Complete Caring Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 24 November 2016. We contacted the service before we visited to announce the inspection. This was because the service provides a domiciliary care service to people in their own homes. We wanted to ensure that the manager was available to speak with us.

Complete Caring provides personal care to around 10 people who live in their own homes in Norfolk. The service provides support with other needs; however with domiciliary care the CQC only regulates personal care.

At our last inspection in October 2015, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the management of the service. Safe recruitment practices had not been followed. There was limited monitoring to ensure that staff had the skills and knowledge to do the job well. There was limited record keeping and care planning. There were limited audits to monitor the quality if the service.

At this inspection on 24 November 2016 we found improvements had been made so the service was no longer in breach of this regulation.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

However, the registered manager was no longer operating in this role. There was a daily manager who ran the service. For the purposes of this report they will be referred to as the manager. At the last inspection we were told that the registered manager would be de-registering as the manager and the manager would be applying to the CQC to become, the registered manager. However, this had not happened.

The service was not auditing the administration of people's medicines to check people had received their medicines in the way the prescriber had intended. We found some issues with the recordings of people's administration of medicines. This meant we could not be certain that these people had received their medicines as the prescriber intended. During our visit the manager told us of plans they would put in place to rectify this issue.

People were supported by staff who were knowledgeable in their roles and demonstrated the skills required. Staff had been safely recruited. There was a training system in place and staff had up to date training. Staff had a thorough induction to the service and their role. Staff were committed to provide a good service to people and felt supported to do this.

Staff demonstrated they understood how to prevent and protect people from the risk of abuse. Staff were

mindful of this issue. The service had a procedure for reporting any safeguarding concerns. People and staff were protected from the potential risk of harm as the service had identified and assessed the risks people faced. People had assessments and reviews which were person centred.

People benefited from staff who felt valued by the service. Staff had confidence in the manager and the service they were providing. People told us they were treated in a respectful and caring way. People said they saw the same care staff at regular times, and did not have missed care visits.

Staff demonstrated that they understood the importance of promoting people's dignity, privacy and independence. They gave many examples of a caring and empathetic approach to the people they supported. Staff formed positive relationships with the people they supported.

Staff had received training in the Mental Capacity Act 2005 (MCA) and demonstrated they understood the importance of gaining people's consent before assisting them.

Staff assisted people, where necessary, to access healthcare services. Staff had a good understanding of people's healthcare needs. Staff demonstrated they had the knowledge to manage emergency situations, should they arise.

Staff supported people to avoid social isolation. People felt comfortable about contacting the manager and raising any issues they may have had. There was a complaints process in place for people to follow if they wanted to make a complaint. Staff also felt comfortable in raising any concerns they had with the manager.

The manager demonstrated a real commitment to the service and its future. Staff had confidence in the manager. The manager was accessible and involved in the service. The manager knew the people well who the service supported and the staff that supported them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had identified, assessed and regularly reviewed the risks to people.

Systems were in place to protect people from the risk of abuse. Staff knew what to do if they had any concerns and they were confident in raising these.

People benefited from being supported by staff that had undergone recruitment checks to ensure they were safe to work in care.

Is the service effective?

Good

The service was effective.

The training, induction, and the support and development the staff received, contributed to the effective support people experienced.

People received care and support in the way they wished as staff understood the importance of gaining people's consent.

When required people received support with food and drink.

Is the service caring?

Good

The service was caring.

People benefited from having positive and caring relationships with the staff that supported them.

Staff promoted people's independence and gave them choice.

People had been fully involved in planning the care and support they received.

Staff understood the importance of maintaining people's dignity and privacy and worked in a way that promoted this.

Is the service responsive?

Good

The service was responsive.

People received care and support that was individual to their needs.

The service had identified and assessed people's needs.

People were supported to avoid social isolation.

The service listened to people's needs and concerns and responded appropriately.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered manager was not active in the service and had not been since our last visit. This role had not been replaced.

Medication records were not being audited. However we were told of plans to rectify this.

There was a positive and open culture at the service.

The manager was accessible and approachable.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. Notice was given to ensure the manager was available to assist our inspection. The inspection was carried out by one inspector and an 'expert 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.

