

Complete Care & Enablement Services Ltd

# Complete Care and Enablement Services

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Complete Care and Enablement provides supported living and domiciliary care. The service is also known as CareTech by some of the people who used the service and their relatives. At the time of this inspection, 13 people were in receipt of personal care. The majority of people who used the service lived with a learning disability and/or complex mental health needs and were aged under 65.

### People's experience of using this service

- The service was exceptionally responsive to people's needs. People's confidence and independence had increased since they started to receive support from Complete Care and Enablement. People were encouraged to live full and active lives and were empowered to participate in value based activities. The service's ethos was to fulfil people's aspirations and support them to achieve their goals. Activities were meaningful and reflected people's interests and personal preferences.
- People had comprehensive risk assessments in place and support plans that were focused on empowering people to achieve their goals and ambitions. People's support plans were tailored to them and had been developed with involvement of their families.
- Staff benefitted from specialist training and people were working with behaviour specialist's and psychology to complete work which was outcome focussed and aligned with a supported person's life journey.
- People received multidisciplinary input from a range of professionals which included, physiotherapy, occupational therapy, psychiatry and psychology.
- The registered manager was inspirational and led by example. They followed best practice and pursued opportunities to improve care and people's experiences to attain better outcomes. There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. This was clearly led from the top down. The registered manager was also supported by a team of exceptionally motivated and dedicated service managers and team leaders.
- Staff consistently demonstrated the values of the service and put people at the heart of everything they did. Staff were clear they worked as a team and for the benefit of everyone who used the service. Staff provided enthusiastic and individualised support to people which was prioritised over daily tasks such as household chores and tidying. People and their relatives spoke highly of the support people received and attributed their progress and quality of life to the staff and support they provided. People were motivated to achieve and their accomplishments were celebrated.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (Report published 15 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved its overall rating to 'Outstanding.'

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated outstanding.

## 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?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-Led findings below.

# Complete Care and Enablement Services

## **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.

#### Inspection team

The inspection was completed by an adult social care inspector from the Care Quality Commission (CQC). An assistant inspector also provided support with making telephone calls to obtain additional feedback on people's experiences of using this service.

#### Service and service type

Complete Care and Enablement provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Notice of inspection

This was an announced inspection, which meant we gave the service 24 hours' notice of our visit. This was because the service supports people living in the community and we wanted to be certain there would be someone available to facilitate our inspection.

#### What we did

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority who work with the service. We used information the provider sent us in the Provider Information Return (PIR).

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 used all this information to plan our inspection.

Due to the nature of the service, the number of supported people who were able to share their experiences with us was limited. However, we were able to speak with two supported people, three relatives and two social care professionals. We also used the Short Observational Framework for Inspection (SOFI) to observe interactions in communal areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the area manager (registered manager), three service managers, two team leaders, a coordinator, a behaviour specialist and three support workers.

We looked in detail at six support plans and associated documentation. We looked at two staff files, as well as records relating to the oversight and governance of the service, policies and procedures, recruitment, training and quality monitoring.

# Is the service safe?

## Our findings

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

- At our last inspection we rated this key question as good. At this inspection we found the evidence continued to support the rating of good.

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

Assessing risk, safety monitoring and management; learning lessons when things go wrong:

- People were supported to have as much freedom of choice in their lives as possible. Staff within the service were skilled in working with people to identify risk. Known and newly emerging risks to people had been comprehensively assessed and actions had been taken to reduce the identified risks. For example, where a risk was linked to an activity that would promote independence or well-being, the risk was not considered a barrier and effective risk management plans would be implemented.
- Staff were trained in techniques to manage conflict and challenging behaviour. The training was delivered by a professional external provider and topics covered in the training included assault avoidance, disengagement, guiding, holding and escorting. The aim was to keep people as safe as possible when acting in a physically aggressive manner. Records demonstrated that the use of any form of restraint within the service was rare and only ever used as a last resort. Whenever restraint was used, an incident report was completed which included lessons learnt. The registered manager and other professionals within the service maintained oversight of all such incidents and pro-actively took steps to identify potential triggers and to take remedial action.
- Accidents, incidents and untoward events were closely monitored within the service and monthly audits were undertaken to capture re-occurring themes. Staff completed an incident form when an incident occurred which was reviewed by the registered manager. Risk assessments within people's support plans were also updated in response to a particular event. Lessons learnt and outcomes were also disseminated throughout the team through meetings and handovers to promote shared learning.
- The service had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up to date including those to ensure the safety of gas appliances, electrical and fire safety systems.

