

Complete Care & Support Ltd

# Complete Care & Support Ltd

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in Launceston and the surrounding areas. The packages of care provided range from short visits at key times of the day to 24-hour care dependant on the person's care needs. At the time of the inspection the service was supporting approximately 35 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service consistently told us they felt safe and that staff were caring and respectful and had developed positive caring relationships with them. Their comments included, "I can't fault one of them", "There isn't one of them that I wouldn't say I wouldn't want to come back" and "They [staff] look at me and can tell if I'm not well as I get a lot of pain - the carers know me well."

Relative were also complementary of the service and the quality of support it provided. Comments included "[Staff] are very kind and caring and we have absolutely, no complaints whatsoever" and "Complete Care have been absolutely fantastic, they've been a lifesaver to all of us."

People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

People received person centred care and support based on their individual needs and preferences. Staff were aware of people's life history, and their communication needs. They used this information to develop positive, meaningful relationships with people.

People and their relatives were involved in the development and review of care plans and told us these documents were accurate and up to date. They included clear guidance on the support required during each visit.

People told us they felt well cared for by staff and encouraged them to maintain relationships and keep their independence for as long as possible.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and were able to adapt in order to meet people's needs and support them as they wanted.

Staff were recruited in a safe way, there were enough staff to meet people's current needs. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

The service's rotas were well organised and there were enough staff available to provide all planned care visits. A mobile phone call monitoring application was used to ensure all visits were provided and to share information securely with staff. No one reported having experienced a missed care visit.

Risks had been assessed and staff were provided with guidance on how to manage and mitigate risks while providing support. The service had appropriate procedures in place during periods of adverse weather.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and said they could talk to management at any time. Staff were motivated, felt valued and were happy in their work. Staff said, "I can confidently say it is the best place to work. Both [registered manger] and [training and recruitment manager] have given me unconditional support throughout my work" and "[Registered manager] sets a very high standard and we all follow gladly. The high respect I have for [registered manager] motivates me to work very hard to keep the reputation of the company spotless."

Management roles were clearly defined and there were effective quality assurance processes in place. People were complimentary of the service and relatives told us, "Out of all my experience of care this is the best one."

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

#### Rating at last inspection

This service was registered with us on 10 December 2018 and this is the first inspection.

#### Why we inspected

This was the first planned comprehensive inspection of the service.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Complete Care & Support Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 72 hours' notice of the inspection in accordance with our current methodology for the inspection of this type of service. This enabled the service to seek people's consent to talk with the inspector by telephone. Inspection activity started on 5 December 2019 and ended on 6 December 2019. We visited the office location on 6 December 2019.

#### What we did before inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used all of this information to plan our inspection.

The provider had not been requested to complete a provider information return prior to the inspection.

#### During the inspection

We spoke with seven people who used the service and five relatives by phone about their experience of the care provided. We received feedback from eight care staff via email about their experience of working for the service. On the day of the office inspection we spoke with the registered manager, training and recruitment manager and three care staff.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and the service's rotas and call monitoring data were also reviewed.

#### After the inspection

We requested feedback on the service's performance from a health and social care professional. We reviewed further care documents.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- Staff understood their roles and responsibilities in relation to ensuring people's safety. They were confident any specific safety concerns reported to the manager would be addressed. Staff knew how to report safety concerns outside the service and told us people were safe.
- People felt safe. People said if they didn't feel safe they would speak with a member of the care staff or the registered manager and were confident they would help them solve the problem.
- No one we spoke with reported any missed visits and people told us, "I've never been missed", If care staff were going to be late to the planned visit, the office would call to alert the person of this. The office staff would then decide if either the care staff or a member of the office staff would then carry out the visit to prevent further time delay.
- Staff reported details of their arrival and departure times to each care visit via the providers mobile phone application. This data was monitored by office and on-call staff to ensure all planned visits were completed.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm.
- Where significant risks to people's health were identified staff worked collaboratively with people and professionals to prevent their conditions deteriorating. Where necessary additional unplanned visits had been provided to ensure people's safety. Staff described occasions when they had increased their length of time at people's homes. For example, whilst waiting for paramedics to ensure the person was safe, comfortable and supported until medical assistance arrived.
- The service had systems in place for the prioritisation of care visits, based on people's support needs, for use during periods of adverse weather and other significant disruption.

Staffing and recruitment

- The service employed enough staff to provide all planned care visits.
- Rotas were well organised in advance. Staff were provided with appropriate amounts of travel time between consecutive care visits. Daily care records showed staff normally arrived on time to care visits and people told us staff arrived on most occasions on time.

