

Complete Care Services (Rossendale) Ltd

# Complete Care Services Nelson

## Inspection report

13 Market Square  
Nelson  
Lancashire  
BB9 7LP

Tel: 01282447710  
Website: [www.complete-care-services.co.uk](http://www.complete-care-services.co.uk)

Date of inspection visit:  
24 May 2023  
26 May 2023

Date of publication:  
09 August 2023

## 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 Care Services Nelson is a domiciliary care service providing personal care to adults with a range of support needs, in their own homes. 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. The service was providing personal care to 34 people at the time of our inspection.

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

Checks and systems were in place to support safe recruitment of staff, but we identified some areas of improvement. We have made a recommendation about this. People and their relatives confirmed the service was generally reliable and staff were punctual. Systems and processes safeguarded people from abuse and helped keep them safe. Medicines were managed safely, and the new electronic recording system improved oversight. Staff had a good understanding of infection prevention control and people received support to maintain their homes and equipment if required.

People and their relatives told us they were involved in the development of care records and took part in regular reviews. Staff had a robust induction, regular competency checks and ongoing training to ensure they had the skills and knowledge to care for people safely. Feedback was that staff respected people's wants and wishes and supported them in a person-centred way. The service ensured people's nutritional needs were met and concerns around health or well-being were escalated to the relevant professionals.

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.

Staff were caring and treated people well. People and their relatives praised the standard of care and were complimentary about the service and staff. Relatives said, "They are very courteous with [person] and treat them with respect" and, "It's not just about completing the tasks, it's the social needs as well. They have helped [person] maintain their skills." One person using the service told us, "They are very friendly and know what they are doing. I feel very lucky having them help me."

Detailed care records helped staff deliver personalised care and we saw evidence that people were supported to have choice and control over their lives. The service assessed people's communication needs and made appropriate adjustments. Managers responded to concerns and complaints. Staff received training and input from community healthcare professionals; to help them care for people during end of life.

There was a positive culture that contributed to good outcomes for people. Staff enjoyed working for the service and gave positive feedback about the support they got from managers and colleagues. A staff member told us, "It's an excellent service and I pride myself in my job." The nominated individual and area manager spoke about ongoing improvements to the service.

#### Rating at last inspection

This service was registered with us on 19 January 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 6 November 2018.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Complete Care Services Nelson on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

The inspection was prompted due to Complete Care Services Nelson being a newly registered service.

The overall rating for the service is good based on the findings of this inspection.

#### Recommendations

We have recommended that the provider review their recruitment procedures in line with current guidance.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Care Services Nelson

## **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 Health and Social Care Act 2008.

#### Inspection team

Two inspectors and an Expert by Experience took part in the inspection process. 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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.

### 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we visited 4 people in their own homes to discuss their experience of the care provided by Complete Care Services. We spoke with the nominated individual who also acted as the registered manager, the area manager and branch manager and 5 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time at the office and reviewed a range of records including 5 people's care records, medication records and recruitment for 3 carer staff. We looked at documentation relating to the management of the service such as policies and procedures, audits, rotas, meeting minutes and complaints.

### Following the inspection

We looked at further information around training, recruitment and incidents and accidents and continued to seek clarification from the provider to validate evidence.

The Expert by Experience spoke to 2 people and 6 relatives by telephone and asked about their views of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Whilst the provider had policies and procedures around recruitment, guidance and best practice had not always been considered. We found that there were anomalies to dates on some references and gaps in employment history had not been consistently investigated.
- DBS checks were carried out. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had systems in place to schedule visits and create staff rotas. Staff told us they had enough time to carry out the agreed tasks and travel between visits was well planned. One staff member said, "Rotas are done well, I will ring the office if I've any issues and they will change things."
- Whilst the nominated individual acknowledged ongoing challenges with recruitment, staff worked as a team so impact to people was kept to a minimum. People and their relatives told us that staff were usually on time and stayed for the full visit. On the occasions staff were running late or the visit was to be rescheduled, the office contacted people to let them know.
- People received support from a small, consistent team. This enabled staff to get to know people and their care needs well and helped build positive working relationships. Relatives made comments such as, "It's the familiarity. [Person] likes them, and we are satisfied they are well looked after" and, "[Person] is confident in the staff. They have regular carers we have known for a long time."

We recommend the provider review their recruitment systems in line with guidance and best practice.

### Systems and processes to safeguard people from the risk of abuse

- Staff and management understood their responsibilities for keeping people safe. Staff told us they received safeguarding training and knew what to do if they suspected abuse. There were safeguarding policies and procedures in place.
- The area manager told us about a safeguarding workshop they recently attended which helped keep them up to date with current guidance.
- People and relatives told us that they felt safe and would feel confident to raise concerns. When asked about this, 1 person said, "Yes, I feel safe, I wouldn't be with them if I felt uncomfortable."

### Assessing risk, safety monitoring and management

- People had in-depth, person-centred care records. This covered a range of topics relating to their health and care needs, and well-being. Reviews were carried out by managers twice a year, people and/or their relatives were involved.

