

Complete Community Health Care Ltd

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Inspection report

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09 January 2020
15 January 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 service is a domiciliary care agency which provides personal care to people living in their own homes throughout Northumberland. At the time of this inspection there were 18 people using the service.

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

Shortfalls remained in the leadership and management of the service which exposed people to the risk of harm. There had been improvements made to the service, but quality checks had not been effective enough to fully identify and address concerns.

The registered manager monitored the quality and safety of the service through checks of the records. However, a comprehensive audit system was not in place. The registered manager had implemented elements of best practice into the service, however sustained improvement needed to be seen.

Relatives felt their family members were safe receiving support from staff, who knew them well. People's care needs were assessed, and risk reduction measures were in place. However specific risks people faced were not always fully recorded. We have made a recommendation about this.

People were supported by trained staff who provided a reliable, person-centred service. Staff were kind and respectful towards people and their families and people's privacy and dignity were upheld. People's independence was encouraged, and they were involved in decision making.

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 supported this practice.

There was a good working relationship between staff, relatives and external professionals to ensure people got any extra support they needed. The service was changed as required to meet people's varying needs and wishes.

Minor incidents and complaints were recorded and acted upon to prevent a repeat occurrence. However, record keeping required improvement.

We have identified one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 related to the governance of the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published 8 January 2019) and there were three breaches of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider failed to submit an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of one regulation.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one continued breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Complete Community Health Care 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 carried out this inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day. It predominantly provides a service to older people.

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 unannounced.

Inspection activity started on 8 January 2020 and ended on 17 January 2020. We visited the office location on 8, 9 and 15 January 2020.

What we did before the inspection

We reviewed information we already held about the service, including information we had received from members of the public. We sought feedback from the local authority commissioners and safeguarding team, and one social worker.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five relatives of people who use the service. We spoke with three members of staff including the registered manager and administrator. The nominated individual attended parts of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including two people's care records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We emailed all 10 care workers for their feedback and to ask questions about their skills and knowledge. We received two responses. We asked four more external professionals who worked in partnership with the service for their feedback about the service. We received two responses.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. They had also failed to ensure medicines were managed safely. This was a breach of regulation 12, entitled Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Accidents and incidents were monitored to keep people's risk assessments up to date. This helped to reduce the likelihood of further incidents. However, record keeping in this area required improvement. The registered manager implemented improvements immediately.
- Risk assessments had been improved but would benefit from more detailed information. Specific risks which individuals faced were not always recorded. For example, in relation to specific conditions such as diabetes or kidney failure. However, we found no evidence this shortfall had impacted on the care people received.

We have recommended a review of the records related to people with specific health conditions.

- Medicines were well managed. Staff were trained and followed a good system to safely administer medicines and record the medicine support given. Medicine records were checked to ensure people had received their medicines as advised.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- The registered manager investigated any concerns and reported them to the relevant external agencies.
- Relatives told us the service was safe. A relative said, "It's very safe, it's the best care company we've had."

Staffing and recruitment

- Staff recruitment was safe. A relative said, "We feel safe. I leave (staff) with (person) and I go to the shops when they are here."
- There was enough staff to operate the service, however due to high levels of sickness the management team (registered manager and nominated individual) were covering care work whilst recruitment was

ongoing.

Preventing and controlling infection

- Risks of spreading bacteria and viruses were minimised. Staff used disposable gloves and aprons when assisting people with personal care. People and relatives confirmed this.

Learning lessons when things go wrong

- Important lessons had been learned following the last inspection. The management team had taken proactive measures which had led to an improved service.
- When things had gone wrong, the registered manager addressed this with staff to improve the service.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure processes were in place to ensure legal consent was sought. This was a breach of regulation 11, entitled Consent, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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. Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff understood and followed the principles of the MCA. This included supporting people to make their own decisions and assuming capacity unless they assessed otherwise. This ensured people's legal rights were upheld. Where concerns were raised, staff sought advice and guidance from other services.
- People were fully involved in decisions about their care.
- Lasting Power of Attorney arrangements were in place for some people. The registered manager ensured they had seen legal documentation. This meant they knew which relatives had the legal right to make decisions on a person's behalf.

