

Complete Aid Services Limited

Complete Aid Services Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on the 20 June 2016. A second day of the inspection took place on 21 June 2016 in order to gather additional information.

The agency was previously inspected in January 2014 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Complete Aid Services Ltd is a family run business that has been established as an independent domiciliary care service providing emotional and practical support to children who have life threatening or terminal illnesses within family homes in the Cheshire, Kirklees and the Preston area.

The service was providing the regulated activity 'personal care' to 11 people with a broad spectrum of needs during our inspection.

At the time of the inspection there was a registered manager at Complete Aid Services Ltd. A registered manager is a person who has registered with the Care Quality Commission 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.

The registered manager was present during the inspection and engaged positively in the inspection process, together with other members of the office management team.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We will report on any further action we have taken regarding these when it has been completed.

Contingency plans to ensure service provision were not effective. For example, we found the service struggled to fulfil a care package when service experienced shortages of staff.

There was a lack of clear leadership at the service. Staff had worked hard to minimise the impact of this on people and their care, however; there was tension between support staff and the management team regarding communication of rotas, staff changes and how best to support children and young adults receiving the service. Overall support staff morale was low.

Not all staff had received regular competency spot checks and supervisions. There was open communication within the staff team; however staff had not attended regular staff meetings to keep them up to date with any changes.

Staff had received training and an induction before they provided care, but we found a small number of staff

had not received training in important areas such as; moving and handling, paediatric first aid and food hygiene.

The majority of families told us that the service they received was generally reliable and that staff were friendly and polite. However, we found one family did not feel the service was reliable and made a formal complaint at the time of our inspection.

Care plans were in place detailing how children and young adults wished to be supported. We saw that families were involved in making decisions about care and the support needed. Risk assessments were in place which set out how to support people.

The provider had an effective recruitment process in place. There was a policy and procedure in place for the administration of medicines.

Parents said they knew how to make a complaint. However, we noted complaints were not always handled appropriately.

The service had children safeguarding and whistleblowing procedures in place. Staff were aware of their responsibilities in these areas.

Although incidents of abuse had been referred to the local authority's safeguarding team, the provider had failed to notify CQC via the statutory notification process. We have written to the provider regarding their failure to notify the CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The registered provider did not have sufficient numbers of staff in place to meet the needs of the people using the service.

Policies and procedures were in place to inform staff about safeguarding children and whistle blowing.

Recruitment procedures provided appropriate safeguards for people using the service and helped to ensure people were being cared for by staff that were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Supervision and appraisals for staff were not undertaken frequently and staff were not well supported in their work performance.

Staff received the training and support they required to perform their roles. However, we found a small number of staff had not received training in important areas such as; moving and handling, paediatric first aid and food hygiene.

Is the service caring?

Good ●

The service was caring.

Parents told us their children and families were treated in a kind, caring and supportive way. Staff were reliable and flexible to any changing needs when providing support to families.

Children and young adults were treated with dignity and respect by staff who cared about their health and welfare.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Parents said they knew how to make a complaint. However, we noted complaints were not always handled appropriately.

Care plans were in place outlining people's care and support needs. People made choices about their lives. The support staff listened to them and acted in accordance with their wishes.

Is the service well-led?

The service was not always well led.

The service had a registered manager. However, the leadership and direction was not always effective.

Systems had not been established to audit and review key aspects of the service.

There were no records of any service meetings with people or their support staff.

The CQC had not been notified of incidents concerning the suspicion or evidence of abuse.

Requires Improvement 

Complete Aid Services Ltd

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 checked whether the provider was 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 20 June 2016 and was announced. A second day of the inspection took place on 21 June 2016 in order to gather additional information. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about Complete Aid Services Ltd. We also looked at all the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. We invited the local authority to provide us with any information they held about Complete Aid Services Ltd. We took any information provided to us into account.

Due to the complex needs of the people using the service we were unable to communicate directly with the children and young adults. We attempted to speak with all people's parents or representatives using the service. We spoke by phone with five parents and spoke with one parent who was visiting the Complete Aid Services Ltd office.

During the inspection we spoke with the registered manager and two directors of Complete Aid Services Ltd. We also attempted to speak with twenty seven members of staff employed by the service; however fourteen staff were available to speak to us. This included one nurse, two team leaders and eleven support workers.

We looked at a range of records including three care files belonging to children who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to

meet people's care needs and manage any risks to people's health and well-being. Examples of other records viewed included; policies and procedures; four staff files; minutes of meetings; complaint and safeguarding records; rotas and / or visit schedules; staff training and audit documentation.