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

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the service informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns.
- Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.

#### Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- The service was fully committed to stopping the over medication of people with a learning disability, autism or both with psychotropic medicines. This is known as STOMP and is a national project involving many different organisations. STOMP is about helping people to stay well and have a good quality of life.

#### Staffing and recruitment:

- The service had sufficient numbers of skilled staff effectively deployed to meet people's needs.
- When required, the staffing compliment was used flexibly and utilised to support people when there was an unexpected change.
- Feedback from people, relatives and staff spoken with confirmed there were appropriate numbers of staff on duty to meet people's needs promptly.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

#### Preventing and controlling infection:

- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing disposable gloves and aprons at the point of care and using red bags for soiled laundry.
- As care and support was provided within people's own homes, staff supported people to maintain hygiene standards and cleanliness as part of their usual daily routine.



# 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 our last inspection we rated this key question as good. At this inspection we found the evidence continued to support the rating of good.

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:

- An initial assessment was completed with people and their relatives to ensure people's care was planned proactively and in partnership with them. People's personal histories were captured and detailed to ensure staff had sufficient information to provide care in line with people's values and needs. Care and support was designed with consideration given to what people liked and disliked, who was important to the person and how they would like to be supported daily.

Staff support: induction, training, skills and experience:

- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role.
- Staff were effective and sought the best outcomes for the people they supported. The provider had a range of in-house expertise which meant a responsive level of training and development could be delivered in line with the needs of people and developments in best practice. This had translated to better outcomes for people and least restrictive interventions being effective to de-escalate people's behaviour.
- Staff received a comprehensive induction which was aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers. Newly recruited staff completed a probationary period to ensure they had the required values and attributes to work for Complete Care and Enablement.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

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

- People's dietary needs were clearly detailed in their support plans and all the staff we spoke with demonstrated a good working knowledge of the dietary needs of the people they supported.
- People's nutrition intake was monitored in line with people's weight and any changes in people's presentation and needs was responded to and catered for.
- People were encouraged to make healthy food choices in line with their assessed needs.

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

- We saw involvement from a variety of different professionals recorded in people's care plans which included; mental health teams, physiotherapists, district nurses, opticians, specialist learning disability services, and GP's.
- People had hospital passports which provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with eating and drinking, mobility, medication, pain, hearing and using the toilet. This meant that if a person receiving support required a hospital admission or care from another service then their support needs would be known by the treating team.

Adapting service, design, decoration to meet people's needs:

- During the inspection visit we were able to visit the apartments of three people who used the service. Each apartment was modern and well maintained and personalised with people's own effects.
- In one apartment, we saw how staff had supported one person in making some environmental improvements to the external garden area which meant this person was able to maintain maximum choice and control and enjoy the garden area as and when they wanted to.

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

- There was a strong emphasis on people overcoming any obstacles such as health conditions to achieve improved outcomes, experiences and to be in control of their lives. Links with health and social care services were excellent. The majority of people who were in receipt of personal care had complex and continuing health care needs and were supported by staff who explored every opportunity to adhere to best practice. People had access to psychiatry, psychology and occupational therapy. This meant people had access to therapies and treatments to aid their recovery in line with best practice.

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The application procedures for this in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DiDS). In supported living, the care provider must request that the local authority applies to the Court of Protection for DiDS authorisation if they think the person's liberty must be deprived to keep them safe.

- Some people who used the service were subject to conditional discharges from sections of the Mental Health Act and Community Treatment Orders (CTO). A CTO is part 17A of the Mental Health Act; this allows people to leave hospital and be treated safely in the community rather than hospital. A CTO means that people have to keep to certain conditions in the community, for example being compliant with their medicines.
- Staff were aware of the principles underpinning the Mental Capacity Act (MCA). Staff had received relevant

training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty and best interest process.

- Any behaviour that caused upset to others or to the person themselves was addressed in the least restrictive way and care planned to reduce unnecessary restrictions being imposed.
- Best interest assessments were comprehensive and involved people, their nearest relative or advocate and the required professional determined by the decision to be made.
- Staff were sensitive to people's needs and their preference regarding routines and support staff. Staff facilitated care tasks when it was conducive to success and ensured people's consent was gained prior to undertaking care tasks. Where people were unable to consent, people's care had been agreed in advance with people's nearest relative or advocate and was delivered in line with best interest.
- The support plans of people with CTOs contained information relating to their recall conditions so that staff would know to inform managers when certain things happened.
- The registered manager's knowledge and understanding of the process was excellent.