Staff support: induction, training, skills and experience

- Staff were well trained, and they supported people effectively. They had skills and knowledge to deliver high-quality care. A care worker said, "(The management team) have put us all through our level two in health and social care which I have completed, and they are speaking with my tutor to start my level three,

so I can progress further."

- A nationally recognised induction for care staff was in place. New staff completed a probationary period and undertook shadowing shifts.
- Staff received ongoing support through spot checks and supervision sessions. Annual appraisals were also carried out. A care worker said, "(Registered manager) and (nominated individual) are brilliant managers and I feel I can talk to them about anything."

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

- People's needs were fully assessed, including physical, mental and social care needs.
- Care plans described people's needs and choices about how they would like their care to be delivered.
- Staff delivered support which reflected people's current needs and was in line with nationally recognised best practice guidance, standards and the law.

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

- There were good links with external professionals to help improve people's health and well-being. A proactive joint approach to people's care and support had led to successful outcomes.
- Staff understood the importance of timely intervention from others when people's needs changed.
- People had achieved positive outcomes through support from staff, which enabled them to live healthier lives.

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

- Staff monitored people's nutritional and hydration needs, and action was taken as required.
- Staff prepared food and drinks in line with people's likes and preferences. Where people had specific dietary needs such as diabetes, staff were aware of this and prepared suitable meals.

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 the same. 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

- Everyone we spoke with gave good feedback about the staff and their experience of the service. They described the staff as having caring values. A relative said, "They are an excellent team. They have the best interests of the clients as a high priority." An external professional said, "I always find whoever I speak to, very friendly and helpful."
- People were treated well. Staff knew people well and respected them and their homes.
- An equality and diversity policy was in place and staff were trained to ensure people were treated with respect regardless of their sex, age, disability or beliefs. Staff upheld people's rights to ensure they were not discriminated against in any way.

Respecting and promoting people's privacy, dignity and independence

- People received a good service from staff who respected their needs and wishes. Staff ensured people right to privacy and confidentiality were maintained. A relative said, "They know what confidentiality means."
- Staff offered gentle and dignified support. They encouraged people to regain or maintain their independence.

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

- Staff assisted people to obtain additional external support when needed it. They acted as informal advocates and liaised with external professionals which benefitted people. Staff helped people to find the information they needed to make an informed decision.
- Staff listened to people's views to ensure they were involved in making decisions about their care.

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 the same. 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 had choice and control over how their support was delivered. A relative said, "The care provided has been consistent and good." Another relative said, "There is continuity of care workers, it's everything we've never had before."
- Care records were updated when people's needs changed. The service was flexible and could be adapted to meet people's changing needs.
- Assessments, care plans and reviews of people's care were person-centred. They included individual preferences, wishes and choices. However, they would have benefitted from being strengthened with further personal details. The registered manager told us they would address this immediately.

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

- Care records detailed people's interests and hobbies to help staff understand people's social needs and enable them to engage in meaningful conversation.
- People were supported to access the community as required. This helped to avoid social isolation and loneliness. People chose activities which interested them and were important to them, such as swimming.
- People at risk of becoming socially isolated or lonely were encouraged by staff to access their local community and maintain contact with their family and friends.

Improving care quality in response to complaints or concerns

- There had been a low amount of complaints made about the service. People said their minor issues were resolved quickly. Lessons learned from minor issues were shared with staff to improve their practice. A relative said, "There was timing issues, but all sorted now. We used to get different (staff) but we just get two main ones now, they cover each other."
- Everyone we spoke with knew how to complain. Information was shared with people to help them raise complaints or share compliments.

