

Complete Quality Care Limited

Complete Quality Care Limited

Inspection report

4 Hubbastone Road
Appledore
Devon
EX39 1LZ

Tel: 07976672460

Date of inspection visit:
25 January 2019
31 January 2019
14 February 2019

Date of publication:
18 March 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Complete Quality Care provides personal care to people living in their own homes in the community. At the time of the inspection the service was supporting 63 people, the provider had chosen to only provide support for adults.

People's experience of using this service: People were supported by staff that were caring, compassionate and treated them with dignity and respect. People received support based on their individual needs and preferences. Staff knew what was important to people and people said they had a good rapport with staff, who listened to them and respected their wishes.

Staff had the skills and knowledge necessary to meet people's needs. Staff felt confident in their role and were well supported by the management team. Staff were observant noticing and responding to changes in people's health and well-being. They liaised appropriately with health professionals and followed their advice.

Staff were professional and competent; people and relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them. Staffing arrangements were consistent and reliable.

People's care plans were up to date about their individual needs and preferences. People, relatives, staff and professionals gave us positive feedback about the quality of people's care. They described the service as well managed and were confident if they had a complaint it would be acted upon.

Quality monitoring systems included audits, observation of staff practice and contact with people either face to face, through questionnaires or phone calls to check they were happy with the service provided. People, their relatives and care staff said staff, the provider and senior staff were approachable, organised, and ran the service well.

Rating at last inspection: Good. Last report published 20 June 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, the service remained rated Good overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Complete Quality Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The provider completed a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

Inspection team:

An inspector visited the service and expert by experience spoke with people using the service and their relatives. An expert by experience is a person who has personal experience of using or caring for someone living with dementia who uses this type of care service.

Service and service type: Complete Quality Care provides personal care to people living in their own homes in the community. The provider is registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the provider may not have been available. We needed to be sure that they would be in. Inspection activity started on 25 January 2019 and ended on 14 February 2019. We visited the office location on 31 January 2019 to meet the provider; and to review care records and policies and procedures.

What we did: Before the inspection, the provider sent us a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what

the service does well and improvements they plan to make. We reviewed information we held about the home, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

During the inspection: We spoke with eight people and two relatives to ask about their experience of the care provided. We looked at three people's care records and medicine records. We spoke with the provider and contacted ten staff for their views on how they were supported. Three responded. We looked at four staff files around staff recruitment, supervision and appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports. We sought feedback from commissioners, and health and social care professionals who worked with the service and received a positive response from one of them.

Is the service safe?

Our findings

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

- Staff had been recruited safely, which included criminal record checks. People said the staff were well chosen and they felt safe with them; one person said "I think they're very good. They choose their carers with concern and it shows."
- People were positive about the quality of the care staff and their professional attitude. "I haven't been let down by them; it's knowing that they are there." Staff said this was one of the strengths of the service as they provided a consistent group of staff to each person.
- Staff were reliable. Rotas showed people were supported by a small group of care workers; people said they had built a good rapport with staff. One person said "I normally get the same person now six days a week and somebody on a Sunday. She's very good. If she's held up she lets me know, but it's normally about the same time." Staff completed extra shifts to cover any sickness or leave so people were supported by staff they knew.
- Staff stayed the time allocated to them. People said they were not rushed and staff would check if they needed additional tasks within the time allocated. Staff confirmed they had enough time allocated to them.
- People were protected from abuse because the management team demonstrated they understood their safeguarding responsibilities. They shared examples with us which demonstrated they knew when to make referrals if they had concerns about people's safety.
- Staff knew to report concerns and had completed safeguarding training.

Using medicines safely

- Most people said they managed their own medicines or had help from their family. Where people required support with their medicines this was provided safely and documented.
- Staff were trained and their practice monitored to ensure it was safe. Senior staff worked alongside new members of staff so they could observe their medicine administration practice. Medicine administration records were also audited to check staff worked in a safe way.