- All necessary recruitment pre-employment checks had been completed to help ensure new staff were safe to work with vulnerable adults.

#### Using medicines safely

- People received support with their medicines safely from trained staff. People told us, they received their medicines on time.
- People's care plans included information about the support the person required with their medicines and it was clear the service encouraged people, wherever possible, to manage their own medicines. Where support was necessary daily care records detailed what support staff had provided with medicines.
- Appropriate records were completed by staff when people received support with their medicines

#### Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- People and relatives confirmed staff followed good infection control practice and personal protective equipment was readily available to staff from the service's office.

#### Learning lessons when things go wrong

- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support, and people and their relatives confirmed this.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff and told us they had the skills necessary to meet their needs. Comments received included, "It's perfect, all the girls[staff] are well trained."
- All new staff completed formal, face to face training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently. Staff told us this training was informative and useful. Staff were encouraged to develop their skills and supported to complete diploma level qualifications. Staff were positive about the level and quality of training received and commented, "I have received lots of training already during my time at Complete Care."
- There were systems in place to monitor staff performance during their initial independent visits. Relatives told us new staff always visited with an experienced staff member so the new staff member received support and guidance in how care should be provided.
- Staff told us they felt well supported and records showed they had received regular supervision.

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

- People's care plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences. A relative told us staff ensured meals were prepared on time to meet their family members health condition.
- Staff always offered choices in relation to meals and ensured people had access to snacks and drinks at the end of each visit. People told us, "They [staff] warm up my food and always make sure that food and drinks are to hand so when I am on my own I can reach them. I am no longer at risk of dehydrating" and "I like my plate warmed up before I am served my meal."

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

- If needed, staff supported people to access their GP, community nurses, and attend other health appointments. People told us the service had responded appropriately when they were feeling unwell and had arranged appointments for them.
- The service worked with other agencies to help ensure people's needs were met. When staff recognised

changes in people's health or wellbeing this was reported to managers. Records showed appropriate and timely referrals had been made to health professionals for assistance.

- People were supported by staff to maintain good oral hygiene. Care plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- People were asked for their consent before they received any care and treatment. Staff involved people in decisions about their care and acted in accordance with their wishes. For example, a person told us "I was asked what support I needed and how I wanted to receive the support."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt valued and were consistently complimentary of their care staff. They told us, "I can't fault one of them", "There isn't one of them that I wouldn't say I wouldn't want to come back".
- People received care from staff who developed positive, caring and compassionate relationships with them. Comments included; "I'm delighted, they [staff] are all caring and quick to pick up when things need to be done" and "They [staff] look at me and can tell if I'm not well as I get a lot of pain - the carers know me well." Relatives supported this view commenting "[Staff] are very kind and caring and we have absolutely, no complaints whatsoever.
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- People were always treated with kindness and were positive about the staff's caring attitude. People and their relatives were highly complimentary in discussions with us about the care they received.
  - Staff spoke about people with affection and were passionate about their role. Staff told us, "I find it heart-warming to hope that we bring a smile and some chat to some of our clients which brightens their day and if I can make them laugh or smile then I feel like I'm making some differences to their day."
- Rotas showed people were normally supported by small groups of staff and people told us new carers were always introduced by someone they knew.
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. People and relatives told us staff provided additional emotional support when needed and said, "Complete Care have been absolutely fantastic, they've been a lifesaver to all of us."
  - People's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination. Where people had expressed preferences in relation to the gender of their staff these preferences were respected.

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

- People were involved in making decisions about their care provided and staff respected their decisions. A person told us how staff suggested additional support and they decided whether to accept it or not: "Today she [staff] massaged my foot as it was hurting and put cream on it – it's something I don't usually ask [staff] to do, it's awkward for me to put cream on my foot."
- Staff had a good understanding of what was important to people and ensured where ever possible people's routines and preferences were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff showed genuine concern for people and ensured people's rights were upheld.
- The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning.
- Staff and the registered manager were very aware that they were working in people's homes. They told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed; respecting when a person needed space.
- People's confidentiality was respected, and people's care records were kept securely.
- Staff supported people to maintain their independence. Care plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were accurate and informative. They included specific guidance for staff on the tasks to be completed during each visit. In addition, staff were provided with details of people's routines, interests and hobbies and an overall objective for the planned support. This information helped staff provide individualised care and ensured people's priorities were respected.
- People and their relatives were involved in the development and review of their care plans and told us these documents were up to date. Their comments included, "I have a care plan in house which carers can refer to." Staff told us care plans were informative and gave direction in how to support the person in the way that they wished.
- People told us how the provider would respond to their changing needs. For example, one person told us that the time of their visit was rearranged so that they could attend a medical appointment.
- Staff completed handwritten daily records at the end of each care visit. These records included details of the support provided and any changes in people's needs alongside a record of staff arrival and departure times. Where staff had significant concerns in relation to a change in a person's needs they reported this information directly to their managers.

