

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Complete Nursing Services Limited

27 Maple Drive, Chellaston, Derby, DE73 6RD

Tel: 01332704375

Date of Inspection: 31 October 2013

Date of Publication:  
November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✕	Action needed
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Complete Nursing Services Limited
Registered Manager	Miss Claire Fogg
Overview of the service	Complete Nursing Services Limited is a domiciliary care service offering personal care to people in the Derby area.
Type of service	Domiciliary care service
Regulated activity	Personal care

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	5
More information about the provider	5
<b>Our judgements for each standard inspected:</b>	
Consent to care and treatment	6
Care and welfare of people who use services	7
Staffing	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	14
<b>About CQC Inspections</b>	15
<b>How we define our judgements</b>	16
<b>Glossary of terms we use in this report</b>	18
<b>Contact us</b>	20

## Summary of this inspection

---

### Why we carried out this inspection

---

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

---

### How we carried out this inspection

---

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 October 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

---

### What people told us and what we found

---

We spoke with three people who used the service, two relatives and a close friend.

People said they were happy with the care and support they received, and felt that their needs were being met. One person told us "the service is brilliant, the staff are great and they do beyond what they need to do." Another person told us "I like the fact that the service is small and there is good communication. The staff are very good; they do things the way I want them doing."

People had agreed to the care and treatment they received, although appropriate systems were not in place to gain and review consent from people.

People received a reliable service as they received the help they needed at their preferred times. People also said that they usually received care from regular staff who knew their needs.

People felt listened to and able to express their views about the service.

Relatives and a close friend told us they were happy with the service their family member/friend received, and felt involved in decisions about their care and treatment.

People said that they felt that the service was well run. We found that the service was well managed, and that clear lines of responsibility were in place. This meant that people received consistent standards of care and service.

You can see our judgements on the front page of this report.

---

## **What we have told the provider to do**

---

We have asked the provider to send us a report by 24 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

## **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✕ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

---

### Our judgement

The provider was not meeting this standard.

Appropriate systems were not in place to gain and review consent from people in regards to their care and treatment.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

### Reasons for our judgement

People we spoke with told us they had agreed to the care and treatment they received. They were also involved in completing their care records and had agreed to staff giving them their medicines, where required.

Relatives and a close friend we spoke with said they were involved in decisions in their family member's/friends best interests, where they were unable to make decisions.

Staff told us that they asked people for their consent, before they carried out care or treatment. Staff respected and recorded a person's decision to refuse care or treatment. This shows that staff acted in accordance with their wishes. Where people had difficulty in making decisions, relatives or representatives were involved in making decisions in their best interests. Care records we looked at supported this.

Three people's care records we looked included limited information relating to people's capacity to make decisions about their care and treatment. This did not show that people's capacity had been assessed and reviewed.

The provider did not have relevant policies in place in regards to making decisions and gaining consent from people to provide care and treatment, including where a person is unable to make decisions and give consent. This did not ensure that staff understood the principles of obtaining a person's consent before they carried out care or treatment.

**People should get safe and appropriate care that meets their needs and supports their rights**

---

**Our judgement**

---

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

---

**Reasons for our judgement**

---

People we spoke with said they found the service to be reliable as they received the help they needed at their preferred times. Staff usually arrived and stayed for the allocated time.

People said they were happy with the care and support they received, and felt that their needs were being met. One person told us "the service is brilliant; the staff are great and they do beyond what they need to do." Another person told us "I like the fact that the service is small and there is good communication. The staff are very good and they do things the way I want them doing."

People said they liked the staff that supported them, and that they usually received care from regular staff who knew their needs.

Relatives and a close friend we spoke with said they were happy with the care their family member/friend received, and felt involved in decisions about their care and treatment. One person told us "the service is excellent and the staff are caring and respectful." Another person told us "they help you in every way they can; I can't fault the service."

Staff told us the service was flexible and centred around individual needs and preferences. The service did not provide calls under 30 minutes. This ensured that people were not rushed and that their needs were properly met.

Staff told us that they received an initial information sheet about each new person, before they went out to provide support. This ensured that staff had access to essential information to enable them to meet people's needs, until all relevant care records were in place. Staff were responsible for keeping the information confidential. The provider may wish to review the arrangements in place for ensuring that the information is kept confidential, and is destroyed when no longer required.

Three people's care records we looked at included personal information about their needs and preferences and what is important to them. Staff had completed various assessments to identify people's level of risks, and measures in place to minimise the risks and keep

them safe. People's care plans set out the care, support and treatment they required to meet their needs. The records were reviewed at regular intervals and as changes occurred. Staff responded appropriately to changes in people's needs, and worked closely with relevant professionals to ensure their needs were met.

This showed that the care records were completed to a consistent standard, and that people's care and treatment was delivered in a way that ensured their safety and welfare.



## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

People's needs were met by sufficient numbers of suitably qualified, skilled and experienced staff.