- Detailed risk assessments were included in people's care records and kept up to date. Strategies were incorporated to help staff provide the appropriate level of support and reduce risk.
- Managers conducted in depth risk assessments relating to people's homes and equipment. Where agreed, the provider supported people to manage maintenance issues. For example: getting quotes for work or organising servicing of specialist equipment.
- Staff told us about the system used to share and record accidents and incidents. The management team had oversight of what happened, why and any actions taken.

#### Using medicines safely

- Medicines were generally managed safely. However, we found that some creams were not being logged on body maps as per best practice. We discussed our concerns with the area manager who assured us the system would be updated.
- People using the service had different levels of support with medication and this was clearly documented in care records. For example: some people managed their own medication, but staff checked it had been taken, whilst others needed full support to administer.
- An electronic recording system had recently been introduced and medication was logged accordingly. The system alerted the office if medication was missed, enabling better oversight. Relatives could access the corresponding 'app' and were reassured when they saw people received their medication as prescribed.
- Care staff received training for medication administration and competency checks were completed twice a year.

#### Preventing and controlling infection

- The provider's COVID-19 risk assessment had some outdated guidance around actions to be taken and visiting. The area manager reviewed this immediately.
- Staff received appropriate infection prevention and control training and personal protective equipment was provided. Staff continued to wear masks, aprons and gloves during visits to reduce risk of cross contamination.
- Where agreed, people received ongoing assistance to clean and tidy their home and the area manager told us of occasions the service had been commissioned for deep cleans. Concerns that people were struggling to manage were escalated to the office, who would liaise with the local authority and attempt to secure additional support.

#### Learning lessons when things go wrong

- The provider had processes to ensure lessons were learned from accidents, incidents and safeguarding concerns.
- Complaints were reviewed monthly and shared with the local authority, along with any learning and details of improvements made.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 care records were personalised to the individual. They reflected people's current needs and were updated twice a year. There was historical information kept in a small number of care records which included outdated terminology. The area manager said they would review information, and ensure it was in line with current guidance.
- Managers worked closely with people, their relatives and the local authority, to gather information about people prior receiving support. Needs assessments were compiled to document people's initial care requirements, interests, and well-being goals.
- Conversations with people and their relatives evidenced caring interactions, staff seeking consent and people having their choices and preferences respected. One person told us, "They always ask before they do a task." A relative said, "They will do exactly what [person] wants, everything is [person's] choice."

Staff support: induction, training, skills and experience

- Systems and processes were in place to induct and train staff. All staff received a robust induction and a period of shadowing more experienced staff before working alone.
- Managers carried out ongoing observations on staff to check skills, knowledge and competency. Staff had periodic supervisions and appraisals to discuss concerns, give feedback about practice and offer support.
- Records reviewed showed staff had a good level of training in key subjects. As a result, staff felt skilled enough to care for people effectively. Staff told us they could request additional training and this was organised. For example: dementia training or palliative care.
- People and their relatives told us staff were competent and well trained. One relative said, "I am happy with the way staff are, they are professional."

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

- People's dietary requirements and the level of support they needed to eat and drink was documented in care records. Support was offered accordingly, for example: with meal planning, shopping or preparing meals.
- Staff helped to ensure people were eating and drinking adequately. Staff recorded what people ate and drank on the electronic recording system. Information was monitored and concerns shared with relatives or professionals. Relatives told us, "Staff make sure [person] is eating healthily and check there's something prepared for the evening meal."

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

- People's healthcare needs were monitored and met. Care records included information about people's healthcare needs and any interventions or support they required. For example: we were told how one person was monitored for pressure sores, another was supported to apply creams.
- Staff had responded appropriately when people became unwell, alerting medical professionals. One person told us, "They really saved my life last year. They saw something on my leg, reported it to the district nurse and then my doctor. It was to do with my blood oxygen levels."
- If relatives were not available to support people to organise prescriptions, ring healthcare services or attend appointments, the office organised staff to assist with this.
- The area manager gave examples of when they approached the clinical commissioning group or local authority to apply for extra funding when people's health or care needs changed. A relative commented, "They're absolutely brilliant in sorting out extra help from the council."

#### 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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff received training about the Mental Capacity Act and could give us examples of how they would seek consent from people.
- People's cognition and capacity was documented in care records. Where people had reduced capacity, their relatives were involved in decision making.
- Preferences and choices were detailed in care records we looked at and 'consent to care and treatment' forms had been completed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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's individual characteristics were considered. There was information in people's care records around their likes and dislikes and what was important to them. Staff spent time talking to people, and people we spoke to said staff knew them well. One person told us, "They help me keep my sanity. Having someone come in and have a chat makes a big difference, knowing you have that company. I can't thank them enough."
- Staff spoke about people with affection and respect and were passionate about caring. Staff made comments such as, "I've always wanted to care for people, and I treat them like my own family" and, "I treat people like I'd treat my mum."
- Staff supported people well. People and relatives spoken to held staff in high regard and feedback from recent questionnaires was positive. One person wrote, "Another good year of care by lovely, caring staff." Someone else commented, "Every member of staff has been fantastic, always going above and beyond."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Care records outlined what people could do for themselves and what they needed support with. People told us about the tasks they continued to do for themselves. A relative said, "It's in the care plan that staff suggest things and help. They are there to make [person] more independent. It works well."
- Staff gave examples of how they promoted people's privacy and dignity. For example: covering people or closing curtains during personal care.
- One person told us how staff encouraged them to try new clothes and explained how this had improved their dignity and self-respect.

