

***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: 06 November 2012

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November 2012

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

**Respecting and involving people who use services**



Met this standard

**Care and welfare of people who use services**



Met this standard

**Safeguarding people who use services from abuse**



Met this standard

**Requirements relating to workers**



Met this standard

**Assessing and monitoring the quality of service provision**



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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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 unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2012, checked how people were cared for at each stage of their treatment and care and talked with people who represent the interests of people who use services. We talked with people who use the service, talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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People who use the service and relatives we spoke with told us that they happy with the service they received from the agency.

We were told that staff were polite and respectful. People told us that the agency encouraged them to give feedback on the service and acted swiftly to deal with any concerns raised.

We were told the care workers knew what to do and that the agency supported them with training and supervision. People benefit from regular staff and consistent care.

We found that the agency had systems and policies in place which were applied to ensure people received appropriate care that met their needs.

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

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### More information about the provider

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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

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We looked at the care records of four people using the service. We found that the choices and preferences of the individual concerned were reflected throughout their care records.

Each care record included a summary of the persons care needs. This included a section on how the person's dignity could be assured. For example, one file we looked at provided guidance to staff on how to communicate with the person to encourage maximum levels of independence, choice and control. People we spoke with told us that staff were respectful with one person telling us "they are very good, they do ask I ask and are very flexible".

Care records included a guide for staff on the provision of care. This provided staff with clear guidance on how the person preferred to be supported to meet their needs. Information within the guidance was person specific and included details from how to enter the premises to information on how to engage with the persons' family members.

Staff told us that the office care record is replicated in the persons' home so that they are able to view a persons care requirements either in the office in their home based care file.

People we spoke with told us that they had been provided with a copy of the providers service user guide. The guide included details on the type of services offered by the agency, standard of service and key policies and procedures'.

We saw communication log books which are completed by care workers following each care visit. The log book is kept in the persons home until it is full. This is checked by senior staff when they undertake reviews of care. The logs contained detailed information about the tasks undertaken by each care worker and information relating to the persons general wellbeing and engagement with the service.

The provider may wish to note that care plans were not routinely signed off by the person using the service. If care plans were signed, it would have shown that the person was involved in writing them.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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We looked at four peoples' care records. All of the records contained an initial assessment of peoples needs. Staff told us that people needs were reviewed annually by senior staff at the agency or more frequently if staff or service users identified changes to their care needs

We saw that peoples' needs were assessed and care was planned and delivered in line with their individual care plans. Each care record contained an initial assessment of people's needs, a summary of their care needs, a care plan and a schedule for each planned care visit. Care plans were detailed with relevant section completed according the persons individual needs. For example, one person required assistance to mobilise. The file contained details on how the person should be assisted, including a moving and handling risk assessment.

We saw that each care record contained details of what staff should do in an emergency including relevant contact numbers.

One care record we looked at did not include an up to date review of care. The last recorded review was held in 2010. Staff told us that the person using the service had written their own care plan and had declined subsequent reviews telling staff that they would notify the agency as and when their needs changed. We saw notes on the person computerised file which indicated the person's preferences for their care and treatment. This provided up to date information for staff on how the person's needs should be met.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People we spoke with told us that they felt safe and that they knew who they could talk to if they had any concerns or complaints about the service. One person told us "If I had any complaints I would raise them, I know that they would try and help".

We saw that a copy of Derbyshire adults safeguarding policy was available at the provider's office base. Staff showed us copies of referral forms which are in place in the event they need to make a referral to the local safeguarding team. This indicates that the staff were aware of the correct procedure to follow in the event of any suspicions or allegations of abuse.

The provider may wish to note that the Derbyshire safeguarding adults policy on file was dated July 2010/ This was not the most recent version which was revised in May 2012. In addition, we did not see any evidence of a local safeguarding policy which would provide staff with guidance on how to deal with safeguarding issues. This meant that there was a risk that staff would not respond appropriately to any allegation of abuse. Staff assured us that they would update the file to ensure it contained the most recent version.

All of the staff we spoke with told us they that they had completed safeguarding vulnerable adults training. Training records supported this. Staff had a good understanding as to their roles and responsibilities in safeguarding vulnerable people from abuse.

We saw a copy of the providers whistle blowing policy. Staff we spoke with were aware of what to do in the event they needed to report concerns relating to a colleagues practice.

We saw that local policies were in place to protect people from the risk of financial abuse. This was accessible to people who use service through their service user guide and was also contained within the staff handbook.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

We looked at recruitment information in four personnel files. This told us that recruitment procedures confirmed people's identity, had Criminal Record Bureau (CRB) checks undertaken before employment commenced and that there was a completed application form and references obtained as part of the process.

Care staff we spoke with told us they enjoyed working at the agency. One person told us "it's one of the best places I've ever worked at", another told us "I've never had any problems here".

Senior staff told us that the provider contracts with an external provider who facilitates training. We were shown the providers' computer based training record. This showed that all staff had attended mandatory training including safeguarding, fire safety, moving and handling, food hygiene and infection control in the 12 months before our inspection.

Records indicated that 13 of the 21 staff at the agency have achieved a National Vocational Qualification in Health and Social care at level two or above.

Senior staff told us that some care staff had been recruited specifically to meet individual people needs. For example two people using the service required care staff who could communicate using British Sign Language (BSL). Records we looked at showed us that there were staff at the agency who were able to communicate using BSL.

We saw supervision notes on staff files that showed us that staff have supervision every three months. Staff competence is monitored by way of supervision and direct observation of their work. This is supported by the provider's annual appraisal system.



## 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

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People we spoke with told us that the provider actively sought feedback on the services provided. One person told us "any feedback they love to know, good or bad". Another person told us "they came out to see how one of the girls was getting on. They always ask how they are doing".

Staff showed us the provider's electronic records of people's care plans and records of contacts. We saw that the provider had a process for recording and managing quality monitoring data. One person we spoke with told us "I raised an issue, it was only a minor one, but they dealt with it immediately".

Staff told us that the agency has plans in place to send a customer satisfaction survey to people using the service. We were told that this would be sent out by the end of November 2012.

The agency has clear lines of reporting accountability. Both staff and people who use the service were aware of the hierarchy of staff at the agency. All of the people we spoke with said they found staff and managers approachable.

Senior staff told us that they undertake regular checks on staff by undertaking visits to people's homes. As part of the check they observe staff interactions with people who use services to inform appraisals and supervisions. One staff member we spoke with told us "the managers always keep you informed and up to date if there are any changes".

## 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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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