Ideal Complex Care 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?	Good

Summary of findings

Overall summary

The inspection took place on the 21 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

Ideal complex care provides a care at home service for adults and children. It provides personal care and support to people and their relatives living in their own homes, which included people with complex nursing needs. At the time of our inspection seventeen people were receiving a service.

The service had a registered manager. 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. People were safe because a safety culture was embedded at the service.

People and relatives told us staff were caring and kind and they felt safe using the service. "I am very happy and have confidence in the staff, they keep my relative safe who is totally dependent and needs constant interventions, care and vigilance throughout the night". One person told us "My carers are all really lovely, they treat me with respect and dignity, they always ask before they do anything and I find them very helpful and friendly".

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people and their relatives that they were happy for them to undertake care tasks before they proceeded.

Staff told us they received training and supervision and were confident in meeting people's needs. Staff were happy with the level of support they received and told us that communication from management was good. One member of staff told us "We get loads of training and updates. We have a detailed induction, shadow experienced staff and can ask for extra training to ensure we meet everyone's needs".

People's needs were assessed and regularly reviewed and they received support based upon their needs and preferences. We found the support plans to be person centred and details recorded were consistent.

The registered manager welcomed and encouraged feedback and used this to drive improvement and change. There were quality assurance processes in place to enable the provider and registered manager to have oversight of the service and to ensure that people were receiving the quality of service they had a right to expect.

People, relatives and staff all told us that they were happy with the service provided and the way it was managed and found management caring and approachable. One relative told us ""It is a very professional organisation, they show deep care and respect and want to 'get it right', they are flexible and completely trustworthy". A member staff told us "It's a great place to work, I love my job, the management are very supportive and always on hand, I've worked with a few agencies and this is by far the most professional and well run"

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.

Detailed assessments were undertaken of risks to people who used the service and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

People were supported to receive their medicines safely when required. There were appropriate staffing levels to meet the needs of people who used the service.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Is the service effective?

Good

The service was effective.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005.

Staff had the skills and knowledge to meet people's needs. Staff received an induction and regular training to ensure they had up to date information to undertake their roles and provide effective care.

People were supported at mealtimes to access food and drink of their in their homes if required.

Is the service caring?

Good

The service was caring.

Relatives told us the care and nursing staff were caring and kind.

People's privacy and dignity were respected and their independence was promoted.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and detailed care and support plans developed to identify people's health and support needs.

Staff were knowledgeable and aware of people's preferences and how best to meet those needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well- led

The values of the service were embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager and branch manager who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Ideal Complex Care Limited

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 the 21 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors 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.

On this occasion we did not ask the provider 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 looked at information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted health and social care professionals involved in the service for their feedback, three health and social care professional gave feedback regarding the service.
We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with one person and five relatives over the telephone, two care staff, two nurses, a co-ordinator, branch manager and the registered manager. We observed the managers and staff working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This is the first inspection of the service being registered as Ideal Complex Care.

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe using the service. Comments included "I am very happy and have confidence in the staff, they keep my relative safe who is totally dependent and needs constant interventions, care and vigilance throughout the night", "I have no concerns, I trust them to care. My relative is in safe hands, they know how and when to call me. We work well together and have well established protocols and an emergency routine and they know when to call a doctor" and "I have confidence in all the staff, they understand what has to be done for my relative. I go into a deep and restful sleep knowing they will be safe and that I will be called if they are concerned".

People were protected from the risk of abuse because staff understood how to identify and report it. The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance. This included clear systems on protecting people from abuse. Staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of children and adults. Staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They told us they received training annually in keeping people safe from abuse and this was confirmed in the staff training records. One member of staff told us "The managers will respond to any concerns raised. I have every confidence we would report anything untoward and be supported". Staff were also knowledgeable of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Detailed risk assessments had identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included an analysis of a person's home inside and out. The condition of pathways and access to a person's home considered whether a risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example one care plan detailed that a person used a hoist to be moved around their home. It detailed the sling to use and colour coded straps for which part of the body. Another care plan had photos of the equipment a person used and what settings this should be on. Staff told us they found this really helpful to ensure equipment was being used correctly and on the right setting. This meant that risks to individuals were identified and managed so staff could provide care in a safe environment.