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

- People and their relatives were involved in assessments prior to using the service and asked for their input when reviewing care records. A relative said, "They come and reassess it every 6 months. If things were to change, I would ring the office and it would all be done. I find them very efficient."
- People were spoken to about their day-to-day care and treatment and were involved in making decisions as much as possible. For example: people were consulted about their meals or asked what things they would like support with.
- We saw evidence the provider sought people's views of the care provided. This helped gauge what was working and what was not, and any goals people had for the future.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care records we looked at contained good detail and evidenced personalised care. People and their relatives spoke about the different levels of support provided to meet people's individual needs.
- Staff were responsive to people's needs and preferences. One relative said, "[Staff] seem to go the extra mile, they pick things up like [person] won't eat sandwiches with crusts. They have seen us cutting them off and now do the same."
- Staff were positive about the on-call system and how the management team were responsive to issues or concerns raised.
- The service was flexible. A relative told us, "We have had to alter, cancel or swap shopping visits on 3 or 4 instances. They are flexible and helpful." Another said, "We find them absolutely superb, very accommodating, if we need anything additional, they try to sort us out."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service supported people with a range of communication needs and adopted their approach accordingly. For example: a whiteboard was used to communicate with someone who is deaf, and somebody who is non-verbal had consistent staff who know them well and had learnt to understand their body language.
- The provider responded in their most recent PIR, that information could be offered in a range of formats to meet people's communication needs; larger print, braille, voice recording or alternative languages.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. The area manager told us about the complaints procedure and how they would share information about complaints with the local authority. Complaints were reviewed as part of the monthly audit.
- People and their relatives told us who they would speak to if they had a concern or complaint. They were assured that they could contact the office and issues would be dealt with in a timely manner. A relative said, "No grumbles, you just ring up and they sort it out. I have never had to take anything any further."

#### End of life care and support

- Staff who provided support at end of life, received training in palliative care. The service was on the waiting list for additional training with the local hospice.
- The service worked closely with the hospice, GP's and district nurses during people's end of life. Appropriate plans would be in place and reviewed regularly as and when the person's condition deteriorated. This ensured the right level of care and support was offered at each stage.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The positive culture attributed to good outcomes. For example: 1 person told us their health had improved due to care they received, another said the service was invaluable for providing much needed company.
- People and relatives we spoke to said they would recommend the service to others. A relative told us, "I have a neighbour and keep telling them how satisfied we are with the service. If anything crops up, they get it sorted." Another added, "I have recommended them in the past. They have been excellent in [person's] care, they are very good."
- Staff spoken to were positive about the managers. They told us managers were approachable and supportive. Staff confirmed they felt able to raise concerns.
- Staff told us the service was a nice place to work and everyone worked together to benefit people. A staff member said, "It's a good service, lots of good carers and the office are brilliant if you need anything. Really good unit, everyone works together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff confirmed they received full induction, carried out training and attended meetings to enable them to understand their roles and responsibilities well.
- The nominated individual talked us through the current staff hierarchy which had recently been reviewed. Throughout the inspection, we observed the nominated individual, managers and staff in the office working closely together. This helped the service manage quality performance and risk efficiently.
- There was a schedule of checks and audits in place. Managers carried out checks which helped ensure care plans and risk assessment were up to date and people were happy with care received. Incidents, accidents, safeguardings and complaints were reviewed and acted upon. Medication was audited to ensure people received medicines as prescribed.
- An electronic recording system had recently been introduced which made it more efficient to log, collate and view information. This helped improve day-to-day oversight of people's care.
- The nominated individual and area manager were looking for ways to further improve the service. They attended local care forums and workshops to enhance their own knowledge and keep up to date with best practice guidance.
- The nominated individual spoke about the challenges in the sector. They were considerate of the number of people they supported whilst developing systems and processes, focusing on positive growth.

- People, relatives and staff spoke about how well the service operated.

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 area manager understood our statutory notification process. This process is something providers must follow to inform us about certain things such as a change in management, a serious incident, or instances of suspected or actual abuse.
- The nominated individual and area manager engaged and were frank and co-operative throughout the inspection process.

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

- People and their relatives were actively involved in the service; they were consulted and kept informed. A resident's survey was completed in November 2022 and people were asked for their views on the care they received twice a year.
- The electronic recording system and corresponding 'app' enabled people and their relatives easily access information about staff visits. Relatives gave positive feedback about how this had provided reassurance and aided communication.
- Staff were given the opportunity to raise concerns or make suggestions during team meetings or appraisals. Staff told us they received newsletters and were kept informed about changes.

Working in partnership with others

- The provider worked in partnership with health and social care professionals. Where appropriate, they liaised with relevant agencies such as the local authority and health care professionals, to ensure people's needs were met.
- The service signposted people to various community charities or agencies if additional support was needed, for example: the local food bank.