Is the service safe?

Our findings

Parents we spoke with whose children received a service from Complete Aid Services Ltd commented on whether they felt the service was safe. We received a varied response. We were told, "I am confident in the carer's ability to keep my son safe"; "The carer's keep my son safe because they understand his care needs" and "The management of this service has not kept my daughter safe, because they have not fulfilled her care package. This has left us at times with no staff when we need 2:1 staff to care for my child at night."

We received information of concern from two whistle-blowers. They told us people were not being supported to manage children's medicine safely and said the provider did not have good systems in place to assess the risks associated with people's care needs. We were advised there were not enough suitably qualified, skilled and experienced staff employed and the leadership of the service was not always professional due to the conduct of one of the directors. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right.

During the inspection we closely looked at the areas of the concerns, that were raised by the two whistle-blowers.

At the time of our inspection the service was providing personal care to 11 children. The provider received a set number of commissioned hours from the local authority to provide a range of care packages to children using the service.

We received a breakdown of the support hours for each person and viewed staffing rotas for the service. We noted that the provider was deploying staff resources in accordance with the needs of people using the service. However the service could not fulfil one child's care package that we observed on our inspection.

We found that the child's care package required 2:1 staffing seven days a week. We looked at the master rota for Complete Aid Services Ltd and noted there were two gaps where the 2:1 staff could not be provided for the child. This child's parent informed the inspection team that they would often need to cover the staff shortfalls themselves when the service could not provide the staff. The child's parent went on to say the service did not have any contingency plans in place for when staff were unavailable to cover shifts, although the provider did assure the parents that contingency plans to deal with staff shortages had been established before the care package was agreed. Due to the staff shortages in this care package the child was admitted to hospital due to the risks of the child not having sufficient 2:1 staff to care for them at home. Subsequently, the family have made a formal complaint to Complete Aid Services Ltd.

The director and registered manager told us that the agency had sufficient capacity to meet the needs of the people using the service and that contingency plans were in place to cover vacancies and staff absences. However, we viewed the missed visits log from January to May 2016 to assess the reliability of the service and noted many incidents of missed visits due to staff sickness. The missed visits log did not capture how the provider rectified the missed visits.

We discussed the staffing levels with some of the staff employed by Complete Aid Services Ltd. Comments received included, "We have enough staff at times I think."; "If someone goes off sick we do struggle, I don't believe we have good back up plans.", "I feel sorry for some families, because we sometimes don't have the staff." And "I feel there is an issue with the lack of communication and at times this result in shifts not getting covered."

We found the service did not have adequate staffing resources available to meet the needs of people who were using the service.

This was a breach Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have sufficient numbers of staff in place to meet the needs of the people using the service.

We looked at the files of three children who were supported by Complete Aid Services Ltd. Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to children and appropriate guidance for staff to follow. Risks were scored to alert staff when people were at high risk of particular harm. Risk assessments took account of people's environment, history of falls, levels of pain, balance, cognition, skin integrity and equipment in place.

Systems were in place to record any accidents, incidents or near misses that occurred on a form which was stored within an office file. The registered manager maintained an overview of incidents which identified action taken.

A basic 'business continuity plan' was produced after the inspection which outlined the action that would be taken in the event of a total power failure, pandemic, internet down time and / or loss of office. Furthermore, an out of hours on call service was in operation and employers and public liability insurance was in place.

The registered provider had developed a recruitment and selection policy to provide guidance for management and staff responsible for recruiting new employees.

We looked at a sample of four staff files for newly recruited staff. Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place which met the requirements of the current regulations. In all four files we found that there were application forms; two references; disclosure and barring service (DBS) checks; proof of identity including photographs, interview notes and health declarations.

All the staff files we reviewed provided evidence that the checks had been completed before people were employed to work at Complete Aid Services Ltd. This helped protect people using the service against the risks of unsuitable staff gaining access to work with vulnerable adults.

The registered provider had developed a policy on safeguarding and child protection to provide guidance to staff on how to protect people from abuse. A copy of the local authority's safeguarding procedure was also available for reference together with a basic whistleblowing procedure.

All the support staff we spoke with confirmed they had completed training in child protection procedures and on recognising and reporting possible abuse or neglect.

Training records confirmed this training had been given to the majority of the staff and that it had been updated annually. However, we noted four staff had not yet completed this training when we viewed the training matrix. The registered manager confirmed the remaining staff had been given a deadline to

complete this mandatory training.