Recruitment procedures were in place to ensure that only suitable care staff and nurses were employed. Records showed staff had completed an application form and an interview. The provider had obtained written references from previous employers. Enhanced children and adult checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Files contained evidence to show where necessary, staff belonged to the relevant professional body. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

We saw the service had skilled and experienced staff to ensure people were safe and cared for. We saw there were sufficient numbers of staff employed to keep people safe and meet their needs. Staffing levels were determined by the number of people using the service. Rotas were completed in advance and copies sent to staff and people who used the service. A member of staff told us "We have to ensure we have the right member of staff with the right skills before we can take on anyone new. We continually recruit to the needs of people who are using our service. Relatives told us they usually received visits from regular care and nursing staff and at the time it was needed.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. Details were recorded and any follow up action to prevent a reoccurrence of the incident. The registered manager told us they kept an overview of these, and the provider to also monitor any patterns and the quality of the care provided and provide guidance and support where needed. One member of staff told us "We have to record any incident however small and report it to the office".

People were supported to receive their medicines safely. The majority of people had support from their relatives to take their medicines. Where people had assistance with their medicines, relatives told us this had worked well. One relative told us "I have total confidence in all staff, my relative has complex needs and they are competent in all aspects. They need attention throughout the night, nutrition is given intravenously and drugs are given in this way as appropriate".

We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff received training on medicines administration. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake if it was required. Audits on medicine administration MAR were completed by the branch nurse to ensure they had be completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. A senior member of staff would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication training if required.

People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and staff received copies of these in their staff handbooks on induction. Observations completed by the branch nurse in people's homes incorporated infection control to ensure staff were following the guidelines.

Personal Emergency Evacuation Plans (PEEPs) were in place for people. PEEPs provide information to staff on what action should be taken with people should their home be required to be evacuated in the event of an emergency. This included what equipment and medicines needed to be taken when evacuating for people.

Good

Is the service effective?

Our findings

Relatives felt confident in the skills of the staff and felt they were trained well. They also felt staff had been well matched. Comments included "I think the carers are well matched, my carers fit in with our family life, they do not try to take over, they take my lead ; they are friendly and understanding and do not make me feel guilty about handing over care", "We are well matched in personality, my relative likes quiet people, the agency listened well and we have gentle sensitive carers" and "There is a team approach to care, we have a good relationship; they use their expertise but do not dictate, they follow my lead but they feel comfortable to make suggestions".

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. Staff had knowledge and an understanding of the (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for where possible. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for. One member of staff told us "We would always ask and if it is a child we are caring for we work closely with their parents to ensure we are working in their best interests".

Staff told us they were aware of their roles and responsibility and who they were accountable to. Each member of staff was given a job description which outlined the expectations of them and their role and had access to a range of policies and procedures to guide and support them in their role. Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and infection control. Staff completed most of their training on induction, online training and in a classroom setting. One member of staff told us "We get loads of training and updates. We have a detailed induction, shadow experienced staff and can ask for extra training to ensure we meet everyone's needs".

Care staff and registered nurses received training specific to people's needs. This included epilepsy, diabetes and tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe (trachea) to help you breathe. If necessary, the tube can be connected to an oxygen supply and a breathing machine called a ventilator. The tube can also be used to suction out any fluid that has built up in the throat and windpipe. The specialist training ensured care staff and nurses were trained and qualified in the complex care and support people required. One health professional told us "I have recently used this company for nurse care for a client with a tracheostomy. The staff that they have provided have been competent regarding their skills and their family are very happy with the care". The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role. Competency checks were also completed by a branch nurse to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in

health and social care. Staff spoke highly of the induction and training provided.

Staff received support to understand their roles and responsibilities through regular supervision and an annual appraisal. Supervision consisted of individual face to face and telephone meetings. Staff also received a personal development plan when required. This detailed areas for development and setting goals and timelines to achieve this. All staff that we spoke with said that they were fully supported to undertake their roles. Nurses had clinical supervision with the provider's clinical lead and supported to undertake their revalidation. One member of staff said, "I have monthly supervision with my manager. It is time to talk about how things are go through my development plan. We get lots of training and development opportunities including diploma's in health and social care".