Preventing and controlling infection

- People confirmed staff regularly used protective equipment during personal care to help prevent the spread of healthcare related infections.
- Staff were reminded to undertake good infection control measures and staff said they had access to equipment and training in this area of care.

Assessing risk, safety monitoring and management

- People's assessments recognised risks to their health and safety including their mobility.

- Senior staff had completed assessments of specific risks within people's homes and staff provided with guidance on how to manage these risks.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any trends. The registered manager discussed accidents/incidents with staff as a learning opportunities.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- People benefited from a skilled staff group who undertook regular training.
- People were reassured by new staff being accompanied by more experienced staff as part of their induction. Staff confirmed this arrangement and the measures put in place to assess the competency and confidence of new staff.
- Training was well organised and valued by staff and the provider. Staff were paid for completing training while spot checks by senior staff ensured this knowledge was translated into their day to day practice.
- Positive feedback from people demonstrated how staff applied their learning effectively which had led to good outcomes and supported their quality of life.
- Several relatives commented on the skills of staff who supported people living with dementia. For example, "They talk to him, he is quite happy with them. He doesn't like changes, they know the timings are important, they maintain it now."

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People said staff checked with them before they completed day to day tasks and gained their permission before providing personal care. People's comments included, "They are more than happy to do anything I want of them. They never do anything without asking."
- People described how they had been involved in making decisions around their care and care records demonstrated people choices had been respected.
- The provider had made changes to the pre-admission assessment process to ensure details on any lasting powers of attorney were checked and recorded.
- Assessments of people's needs were comprehensive, expected outcomes were identified and their individual care and support needs were regularly reviewed.

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

- People were satisfied with how they were supported with their meals. For example, "They help me with

breakfast, they just ask me what I'd like and do whatever I ask." Staff recognised the importance of keeping accurate records of food and fluid intake if people were at risk of malnutrition.

- People appreciated staff being flexible and ensuring they had food available to them. People told us, "They're very considerate. If I need some shopping, they will get it and bring the receipts" and "If I run out of bread and milk, they will get it."

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

- The service enabled people to remain as independent as possible by liaising with health professionals to ensure they had the equipment they needed.

- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when people's health had declined. People said care staff supported them to make calls to health professionals. For example, "Last week I had breathing difficulties and I started to speak with the Doctor and couldn't so (care staff) took over."

- Records showed staff worked with a range of community professionals to maintain and promote people's health.

Is the service caring?

Our findings

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People praised the caring nature of the staff who supported them in their own home. A relative said, "They are kind to him, they chat. They sit next to him, touch his hand say 'have you had a nice morning? Its lovely, I'm happy. He looks forward to them coming."
- People commented on how staff treated them with respect. They told us, "They don't rush me. I've got very fond of them...they don't make me feel uncomfortable."
- People using the service and their relatives were happy with the care and support they received. A relative said, "Wife is very pleased, they pay attention to her and respect her."
- Care staff recognised the importance of spending time with people who no longer had the company of others and who relied heavily on them for companionship. One person said they deeply valued their contact with care staff, which they described as a "lifeline."

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

- People had good relationships with care workers and said they were treated with respect. The provider spoke respectfully about the people they supported and written records were completed in a professional and caring manner.
- Staff understood the need to respect people's confidentiality and to develop trusting relationships.
- The service supported people to express their views and involved them in making decisions about their care. People said staff did not rush them and listened to them.
- Relatives said they had a good relationship with staff, who they said recognised when they needed support.

Is the service responsive?