We viewed the safeguarding records for Complete Aid Services Ltd. Records indicated that there had been one incident in the last twelve months. This had been referred to the local authority by the service as safeguarding concern.

We noted that the provider had not notified the CQC of this safeguarding incident. We have written to the provider regarding their failure to notify the CQC.

The management and staff spoken with demonstrated an awareness of the different types of abuse and the action they should take in response to suspicion or evidence of abuse. Staff spoken with also demonstrated a clear awareness of how to whistle-blow, should the need arise.

We looked at the medication procedures used by the provider. We saw that staff had no involvement in the use of controlled drugs. These are medicines that are liable to misuse. If staff were required to administer any medicines or give them through a tube into the stomach they received training from the nurse that was employed on part time basis by the provider. Staff were supervised and assessed as competent by the nurse before they could carry out such tasks. Parents we spoke with confirmed that administration was only with their pre agreement and overseen by the nurse employed by the service. This system helped to make sure that staff had the up to date skills to safely provide the individualised support the child wanted.

We noted three members of staff that had not completed medicines training. The registered manager confirmed these three members of staff did not currently support any children with the administration of medicines and under no circumstances did they administer medicines to children using the service. Discussions with staff confirmed they had received the appropriate medicines training before they were allowed to administer medicines to children. Systems were in place to monitor the competency levels of staff who administered medicines.

The provider had developed guidance for staff responsible for administering medication to reference entitled 'Medications Policy and Procedures'.

We noted that personal files contained 'medication prescription records' and medication assessment forms for people who had opted to receive support with medication from the agency's staff. These files outlined the level of assistance required and details of medication to be administered.

We viewed a sample of the Medicine Administration Records (MAR) sheets and found all to be correct and accurate. We noted the service did not carry out any audits of medicines. The registered manager confirmed they did sample MAR records when they were returned to the office.

The provider had developed an 'Infection Control' Policy for staff to reference. Staff spoken also reported that they had access to personal protective equipment for the provision of personal care.

Is the service effective?

Our findings

Parents we spoke with whose children received a service from Complete Aid Services Ltd commented on whether they felt the service was effective. We received positive responses. We were told, "The nurse comes out regularly to ensure the staff know what they are doing"; "They always ensure new staff shadow experienced staff before they work with my child." And "I have found the service effective, they provide invaluable care to my son."

The majority of staff spoken with felt they were not supported in their roles by the management of Complete Aid Services Ltd. In February 2016 the provider took on an existing support package in the Preston area, resulting in the employment of the staff from this support package. The existing staff transferred to Complete Aid Service Ltd with their conditions remaining the same. This term is better known as Transfer of Undertakings (Protection of Employment) regulations (TUPE). This is when a business changes owner, and the employees' jobs usually transfer over to the new company.

Discussions with staff and viewing the provider's supervision tracker confirmed staff in the Preston area had not received a received a formal supervision and no team meetings had been organised by the provider. Comments received from staff included, "I have never had a formal one to one here.", "It has not been a smooth transition from the previous care company, there is no communication between the management and staff.", "We have been employed by the service for over four months and I only got my contract in the last couple of weeks." And "We really need a team meeting with the management to discuss our roles and responsibilities."

Monitoring systems for staff meetings, supervision and appraisals had been developed in other areas of the service for the staff working in Cheshire and Kirklees. The registered manager acknowledged the shortfalls for the new staff that have joined Complete Aid Service Ltd and confirmed dates for supervisions and team meetings have been arranged as a result.

All the staff we spoke with told us that they had to complete a range of mandatory training to ensure they had the skills and knowledge to provide the support individuals required. One said, "The nurse will visit us regularly to ensure we know what we are doing".

We looked at the training records and found staff had been supported to do a variety of training in addition to mandatory to be able to fully support individual needs and conditions of the children and young adults. Examination of training records and discussion with the registered manager and staff confirmed staff had access to a range of induction, mandatory, national vocational / diploma level qualification and other role specific training that was relevant to individual roles and responsibilities.

The registered manager informed us that induction 'core module training' training was delivered via e-learning and one of the directors had a 'train the trainer' certificate to deliver moving and handling training. We saw evidence of this in the office.

The service also employed a registered nurse on a part time basis who was involved in providing assistance with the care packages. The nurse also provided guidance to staff in key specialist training, such as: paediatric palliative care, tracheostomy care, nasogastric feeding, gastrostomy care, oral suction, oxygen therapy, and oxygen saturations. Once the nurse felt staff were competent to carry out these tasks independently, staff would have their competencies signed off by the nurse.