People were supported at mealtimes to access food and drink of their choice. Food preparation at mealtimes was also completed by family members. Some people required to be fed by a percutaneous endoscopic gastrostomy (PEG). This is a flexible tube that enables fluids and liquid foods to be delivered directly into the gut. Care plans held detailed information on what support staff were to give people at mealtimes and to ensure this was completed safely, following the detailed guidance in the care plans. Staff regularly monitored food and drink intake to ensure people received enough nutrients in the day and night. Staff consulted with people and their relatives on what type of food they prefer and ensured these were available to meet people's diverse needs. Staff also supported people to access health care services if required. Staff told us they knew people well and recognised if they were unwell.

Good

Is the service caring?

Our findings

People and relatives receiving care and support from the service told us that staff were kind and caring. Comments included "My carers are all really lovely, they treat me with respect and dignity, they always ask before they do anything and I find them very helpful and friendly" and "Carers are brilliant, always happy and engaging with my relative, singing away, which they love and they are central to care and everything revolves around that".

Staff spoke with great compassion for the people they supported. One member of staff told "We all really care about the people and families we visit and work closely to achieve the same goal". Another member of staff said "We care for children and adults and you do work close with them and their families. We care for them all and meet their needs in a way individual to them".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. Relatives we spoke with confirmed dignity and privacy was always upheld and respected. One relative told us "Carers are meticulous in giving my relative privacy and keeping them covered up even in front of me".

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and staff we spoke to knew the needs of each person well. Staff also attended discrimination awareness training as part of their induction. People using the service also commented on how well their individual needs were met. One relative told us staff were respectful of their culture.

Relatives and people told us they could express their views and were involved in making decisions about their care and treatment for their relative receiving care and support from the service. They confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative gave us an example where they only use the service when their relative visits home from their residential care home. Two weeks prior to the visit managers liaise with the care home to get an update on any changes in the care plan to ensure this can be put into place at home. They said they trust the staff, which are known to their relative and are familiar with their routine.

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy which also included the use of social media at work and was made available to staff and was also included in their employee handbook.

Staff told us how they promoted people's independence. In one care plan it stated that a person required support out into the community. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A staff member told us "You cannot just take over you

need patience and encourage people to do the things they can, supporting them along the way if needed".

Good

Is the service responsive?

Our findings

Relatives told us they always received a service that was responsive to their relative's needs. Comments from relatives included "The carers play with my loved one and read them stories, they have fun together" and "The carer will take my relative out into the garden when the weather is good".

Information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. This had included large print and the registered manager also told us "We can use a translation services for people who do not have English as a first language and have the care plan written to meet their needs if required. We did previously have a person who communicated through Makaton and ensured staff were able to meet their needs".

We saw that people's needs were assessed and detailed plans of care were developed to meet those needs, in a structured and consistent manner. The provider had recently started to transfer the care plans into an electronic format on a computer. Records confirmed people where possible and their relatives were involved in the formation of the initial care plans and were subsequently involved in any care plan reviews. Care plans contained detailed personal information, which recorded details about people and their lives, likes and dislikes. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. One member of staff told us "The care plans are so detailed and after working with a family for a while you get to know the client's needs and wishes and how they liked to be cared for".

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's clinical needs and the support required to meet those needs. Care plans also contained detailed information on a person's daily routine with clear guidance for staff on how best to support that individual. For example one care plan stated for a person who had epilepsy to check all equipment the person required and to ensure their emergency medicine was close by when they were supporting them. Another person had a communication book to reflect their needs and due to communication needs, staff needed to ensure eye contact was given when talking with the person and using short questions that required a yes or no. There was evidence of regular reviews of care, which involved all the key stakeholders in a person's care, such as their doctor, social worker, next of kin, as well as care staff from the agency. The reviews discussed the suitability of the person's care package, and whether or not any changes were required

People and relatives all told us they felt they now have staff who know and understand them and their relatives. They felt the service was responsive to their needs which included changing times and days when required. One person told us "My carers are very adaptable and will come earlier if I ask so that I am able to go out for a meal, they then leave earlier in the morning. They always know where to contact me and I am reassured knowing they will do this if there is a problem".