### Reasons for our judgement

People we spoke with praised the staff team and described staff as caring and good at their job. People said that they felt that they received the help they needed, as the staff were reliable and understood their needs.

Relatives and a close friend we spoke with told us they had good relationships with the staff, as they were approachable and helpful. One person told us "I have confidence in all the staff; they are great."

The registered manager told us that a number of the staff had worked at the service for several years, which meant that people received care and support from experienced and regular staff who were aware of their needs.

Discussions with staff and records showed that sufficient numbers of suitably qualified, skilled and experienced staff were provided. The service had recently employed three new carers to replace staff that had left and to meet people's needs.

People who used the service received a copy of the weekly staff rota in advance. This informed people as to which staff were due to visit.

Staff we spoke with did not express any concerns in regards to their personal safety whilst working alone. We found that arrangements were in place to safeguard the welfare of staff when working alone. Staff were aware of the lone working policy. A senior member of staff was 'on call' at all times to provide support to staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

---

## **Our judgement**

---

The provider was meeting this standard.

Staff received appropriate training, supervision and appraisal to carry out their work properly and to meet people's needs.

---

## **Reasons for our judgement**

---

People we spoke with told us they liked the staff and got on well with them. They also said that they felt that the staff had the knowledge and training to meet their needs.

Staff we spoke with told us that they had opportunities to share information and to express their views through staff meetings. They also said that they felt supported by senior staff.

Discussions with staff and records showed that staff received regular supervision and an annual appraisal to review their work, abilities and training needs. This ensured that staff received appropriate support to carry out their work effectively.

Records showed that staff had received essential training to carry out their work. Staff were supported to obtain relevant care qualifications to further their knowledge and skills. Relevant staff had completed training specific to people's needs, including the use of suction and 'PEG' care. This ensured that staff had the skills to meet people's needs.

The registered manager told us that relevant staff would receive specific training, in regards to a person they were looking to support with high level needs. This will ensure that staff have the knowledge and skills to meet to meet the person's needs.

Staff told us that they cared for several people who had dementia, and who lacked the capacity to make decisions about their care and welfare. The provider may wish to note that not all staff had received training on dementia awareness, to ensure they understood the needs of people who have dementia. Also, not all staff had received training on the Mental Capacity Act to ensure they understood the principles of the act and the safeguards.

Discussions with staff and records showed that staff completed the provider's induction programme at the start of their employment. They were required to complete various mandatory training, and work alongside senior staff to gain experience and to get to know people. A new member of staff said that they felt that they had received appropriate training and support to enable them to carry out the work. Their personal records

supported this.

It was unclear if the provider's induction programme takes account of recognised standards within the care sector. The registered manager agreed to verify the position regarding this.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

Effective systems were in place to monitor the quality of the service and to manage risks, relating to the welfare and safety of people using the service and others.

### Reasons for our judgement

People we spoke with told us they were happy with the care and service. People felt listened to and able to raise any concerns about the service with staff.

People told us they were asked for their views about their care and the service and they were acted on. The provider sent out an annual satisfaction survey to people who used the service and their representatives. The findings from the last survey dated December 2012 showed high levels of satisfaction.

People we spoke with including relatives and staff felt that the service was well run.

Records showed that staff had opportunities to share information and express their views through meetings. Three staff we spoke with felt able to express their views and raise any concerns about the care and service with senior staff, as they were approachable and responded to ideas and concerns raised.

People we spoke with including staff told us that on occasions they have had the need to raise an issue with senior staff, their concerns were immediately addressed. Records of complaints received in the last 12 months showed that concerns were listened to, and acted on.

The provider may wish to note that the complaints procedure required updating to show that complaints were acknowledged.

Our visit showed that effective systems were in place to monitor the quality of the service, and to manage risks to ensure the service was run safely. Senior staff carried out regular un-announced visits to people's homes to check that care staff were doing their job properly, and that people were receiving appropriate care.

A senior member of staff checked all completed medication administration records and daily log sheets, to ensure they had completed these properly. Where shortfalls were highlighted, action was taken to address the issues. They also visited people's homes

each week to check that care staff were handling their medicines properly.

Records showed that Derby City Council carried out a medicines audit in September 2013. The service scored 100%, which showed that people's medicines were managed properly.

The findings from this visit showed that the service was effectively managed, and that clear lines of responsibility were in place. The effect on people using the service was that people were receiving consistent standards of care and service.

This section is primarily information for the provider

## ✕ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<b>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</b>
	<b>Consent to care and treatment</b>
	<b>How the regulation was not being met:</b>  Appropriate systems were not in place to gain and review consent from people in regards to their care and treatment.  Regulation 18

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 24 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.



## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

---

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

---

---

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

---

---

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

---

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

---

### **(Registered) Provider**

---

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

---

### **Regulations**

---

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

---

### **Responsive inspection**

---

This is carried out at any time in relation to identified concerns.

---

### **Routine inspection**

---

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

---

### **Themed inspection**

---

This is targeted to look at specific standards, sectors or types of care.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---