

Complesso Ltd

Complesso Healthcare Solutions

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The provider is registered with us to provide personal care and support for people who live in their own homes. Some of the people supported had a learning disability, autistic spectrum disorder or a physical disability. At the time of our inspection ten people received care and support from this service.

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

Improvements were needed to ensure quality monitoring was effectively carried out within the service. Staff felt supported and listened to. People and relatives were happy with the care they received. Feedback was sought from people and relatives who used the service. There was a registered manager in place who understood their responsibility around registration with us.

People were supported in a safe way. There were enough staff available for people. Risks to people were considered and reviewed and lessons learnt when things went wrong. Medicines were managed in a safe way. Actions were taken to ensure infection control procedures were followed in people's homes.

People were supported by staff they were happy with. People were encouraged to remain independent, offered choices and their privacy and dignity was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. People had access to health professionals when needed. They were supported to maintain healthy diets.

People received care based on their assessed needs. People's preferences were taken in to account. People had the opportunity to participate in activities they enjoyed. There was a complaints procedure in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (22 March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

Complesso Healthcare Solutions

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

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 8 August 2019. We visited the office location on 7 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During our inspection we spoke over the telephone with one person who used the service and two relatives. We also spoke with two members of care staff. The registered manager and one of the directors. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at care records for three people. We checked the care they received matched the information in their records. We also looked at records relating to the management of the service, including audits carried out to ensure people received a safe and effective service.

After the inspection

We gave the provider the opportunity to send us any audits that related to the service. The provider sent us some information the following day that we considered as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were considered, assessed and regularly reviewed. When people's needs changed we saw this had been considered and risk assessments updated to reflect this.
- We saw people had behaviour management plans in place, so staff could respond accordingly when needed, we saw these plans were regularly reviewed and updated. These had been completed with the support of health professionals. Staff were aware of these and how to implement them.
- People felt safe being supported by Complesso Care. People and relatives confirmed they had no concerns about safety.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. We saw when needed concerns had been raised appropriately in line with these procedures.
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training. One staff member said, "I had training on line, it is protecting the people we support to make sure they are safe and come to no harm."

Staffing and recruitment

- People and relatives confirmed there were enough staff available to meet people's needs. One person said, "They are always on time and they write everything down."
- Staff were specifically recruited for individuals based on their skills, likes and dislikes. People and relatives were also involved with this process. Individuals had a specific team of staff that offered support to them to ensure continuity.
- There were enough staff were available to offer support to people.
- We saw pre-employment checks were completed before the staff could start working in people's homes.

Using medicines safely

- There were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons which they used when they were offering support to people in their own homes. One staff member said, "If we run out of anything we can just ring up the office and they bring it to us, nothing is too much trouble."

Learning lessons when things go wrong

- The provider ensured lessons were learnt when things went wrong. For example, a new person had started to use the service. It was identified that a key piece of information had been omitted from the assessment process. The provider took appropriate action to ensure the person was safe and supported. The provider considered this to ensure how this could be prevented in the future.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 gender, culture and religion were considered as part of the assessment process.
- People's physical, mental and social needs were holistically assessed and considered.

Staff support: induction, training, skills and experience

- Staff continued to receive training and an induction that helped them support people. One staff member who had recently started said, "I did all my training before I could start working in people's homes. I also had the opportunity to shadow an experienced staff member and meet the person I would be supporting. I built up a rapport by doing this. If we hadn't developed a good relationship with this person, this would have been considered and I would have worked with a different person".
- Staff had adequate skills and experience to fulfil their role.

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

- People were encouraged to shop for food and cook with support from staff. They were encouraged to make choices and some people had meal planners in place.
- People's dietary needs had been assessed. When people required specialist diets we saw information was in place for staff to follow and they were aware of people's individual risks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other services to ensure people received care which met their changing needs. For example, people were regularly reviewed by other professionals including community nurses.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals and their health and wellbeing was monitored.
- When people needed to be referred to health professionals for specific advice and guidance we saw this had been completed. For example, epilepsy nurse specialist and speech and language therapists.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- We found when needed mental capacity assessments were in place for people and decisions had been made in people's best interests.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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 were treated in a kind and caring way. One person told us, "They are approachable very friendly and clean and tidy, and I have a good rapport with a staff member who makes sure I'm happy." A relative commented, "We can sit and talk honestly with them. The staff will have banter with my relation. It's informal, like friends calling in but still professional. They are also careful not to take over my role as a mum. It was something I was afraid of my role being taken away but for example we will all go to the cinema together. It's all about a personal touch and having a carer who hasn't taken over my role."
- Staff knew about people's preferences and backgrounds and were able to give detailed accounts of people.

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

- People were encouraged to make choices about their day. The care plan we looked at considered choices and preferences throughout and staff provided support accordingly.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. Staff gave examples of how they would support people with this. Including giving people space and ensuring blinds and curtains were shut during personal care.
- Staff gave examples how they encouraged people to remain independent. One staff member said, "It's allowing people to do what they can for themselves. With cooking we may stand beside them and tell them what to do next, but we let them actually do the task themselves. We would be there for guidance."
- Records we reviewed reflected the levels of support people needed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Staff knew people well and their needs were met. People and relatives confirmed this to us. One relative said, "They record everything. My relation has a care passport which says all about their likes and dislikes. The staff have a copy of that."
- People had care plans which were personalised, detailed and regularly updated. We saw that people had regular meetings, so their care could be reviewed and updated, both people and relatives were involved with this.

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 careers.

- The provider met the Accessible Information Standard.
- People had information in their files to ensure staff had information available about how they communicated. Staff were able to tell us how people preferred to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to participate in activities they enjoyed. We saw people attended local football matches, cinemas and other community events.

Improving care quality in response to complaints or concerns

- People and relatives felt able to complain.
- The provider had a complaints policy in place.
- There had been no complaints made since the last inspection.

End of life care and support

- There was no one currently being supported with end of life care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Some quality checks were completed within the service. These included individual audits on behaviours within the service and individuals' medicines administration records. However, further improvements were needed as it was unclear how these were used to drive improvements within people's home. For example, we saw audits identifying how many behaviours had occurred. There was no further follow up to this to show what the provider had done to reduce these behaviours.
- The provider completed a monthly audit for the local authority which provided an overview of the service. For example, how many medicines errors had occurred. However, the provider was unable to evidence what action they had taken to avoid this happening again.

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

- People, relatives and staff spoke positively about the management team and the support they received. One relative said, "They are very easy to get hold of." A staff member said, "They are a really good company to work for I can't praise them enough."
- The management were available and visible during our inspection.

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

- Duty of candour requirements were understood by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager and the provider. They had the opportunity to raise concerns by attending team meetings and individual supervision sessions.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

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

- The provider sought the opinions of people. This was through meetings. People and relatives were given the opportunity to attend meetings and reviews to discuss and share any concerns.

Working in partnership with others

- The service worked closely with other agencies to ensure people received the care they needed.