Before the inspection we viewed all of the information we had about the service. We also contacted the local quality assurance team, local authority safeguarding team and asked their views on the service.

During the inspection we visited the service's office, spoke with four people who used the service and seven relatives. We also spoke with the manager, a care co-ordinator, and four members of staff.

We looked at the care records of four people who used the service and this included the medicines administration records where applicable. We also viewed records relating to the management of the service. These included risk assessments, reviews, two staff recruitment files, training records, compliments and complaints.

Good

Is the service safe?

Our findings

Staff and the manager at Complete Caring knew how to keep people safe.

People were protected against the risk of potential abuse. The staff had training in safeguarding people. The staff we spoke with all told us they would report any concerns to the manager. Staff were also able to tell us what the possible signs of abuse were. This included people presenting as withdrawn or distressed. Staff felt confident they would be able to identify concerns because they knew people well and had the time to talk to them. The manager was aware of the local authority safeguarding consultant and spoke directly with this professional if they had concerns. However they were not aware of the main contact point with the local authority which included an out of hour's team. Staff were also not aware of the teams they could also report their concerns to.

People had thorough risk assessments and care plans completed by the manager. We looked at some people's assessments; these had identified what the risks were to people's physical health and wellbeing. People's care plans clearly identified what people's needs were. These plans guided staff what they had to do in order to meet these needs. Additional guidance was available in these records if a person's needs changed. For example one person was at risk of developing urine infections. The care plan told staff what the signs were and what they needed to do to in order to manage this situation. Staff told us they referred to these plans when they needed further guidance.

The manager told us they had contacted the local health team who had commissioned some of the care they provided, when they had concerns about a change in people's needs. The manager said they had a good working relationship with these professionals.

In people's assessments it contained information such as if there was a fire alarm, if there were any trip hazards, what the power sources were, and the risks to staff entering and leaving the area and the home. Records contained next of kin details and people's professional contact details. Care plans contained detailed information to enable staff to respond to an emergency situation in relation to people's health needs and the specialist equipment they used.

The manager told us that they were 'on call' out of normal working hours. They had a plan if there was bad weather. The manager told us that the local authority notifies them of any adverse weather conditions. They have a list of the most vulnerable people who they supported and these would take priority. Local carers in that area would be used.

The manager had a system for responding to accidents and incidents. However we were told they hadn't needed to use this system for some time. We were also told of examples when staff had raised concerns with the manager. In these cases the manager went out and completed a review visit. We looked at one person's record which stated staff had concerns about the temperature of the person's house. The manager visited, spoke with all relevant parties and resolved this issue.

There were enough staff to meet people's needs. People told us they saw regular members of staff and they did not have any missed or late care visits from staff.

The manager told us they would not accept new packages of care unless they had enough staff to meet people's needs. The manager explained the process they go through to identify if they can accept a new care package. This included reading all the relevant assessments from the health and social care professionals involved, and looking at the rota and shift patterns of staff.

Staff told us they supported a regular group of people. Often people would be supported by a team of two members of staff. A care co-ordinator said this was to help ensure staff identified changes in people's needs. All the staff we spoke with said they had enough time with people. Some staff also told us they, "Popped in" to see some people on their way to see another person. A relative we spoke with confirmed this sometimes happened. Staff told us that often new people to the service would be introduced to their new members of staff before care visits began.

The manager had safe recruitment practices in place. New staff provided a full employment history from when they left education. At the previous inspection this practice was not being followed. The manager had corrected this and asked all existing employees to submit their full employment histories. We looked at staff files and found this had taken place. Staff identification had also been verified and the Disclosure and Barring Service (DBS) checks, about staff's backgrounds, had also been carried out.

The staff we spoke with told us how they would administer people's medicines safely. They told us how they followed people's Medication Administration Records (MARs) to ensure people had their medicines as the prescriber had intended. Staff told us they felt confident with administering people's medicines.