We noted that staff had been inducted in accordance with Skills for Care induction standards. The registered manager reported that the agency was in the process of supporting new staff to complete the 'Care Certificate' and that the related documentation had recently been distributed to staff.

Discussion with staff and examination of the training matrix confirmed a small number of staff had not completed training in mandatory subjects such as moving and handling, paediatric first aid and food hygiene. After the inspection the registered manager confirmed dates have been arranged for staff to complete these mandatory training subjects. The registered manager also commented that the service did not support any children with food preparation at the time of the inspection.

This was a further breach of Regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had not ensured that appropriate support, training and supervision was provided to staff to enable them to carry out their duties safely.

Some of the people the service supported had complex needs and required specialist support to maintain their health. We found that appropriate health and social care services had been included in planning and implementing care and support. We found evidence that multi-disciplinary team meetings took place, involving the family, about individual needs or support needs.

At the time of our inspection the service was not working with children and young people to whom the Mental Capacity Act 2005 would apply. However, the registered manager demonstrated to us an awareness of the act should a young person be referred to the service and where their mental capacity would need to be assessed.

Is the service caring?

Our findings

Parents we spoke with whose children received a service from Complete Aid Services Ltd commented on whether they felt the service was caring. We received a positive response. We were told, "The girls are excellent, they are very caring and understanding.", "Although we are having issues at the moment with the service, I cannot fault some of the carers, they are very caring." And "The staff know what they are doing, they have a good understanding of my son's needs."

Due to the service being a domiciliary care agency we were unable to undertake observations of the standard of care provided to people using the service. However, people spoken with told us that the staff understood how to help them and confirmed they were treated with dignity, respect and privacy.

People told us that the service they received was generally reliable and that staff were friendly and polite. People also reported that staff respected their preferred routines, preferences and lifestyle and that staff interactions were positive, responsive to need and caring.

We found that the service respected the individual needs of children of different ages and cultures and their siblings. The support workers worked with families from diverse ethnic groups with different cultural preferences and faiths. Staff we spoke with told us that they were given information on any cultural or faith issues they needed to be aware of and respect in their work with families or when supporting families with loss and bereavement.

The service had in place an information pack for families. The pack included information for families on compliments, comments and complaints, with the registered manager's details.

We asked staff how they promoted dignity and privacy when providing care to people using the service. Staff spoken with told us that they had received training on the principles of care as part of their training which had helped them to understand how to provide care in accordance with people's wishes and needs.

Staff spoken with also reported that they had been given the opportunity to shadow experienced staff to get to know the children and their families. Staff were able to give examples of how they promoted good care practice such as consulting the parents when required and ensuring care being provided was person centred to the needs of the child.

Some of the children who received support from the service were diagnosed with a terminal illness. Staff had the necessary experience and training, and were compassionate and understanding. For example for staff received specific training in Paediatric palliative medicine, this is the medical care of children suffering from conditions that will limit their lifespan, particularly those who are not expected to survive beyond childhood.

Information about people receiving care provided by Complete Aid Services Ltd was kept securely to ensure confidentiality.

Is the service responsive?

Our findings

Parents we spoke with whose children received a service from Complete Aid Services Ltd commented on whether they felt the service was responsive. We received a mixed response. We were told, "I have not always found the on-call responsive, sometimes they don't answer"; "I feel the service has not always been honest if they cannot provide the care", "The [name] has always been very helpful and has supported me at discharge meetings." and "I have found the service extremely responsive to my son's needs, we have a consistent set of staff caring for him."

The provider had a complaints procedure entitled 'Complaints, Suggestions and Compliments Policy and Procedure', this was last updated in March 2011. The complaints policy clearly detailed the process to go through should people wish to complain. The document included expected timescales, what action was taken and contact details of the organisation.

We discussed complaints with the registered manager and we were informed the service had received four complaints in the last 12 months. We viewed and analysed the complaints log, the four complaints had been made by one person. This was a family member who raised concerns regarding staffing levels and visits being cancelled by the provider. We discussed this complaint with the provider; they explained this was a complex care package which they struggled to fulfil due to the service being provided in a rural area. The director explained they were honest and transparent with the family member and served notice on the care package to allow the family time to find a new provider that could fulfil the care package.

One complaint was received from a family member whose child received a service from Complete Aid during our inspection. The complaint was concerning the child's care package, the family were not happy that scheduled staff visits had been cancelled by the provider due to staff shortages and the lack of professionalism received from the provider. The management of Complete Aid Services Ltd responded to this complaint after we intervened on behalf of the family. Complete Aid Services Ltd answered the complaint but did not offer an apology to the family for visits that they confirmed were missed.