Our findings

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Senior staff met with people to assess their needs before they started using the service. This meant there were no surprises when staff visited a new person as they were provided with key information and risks had been assessed.
- Staff confirmed they had a good knowledge about the people they supported in regards to their preferences, daily routines and their likes and dislikes. They confirmed there was always a care plan to refer to and they would seek the views, opinions and wishes of people they cared for daily.
- People were involved with informal reviews of their care plans to ensure their wishes and preferred routines were included as part of the detail of the plan. For example one person told us, 'Yes, staff look at [the care plan], they are always good at back reading. If a lady has not been here for four days, they read through to see what's been going on... They ask if anything has gone on or if there is anything different... It's reviewed regularly.'
- People felt involved in their care. Some said they were regularly consulted to check their support met their care needs. Records showed there were systems in place for staff to review people's support with them, both face to face and on the phone.
- The service was responsive to people's changing needs. People said staff were observant and helped them recognise when changes needed to be made to their level of support.
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We discussed with the provider how they made information accessible to people. They stated continuity of care staff helped ensure they had built a good knowledge of people's needs to help them recognise when people needed information in an alternative format.
- People were treated equally and their diversity valued. The registered manager gave us examples of how the service had varied its practices in response to people's individual needs and preferences. The provider and care staff knew people using the service well and recognised what was important to them.
- People appreciated how care staff reduced their social isolation. For example, one person said, "Apart from the caring side of the girls, all have a good sense of humour. They also bring in with them the chatter regarding the outside world. For half an hour lots of things can be talked about and lots of laughter – very important."

Improving care quality in response to complaints or concerns

- Clear written information was provided to people using the service as to how to make a complaint. There were systems in place for receiving and investigating complaints.

- People were confident any concerns would be dealt with appropriately. One person described how they were happy with the responses they had received from the provider following complaints. The provider had responded quickly and professionally to complaints and put systems in place to monitor if resulting action had been successful.
- The provider advocated for people when other agencies were delayed in responding to their changing needs. For example, by ensuring people had the equipment needed to reduce risks or maintain their independence.

End of life care and support

- The provider described how, where possible, staff supported people in their homes with end of life care. They worked in partnership with community nurses to deliver compassionate end of life care.
- Staff with experience in this type of care supported and worked with less experienced staff to build their confidence and competence. A senior staff member had written a well-worded reminder to staff which sensitively acknowledged families' heightened emotions and the need for tact and professionalism. Care staff were regularly thanked for the support they had provided at the end of people's lives and were described as, "very kind and tolerant...we could not ask for more."

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives were complimentary about the caring nature and professionalism of staff.
- People trusted the provider and senior staff because they responded quickly if they contacted them. They described the service as well managed and very organised.
- Senior staff, who also provided hands-on care, spoke with people on a regular basis and therefore gained feedback informally.
- People said their care was personalised and met their individual needs, which they said was linked to a stable staff group who they knew well.
- There were many examples of the provider and staff going above and beyond to support people's dignity and well-being linked to advocating for people's right to continence support, appropriate equipment and responding to carbon monoxide risks.
- Staff felt supported with good access to training. They said it was a good and understanding working environment with an "opportunity to further myself, if I wish too." Another staff member said the best thing about the agency was, "For people, consistency of care workers; for workers, consistency of clients." Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Quality assurance systems were effective in recognising and addressing areas for improvement. The provider carried out regular quality assurance audits to ensure the service was providing safe care of a good quality. This included ensuring staff completed a wide range of training to help ensure they were competent and confident.
- Written feedback was also sought from people to help improve the service and action was taken to respond to feedback.
- There were effective systems to ensure there was good communication between staff. Care records were well written and handovers/ meetings and regular e-mails showed staff understood their responsibility to remain updated and informed about the people they supported.

Continuous learning and improving care; Working in partnership with others

- The provider ensured family members who worked alongside care staff were trained by an appropriate health professional who approved their competence.

- Records showed there were numerous examples of care staff working closely with health and social care professionals, particularly when people's lifestyles put them at increased risk of ill health or injury.
- A social care professional commented how staff responded with professionalism to complex situations. They said the agency provided a responsive service, and were helpful in an emergency but also realistic about what they could offer. They valued their honesty.