However, we looked at some people's recent MARs. One had missing signatures with no explanation as to why there was no signature. Staff are required to sign the MAR to confirm that a medicine had been administered as prescribed. On another person's MAR the member of staff had written the medicine and dose but had not signed and dated this. On a further person's MAR there was no signature for one person's medicine which the GP had prescribed as a daily dose. We spoke with the manager about this, who said the person no longer needed this medicine daily. The MAR had not been updated to reflect this. We spoke with a member of staff who told us they had taken over from a relative to administer a person's medicines. They told us they did not have a medication record to follow or record on when they administered this person's medicines. They told us they have not had a MAR chart for this person for the last three months.

We spoke with the manager about these issues. By the end of our visit the manager had put an auditing system in place, We were told MARs would be audited monthly and such issues would be identified and addressed.

Good

Is the service effective?

Our findings

People who received support from staff at Complete Caring received effective care. A relative said, "[Member of staff] is excellent, [name] is innovative and has changed my [relative's] life for the better. [Staff] introduces gentle exercises for [relative] now [relative] has movement; also [relative's] speech has improved." Another relative told us about, how a member of staff had noted a mark on their relative's skin. The relative told us how this member of staff responded quickly to this, they said, "[They] nipped it in the bud before any sores or anything worse developed."

The manager and staff told us about the service's induction programme for new staff. Staff received shadowing experience before they started working independently. This would be assessed with the care co-ordinators who would lead the shadow shifts. We were shown a training record which stated staff had up to date training. Staff had training in infection control, dementia care, health and safety, and moving and handling. The manager told us about some occasions when some members of staff had received a low score on a particular training course. In these situations the manager said they then did the training together to ensure the staff members understood that particular course. We were shown the training scores for staff, with the exception of one member of staff for one course; these were all above 80 per cent.

The manager told us they utilised their connection with local health teams and professionals in order for them to provide specialist training. The manager said staff received additional training in catheter care, blood sugar monitoring, and the use of specialist equipment. The manager said when they provided training for the use of hoists, they always did this in people's own homes, they said, "Because every hoist is different." The staff we spoke with confirmed this happened.

The manager told us about how they and the provider were encouraging staff to complete qualifications in 'social care' and complete NVQ courses. Some of the staff we spoke with confirmed this. One member of staff told us about their NVQ course and said, "[Manager] will take the time to help you."

We looked at staff records and we could see staff received regular supervision. We looked at some of these supervision records and we could see these were detailed conversations. They included a question or topic where the manager would test a member of staff's knowledge in a related area. The manager also completed regular observations of staff practice in a variety of areas for example how people's blood sugar levels were monitored and when equipment was used to support people to mobilise and transfer from one position to another. We also looked at some of these records and we found these were also detailed accounts of staff practice.

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.

People told us staff sought their consent and gave them choices with their daily lives. One person said, "Staff are very polite and always ask if it's okay before doing anything." Another person said, "I always choose what I would like to wear and what I would like to drink."

We found that the manager and the staff we spoke with had a good understanding of what mental capacity meant. People had been asked if they consented to their care and this had been recorded. Staff spoke about giving people choices and not assuming people could not make decisions for themselves. Staff told us they were careful to promote choice in any situation. One member of staff said there role was to, "Give people choices, to promote what the person wants."

People's care plans prompted staff to ask for consent before specialist equipment was used by staff. People had also consented to the manager and staff sharing important information about them to relevant health professionals, if there was a need to do this.

Some staff supported people with eating and drinking. One person's relative told us that their relative, "Always ate really well."

The staff we spoke with told us how they encouraged people to eat who were at risk of losing weight. They told us, "The GP said to try lots of little snacks throughout the day, and this seems to be working." We spoke with one member of staff who told us how they followed the advice of a specialist health team, in order to prevent a person from choking. They and the manager said this guidance was regularly updated by this team and was kept in the kitchen for staff to follow. This person's regular member of staff was able to tell us what types of food this person could not have.

Some people's care plans also prompted staff to use particular adapted utensils to support the person to eat and drink. One person's care plan explained how to encourage the person to eat; it gave staff practical guidance about how to do this. People's daily records gave detailed information about what people had eaten and had to drink, which reflected people's individual care plans.