Staff told us the registered manager or one of the directors following a referral, visited families to discuss their needs.

We requested permission to view three care service files which contained a range of information relevant to the service provided to each individual by the agency.

People's care and support was planned proactively in partnership with them. People could self-refer or referral forms could be completed by health and social care professionals involved with the family. Assessments and care planning for children's and family needs covered a range of individual personal care, emotional and social support needs. This was to promote the provision of 'quality time' and managing stress to help children, parents and siblings have as good a quality of life as possible. These plans provided the information needed by staff to ensure people's individual routines and practical needs were met. Supporting documentation such as basic: task plans; customer care support plans; customer home risk

assessments; nutrition and dependency assessments; manual handling assessments (where applicable); service user agreements and communication records were also in place.

Is the service well-led?

Our findings

Parents we spoke with whose children received a service from Complete Aid Services Ltd commented on whether they felt the service was well-led. We received a varied response. We were told, "The service is not very professional, the director can sometimes be inappropriate with some of the things he says"; "At times it can be difficult to get hold of anyone at the office.", "The communication is poor between the management and staff", "I have found the management very helpful and informative." And "The nurse they employ is fantastic, she knows what she is doing."

Complete Aid Services Ltd has a manager in post that has been registered with the Care Quality Commission since February 2014.

The registered manager and two managing directors were present during the two days of our inspection and engaged positively in the inspection process.

During the second day of the inspection we made a number of calls to the staff team employed by Complete Aid Service Ltd. The feedback we received from the staff concerning the leadership of the service was of concern.

For example, staff comments received included: "At times the communication between the management and staff can be miscommunicated, we could do with having staff meetings."; "I have found [name] disrespectful at times to some of the families.", "I don't like phoning the office because the manager can sometimes be short with you.", "[Name] is very disorganised, he forgets things you tell him, I find I have to email information, so I have a record of what I have said.", "We tend to deal with the team leader for all aspects of our job, I don't feel office managers are approachable if I am honest." And "I don't really know my roles and responsibilities; I could do with sitting down with the management to discuss them."

After the inspection we discussed the concerns received from staff with one of the directors for Complete Aid Service Ltd. The director responded that the service has recruited a new area manager that will commence their role on the 4th July to cover the Preston area. The director went on to say he will be no longer involved in the current care packages.

We asked the registered manager to share with us information on the organisation's quality assurance processes and systems.

We asked to see the latest internal audits of the agency, however this was not provided during or after the inspection. Speaking with the registered manager she informed us that the team leaders contact each care package on a weekly basis. We viewed an excel spreadsheet that was forwarded after the inspection. The log contained monthly contact visits and not weekly visits as discussed during the inspection. The contact visits to children's parents was either carried out by a telephone call or a visit from a team leader. This information was verified by the parent we spoke with.

The provider had guidance in place for customer quality and care reviews. Annual reviews were completed by the directors and team leaders; it was confirmed if people's needs changed a full review of their support would be completed.

We were informed that an annual customer survey was undertaken to obtain feedback from parents of the children using the service or their representatives. The surveys had recently been distributed to parents in May 2016 and the service was awaiting the response. The registered manager confirmed once the surveys have been received, feedback would be analysed and a summary report would be produced.

We asked whether there were any other management information systems or audits in place to monitor other aspects of the service such as care plan records; staff records; medication checks; staff training or infection control. At the time of our visits no other auditing systems had been established.

This was a breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act (Regulation Activities) 2014 Regulations). The registered provider did not have adequate systems in place to monitor the quality of the service.

The registered manager of Complete Aid Service Ltd Services is required to notify the CQC of certain significant events that may occur. We found that the provider had not notified the CQC of one incident of abuse in relation to people using the service. We have written to the provider regarding their failure to notify the CQC.

Information on Complete Aid Service Ltd had been produced in the form of a combined Service User Guide and Statement of purpose to provide people using the service and their representatives with key information on the service. A copy of the document had been stored within each person's home file.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| Regulated activity | Regulation |
|--|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The registered provider did not have adequate systems in place to monitor the quality of the service. |

The enforcement action we took:

Warning notice

| Regulated activity | Regulation |
|--|--|
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Treatment of disease, disorder or injury | The registered provider did not have sufficient numbers of staff in place to meet the needs of the people using the service. And The registered provider had not ensured that appropriate support, training and supervision was provided to staff to enable them to carry out their duties safely. |

The enforcement action we took:

Warning notice