Meeting people's communication needs

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

- Care plans contained information about the support people might need to access and understand information. This included details of any visual problems or hearing loss. Where people used adaptive technologies to aid their communication, this was detailed within their care plan.
- Staff knew how to communicate effectively with people in accordance with their preferences and needs. For example, to support people with a visual impairment, the manager had developed in consultation with the person, a diagram of the person's meal tray as to where items should be placed, likewise where furniture should be placed when the person was in bed or seated in a chair. The person was then able to find items or mobilise around items safely. People commented "They also know that I need furniture and my tray made up in a certain way because of my vertigo. They know not to put my soap dish on windowsill as I can't reach it" and "[Staff] put stuff where I need it, so I can find it when I'm on my own."

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of

accessible ways to do this.

- People and their relatives knew how to make complaints; and felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The provider held a register which recorded all concerns and compliments. From this it was evident that the provider listened to and investigated any concerns raised. They also looked at what lessons could be learned from the concerns raised.

End of life care and support

- The service sometimes supported people at the end of their lives. People's care plans included details of any specific wishes people had expressed in relation to this stage of their lives and staff respected these choices.
- The service worked collaboratively with health professionals to ensure people were comfortable at the end of their lives.

## 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 manager and training and recruitment manager were very much involved in the day to day running of the service including working hands on, alongside staff where required. They positively encouraged feedback and were keen to grow their service whilst ensuring people received, "the best care".
- The registered manager, recruitment and training manager and two team leaders met weekly to plan the next weeks work. This included monitoring staffing levels to ensure all care visits would be fulfilled, the on-call rota and feedback about the people they supported and any actions they may need to take.
- A health and social care professional were positive about the service stating "I find this agency to be very good so far, they are very helpful. I feel the agency are well managed."
- Staff also strived to ensure care was delivered in the way people needed and wanted it.
- The service had appropriate quality assurance and auditing systems in place These systems drove improvement in performance and ensured any issues were investigated and addressed.
- The provider notified CQC of any incidents in line with the regulations.

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

- There was a positive, supportive and caring culture and staff told us, "I can confidently say it is the best place to work. Both [registered manger] and [training and recruitment manager] have given me unconditional support throughout my work" and "I have to say though that [registered manager] sets a very high standard and we all follow gladly. The high respect I have for [registered manager] motivates me to work very hard to keep the reputation of the company spotless."
- Staff felt respected, valued and supported and that they were fairly treated.
- The management team had confidence in, and were proud of, the commitment of their staff. They described examples where staff had completed a variety of additional tasks to support people's independence and well-being.
- People were complimentary about the management of the service. Comments included; "She's [registered manager] an excellent boss, the girls have great respect for her, she's very approachable, she doesn't let anything phase her", "Out of all my experience of care this is the best one" and "I couldn't manage without the support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service's managers had a good understanding of the duty of candour and openly shared information with people and their relatives when things went wrong.
- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open, honest and receptive to feedback.

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

- Staff meetings were held regularly and provided opportunities for staff to discuss any changes within the organisation, working practices and to raise any suggestions. Staff felt listened to and that managers took appropriate action in response to any concerns they reported.
- People felt involved in the development of their care plans and told us managers listened to, and acted upon, any issues they raised.
- The registered manager was aware of the need to, "value my staff." Staff were encouraged to visit the office. A dedicated staff room was available where they could have 'down time' between visits to have a drink, chat and support each other. Staff had access to this room outside of office hours if they needed time or space for reflection or support.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments or flexible working arrangements had been looked on favourably by managers.

Continuous learning and improving care

- People were regularly asked for feedback on the service performance during care plan reviews. As the service was new, the use of surveys had just been implemented to gain further views from people and relatives about their experiences on the service.
- People told us the service listened to their feedback and records showed where any minor concerns or niggles had been reported these had been investigated and, where possible, changes made to improve people's experiences of support.

Working in partnership with others

- Staff worked collaboratively with professionals and family carers to enable people to live safely at home.