The staff and the manager responded positively to changes in people's health needs. We spoke with some members of staff who told us how they had encouraged one person who had capacity to seek further health assistance regarding a breakdown in their skin. Another member of staff told us how they contacted the GP (with the person's consent) and asked them to visit to assess a change in a person's health need. They told us the GP refused to visit so they drove the person to the hospital. This member of staff said, "It's better to be safe than sorry." We found records demonstrating people were being supported to prevent and manage deteriorations in people's skin.

Good

Is the service caring?

Our findings

The service was caring. A person told us, "I am treated with dignity and respect." A relative told us, "Yes there is compassion and respect for my [relative] all the time." Another relative said, "It's like living with a family member, I can't complain."

One person's relative told us how supportive and caring staff had been to their relative. They told us that their relative had formed close relationships with the staff who visited them. They told us how their relative had fallen when they were out with friends and taken to hospital. The agency called the relative, and as they lived so far away, a member of staff then stayed with their relative in hospital until 23:00 pm. The relative said, "That is sheer devotion and kindness. That is what they are like." Over the next two weeks a range of staff and their partners drove the relative to hospital and collected them daily. The relative added that the manager would not accept payment for this support. They said, "They loved my [relative]."

Other relatives also told us how their relatives had formed close relationships with the staff that supported them. One relative said, "[Relative] misses [name of staff] when they are on leave."

Relatives told us that their relatives were consulted with and involved in the planning of their care. One relative told us when the manager assessed their relative it was a conversation directly with them. We looked at people's care records and we could see people and their relatives had been asked how they wanted to receive their care. The manager completed reviews where they would visit people who they supported and asked for their views on the care they received. We could see that the manager also involved people who were important to them, if the person was not able to fully express themselves.

The staff we spoke with were able to tell us what was important to the people they supported. They knew what people's preferences were and they knew about people's backgrounds. One member of staff told us, "You need to get to know the people you care for." Staff told us how difficult it was emotionally for them, when a person they supported had died. One person had recently passed away; staff were emotional about this and were making plans to attend the funeral.

Staff told us how they promoted people's wellbeing. Staff told us about some of the people they supported who were low in mood. Staff also told us how they supported those people to improve their wellbeing. We were told about one person who used to have a particular interest which had been very important to them. Staff told us how they encouraged and supported this person to reconnect with this interest.

When we visited the service's office we found that people's information was kept securely. Information was archived in a secure unit and then a private company shredded this after a number of years.

People told us how they promoted and respected people's dignity. One relative told us, "Oh yes my [relative] is treated with lots of respect." Another relative told us, "We feel listened to and respected by the carers."

The staff we spoke with told us how they provided personal care in a way which promoted people's dignity. One member of staff said, "It's all about choice, that's how you support people's dignity." Staff told us how they would explain to people what they were going to do, and if they were happy for this to happen. Staff also said how they would ensure people had privacy with elements of their personal routines. We looked at people's daily records, assessments, and reviews. We found that this information was recorded in a professional and respectful way. When we spoke with staff about the people they supported, these were respectful and polite conversations.

Staff told us how they encouraged people's independence. One member of staff told us how they supported one person to complete their exercises to support their mobility. Another member of staff told us how they asked the person they supported what they wanted to wear, showing them different options which included a choice of different coloured shoes.

Good

Is the service responsive?

Our findings

People received care from staff and the manager which was person centred. One person told us, "They are fantastic; we have a laugh and talk about what is happening in other countries." Another person said, "They take their time." A further person told us, "No rush at all."

We looked at people's assessments and reviews and could see people were involved in the care they received. People were asked what type of, "Support and carers" they wanted. The manager told us that new people, who were going to be receiving support from staff, would meet the members of staff who were going to provide this support, before the care package started. We found this documented in one person's record. Staff confirmed this took place. One member of staff told us if they were asked to provide care visits to a person who already used the service they would meet the person first and shadow care visits. Some staff told us that at the beginning of a care visit they spoke with the person first to ask what support they wanted. One member of staff said, "I don't take over, I always have a chat first."

