
- The registered provider and manager attended the local authority provider forums. These meetings provided registered managers and providers with the opportunity to share ideas and learning.