End of life care and support

- Staff were not currently supporting anyone at the end of their life. Staff were trained to deliver sensitive and compassionate care to people with terminal illnesses.
- Care records did not fully include people's end of life wishes or resuscitation preferences. This would help staff to care for people if they were not able to express those wishes themselves. The registered manager told us they would address this immediately.

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.

- Staff knew people very well and there were no issues raised about communication. Care records included information about people's communication needs and preferences.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection the provider had failed to ensure the service was appropriately governed. This was a breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The governance of the service continued to require improvement which meant the provider continued to fail to meet all regulatory requirements. The management and leadership of the service had improved but there were still shortfalls.
- The provider had failed to return a 'Report of Actions' to the Commission following the last inspection. An action plan was not in place to ensure all the required improvements to the service were being promptly addressed and monitored.
- Records not always detailed enough to demonstrate the service was operated safely and efficiently.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was governed well. This placed people at increased risk of harm. This was a continued breach of regulation 17, entitled Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a new registered manager in post, who had the skills, knowledge and experience to manage this service. They demonstrated understanding of their role. Policies and procedures incorporated best practice guidance which supported staff to deliver a high-quality service.
- There was a basic quality assurance system in place. The registered manager reviewed records to check the safety and quality of the service. However, a robust recorded audit process was not in place. The registered manager told us they would implement a better system to evidence their audits and provide clear record keeping. The nominated individual told us they would implement an overarching full-service audit.
- The management team have acknowledged the continued shortfalls in the service and given verbal assurances regarding the necessary improvements. With some shortfalls, they were able to take immediate action.

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

- The management team were dedicated to providing person-centred care. They were passionate and motivated, and they inspired staff to deliver a good service. They set a positive example and empowered staff to help people achieve good outcomes. A relative said, "Both managers have been here, they are doing an excellent job." A care worker said, "It's a brilliant company with amazing managers and great team."
- Everyone we spoke with said this service was well-led. A relative said, "The company as a whole is good. We've met the managers. I would recommend it to others."

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

- There was regular engagement with people, relatives, staff and external professionals. The management team had actively sought feedback in the form of satisfaction surveys. The responses were mainly positive. Any issues raised had been addressed.
- Staff meetings took place and were used to deliver important messages to staff, encourage them to share ideas and best practice. Staff felt valued in their role and said the management team were approachable and very supportive. A care worker said, "Morale is good. They make me feel like I belong."

Working in partnership with others

- There was good partnership working with external professionals to provide a seamless service. An external professional said, "Managers have worked well alongside my investigation and have taken necessary improvement action to address the concerns raised" and, "When setting up the service they listen to my request to ensure they provide the service required."
- Relatives were positive about staff working in partnership with them, to ensure their family members were cared for properly.

Continuous learning and improving care;

- The registered manager gave us multiple examples of improvements they had implemented. This demonstrated their continuous learning since being appointed in to the role and the action taken to improve the support people received. For example, updating policies and procedures, improving care plans, improving how medicines were managed and ensuring they obtained people's legal consent to the care they received. An external professional said, "(Registered manager) has implemented systems and processes to manage the service better." A care worker said, "It's a great place where they are always trying to make it better."
- The management team were open to new ideas, suggestions and learning from this inspection. However, they would benefit from engaging with local networks within the care industry to further their own learning and development.

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 management team understood their obligations under the duty of candour. There had been no serious incidents that required them to act on this duty.
- The management team conveyed an open and honest attitude when dealing with any issues raised and had developed a good relationship with people, relatives and staff. There was confidence in them to act in a responsible manner if something did go wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were either not in place or robust enough to effectively monitor the service to ensure safety and quality.</p> <p>The management team failed to always assess the risks related to the health and safety of people who may be at risk from their specific health conditions.</p> <p>Record keeping was not comprehensive.</p> <p>The nominated individual did not ensure information requested by the Commission following the last inspection was submitted.</p> <p>Regulation 17 (1)(2)(a)(b)(c)(f)(3)(a)(b)</p>