Where appropriate and required people's end of life requirements and wishes where discussed with people,

relatives and professionals. These were documented in people's care plans to ensure staff were aware of their needs and wishes for the future.

Staff told us that there was always enough time to carry out the care and support allocated for each person. Staff stated that people had long hours of care which included working nights which also supported relatives to receive a break from their care duties. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs. We spoke with the member of staff who completed the staff rotas and discussed the scheduling with them. The staff member told us "If the staff are running late for any reason or are sick themselves we ensure the calls are covered the best we can, and communicating with their relative to know what is happening". Each client regular members of staff for continuity. This is recorded on the system, for when I complete the rotas".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were provided to them at the start of using the service. Complaints made were recorded and addressed in line with the policy and included a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally. One relative gave an example where they were not happy with the member of staff provided and the manager dealt with this and the member of staff no longer visits and were provided with new one.

Good

Is the service well-led?

Our findings

Relatives and staff all told us that they were happy with the service provided at Ideal Complex Care and the way it was managed. They told us managers were very hands-on, supportive and always available to listen to them, and they felt there was good teamwork. Comments included "I am treated with kindness; they listen and work with parents, they never make me feel I am a pain"
"This agency is amazing, it is the best", "I only contact the office when I need something, they never let me down and I am satisfied with the service" and "It is a very professional organisation, they show deep care and respect and want to 'get it right' , they are flexible and completely trustworthy".

A health professional told us "My experience is that the branch manager is competent and responsive. Carers are trained for individual children and signed off as competent by the branch nurse. The care provided is safe in my experience and there are good processes for communicating with families and supporting carers and nurses".

The atmosphere was friendly and professional in the office. Staff told us they were able to speak to the management when needed, who they found very supportive. Staff told us there was a positive management ethos that included an open and positive culture with approachable management and a clear sense of direction for the service. They said the service was forward thinking and management always considered how the staff could provide people with better standards of care and support. Staff told us the registered manager was keen to ensure continuity and consistency in the way their service was provided for people. Staff felt they had regular communication with their manager with regular meetings, phone calls and coming into the office. Comments from staff around the service being well led included "Open and approachable office staff. There is no obvious hierarchy; everyone in the office is friendly and helpful. "The office team is very open, visible, approachable and supportive", "It's a great place to work, I love my job, the management are very supportive and always on hand, I've worked with a few agencies and this is by far the most professional and well run" and "They are great to work with, I left my other job because I knew the manager and know how supportive they are, they are passionate about getting it right and don't cut any corners".

The service had a clear set of values in place. We discussed the culture and ethos of the service with the branch manager and registered manager. They showed great passion in ensuring the service was delivering good care and support for people. They showed drive and commitment to ensure people and staff were supported. The manager told us "We have a great team of staff who are committed to ensure clients receive the best care".

Regular audits of the quality and safety of the service were carried out by the branch nurse, branch manager and the registered manager. These included the environment, care plans, MAR's and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits. Feedback was sought by the provider via surveys which were sent to people and their relatives. Feedback results were mainly positive and any issues identified were acted upon by the registered manager. One comment read 'We feel the need to let you know what an excellent job your member of staff does. They are

passionate about getting things right and is strong in communicating. They know just how important it is for them to take on board how my relative likes things done. They are a role model for your agency'.

The registered manager showed passion about the service and talked about always looking on ways of improving and growing the service. On area was the introduction of a new detailed initial assessment document. The registered manager showed us an example of this and told us "We use to have an initial assessment, a clinical assessment and other documentation with various staff working on them. We have created just one electronic document which holds all this information to make it easier and accessible for staff".

Management and staff work closely with stakeholders such as the local CCG and health specialists when required. The registered manager told us "We work very closely with all professionals who are involved with a client's needs to ensure their needs are met and they receive the correct care and support". The registered manager was committed to keeping up to date with best practice and updates in health and social care. They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. They told us "I attend many external events, meetings and strive to ensure I am up to date the best I can".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.