When we looked at people's assessments and reviews we found that some people's relatives had also been involved in the planning of their relatives care. One member of staff told us, "[Manager] does check in visits and will ask clients if they want anything changed." We noted there was guidance on one person's care plan about how to communicate with the person; it spoke about giving the person a lot of time to respond and listening carefully, as the person had communication issues. Another person's record gave information for staff on how to support this person when they were distressed; it gave detailed guidance about how to do this.

We found that people's plans didn't reflect people's life histories, their past achievements, their interests and hobbies. We asked staff about this and they were able to tell us in detail about some of the people they supported. Staff told us they had spent time getting to know people while they provided support to them. However, we spoke with some staff that supported some people who were living with dementia or who had communications difficulties. These members of staff were not able to tell us much about these people, other than their daily needs. We spoke with the manager about this; they showed us a new assessment form which they planned to use to gather this type of information at the assessment.

Staff told us how they supported people with their interests and how they supported people who were socially isolated. One member of staff told us how they supported people who were lonely. They said, "I stay I have a cup of tea and a conversation." They also told us how they taught one person to use an iPad so they could skype their relatives. Other members of staff said they would raise any concerns they had about a person being isolated with the manager. We were also told of examples of when this happened. The manager spoke with these individuals and support was arranged by the service.

People told us they knew who to complain to and felt confident it would be fully addressed. One person said, "I know how to raise a complaint, I can speak to the manager or the authorities." Another person told us, "I can phone the manger if I had a concern."

There was a complaints policy in place which gave clear guidance to the manager about how to respond to a complaint, this included signposting people to the local ombudsman. The manager told us they had not received any formal complaints. However, they did tell us about an issue which a person's relatives wanted to be addressed outside of a formal complaints process. We were shown the letter which the manager sent to the relatives. We could see the manager had addressed the issue and taken it seriously.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach in the regulations because the service was not checking the quality of the service provided, it did not complete regular audits of records, it did not test the competency of staff, there was limited training for staff. At this inspection, we found that improvements had been made in these areas. Therefore the service was no longer in breach of this regulation.

At the last inspection it was also identified the registered manager was no longer operating in this role and the daily manager was going to be applying to become the registered manager. When we visited, this application had not been made to the CQC registration department. The manager said they would be completing this shortly. We asked the manager about what events they had to inform us of by law and the manager was not able to fully answer this question.

We had asked the service to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive a PIR. We spoke with the manager about this who said this had probably been sent to the registered manager's e-mail address, which they rarely looked at.

We found that the manager was not auditing people's MAR charts. We spoke with the manager about this who said they were aware of this shortfall. The manager produced a plan of action at the end of our visit to audit MAR charts when these were returned to the office on a monthly basis. The manager said they were auditing the daily record notes which we could see were returned each month by staff. However, the manager was not recording this audit and what actions were needed as a result of the audit. We spoke with the manager about this who said they would rectify this.

Staff spoke positively of the leadership of the service. All the staff we spoke with said they felt comfortable approaching the manager. They said they discussed concerns they had with the manager. I member of staff said the manager, "Was always at the end of the phone, [manager] will always take the time to help you." Another member of staff told us, "[Manager] always listens to you."

There was a positive culture in the service. Staff told us the manager was supporting them to gain vocational qualifications in care. Staff spoke positively about having observations from the manager; they saw this as a positive and important experience. Staff felt supported in their work by the manager. One member of staff said, "Manager is lovely and is very very supportive." All the staff we spoke with talked about giving their time to the people they visited and they told us they had built positive relationships with these people. The people and their relatives we spoke with confirmed this.

The manager was very involved in the daily running of the service. The manager told us, "I'm still very active, I still do care calls." Staff confirmed the manager provided some care visits. The manager told us they responded to any issues or concerns raised by visiting the person and discussing it with them. We found

examples of this in people's records.

We asked staff what the values of the service were and what the service does well. One member of staff told us the aim of the service is, "For clients to be happy, and to have everything they need." Most staff told us they listened to what people wanted and they got to know people.

The service was making improvements in its auditing systems. Training and supervisions were now being monitored to ensure these were up to date. The manager had signed up to an initiative provided by the local authority to support care services to improve. The manager was completing a higher vocational course in care. Two care co-ordinators were now in place. The manager said the purpose of these roles was to enable them to focus on the management of the service.