# 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 our last inspection we rated this key question as good. At this inspection we found the evidence continued to support the rating of good.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care:

- The service's ethos, vision and values promoted people's rights to make choices and live fulfilled and valued lives. This was well reflected in the excellent care and support people received from a committed, passionate and caring group of staff.
- People spoke with great fondness and affection about the staff. Comments included: "The staff are great, I have absolutely no concerns. Everyone is so very caring.", "Without doubt it's a caring service, I couldn't ask for more." and "The staff are very kind to me and help me to do things I enjoy."
- Staff spoke with great pride about the people they supported. It was clear people were highly motivated to provide care and support that was kind and compassionate.
- We looked at the service's approach to equality, diversity and human rights and how people from different backgrounds were supported. For example, people who identified as lesbian, gay, bisexual or transgender (LGBT) and people of non-white heritage. We saw that through the service's comprehensive and inclusive approach to support planning, key information about people's lives, their individual identity, culture and what was important was captured to good effect.
- When required, information and explanations were provided to people through 'social stories'. Social stories are a method of sharing information using visual supports.
- Where people did not have any family or if there was a dispute with the family about a person's support, we saw that appropriate referrals had been made to advocacy services such as Independent Mental Capacity Advocates (IMCAs). This meant people who used the service always had an independent person representing their best interests and to ensure their voice was heard and opinions respected.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed.
- In one supported living scheme, we saw that on each person's front door a colour coded symbol was displayed to indicate to others whether it was OK to enter or not. This helped to ensure privacy and dignity was maintained, particularly when personal care or interventions were being carried out with the supported person.

# Is the service responsive?

## Our findings

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

- At our last inspection we rated this key question as good. At this inspection we found the evidence to support the rating had improved to outstanding.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received exceptional personalised care and support that was highly responsive to their individual needs and preferences. Support plans were developed and written in a way that captured people's and relative's contributions and ensured the person was at the heart of the care planning process.
- Support planning documentation was divided into distinct areas which enabled the reader to gain an excellent understanding of people's individual support needs.
- At provider level, the service had a well-established and highly effective Quality Team which included professionals providing expertise in psychology and positive behaviour support (PBS). Having this expertise in-house meant that frontline operational staff were able to make direct referrals and seek help, support and guidance and implement effective strategies in a timely way. During the inspection we spoke at length with a Behaviour Specialist who was working in one particular supported house. We saw how they were working with staff to explore new ways of working that was centred around enhancing how staff used PBS and evidencing outcomes.
- We saw that people's goals and choices were fundamental to their care and support but staff were also innovative and suggested additional ways to challenge these, which people themselves might not have considered. People's independence had increased as a result and where they had previously been reliant on staff, many activities of daily living were being completed independently or with minimum support. For example, one person who used the service told us, "I was in a wheelchair, I'm out of it now, the support staff have been brilliant. They got me out of the wheelchair. They go with me to the gym every day now." Comments from relatives included, "The service is massively responsive. Transformational! [Person] now lives in their own house with greater autonomy. [Person] makes decisions every day. As a result [Person] is more confident and more competent managing their own basic needs.", and "[Person] lived in residential care before coming here. When we came to visit, the prospect of [Person] having their own apartment with support was just incredible. We placed a lot of faith in the staff here and we haven't been disappointed. [Person] has just flourished and the staff have been fantastic. [Person] achieves things now we never thought possible, some of the achievements might seem insignificant to others, but they are huge for [Person]. We couldn't be happier."
- Many of the people who used the service had previously been cared for in long stay hospitals and had not lived in a community setting for many years, if at all. We found that people were exceptionally well supported when transitioning between services. This included support provided before a person moved into

the service and throughout their support journey.

- We looked at one person's individual journey and saw the transitional work had started 18 months before they moved into the service with Complete Care and Enablement. Records of meetings demonstrated the supported person had been involved throughout the process along with a range of other professionals. We learnt that two members of staff had received specific enhanced training for PBS which had been tailored to meet this person's individual needs. The training had also been cascaded to everyone else involved in this person's support. This commitment to undertake dedicated, specific PBS training meant this person had been supported to manage their feelings and responses when distressed, dramatically reducing the risk of harm to themselves and others. Alongside this, staff had been able to significantly reduce the use of medicines that were historically given at times when this person was distressed. We saw how this had an extremely positive impact on their overall wellbeing which in turn meant staff were able to engage this person in a range of other activities. For example, this person was now actively involved in a volunteer led community social group and enjoyed entertaining other group members by playing a guitar and singing. This person also thoroughly enjoyed a full and active social life, staff had tailored social activities around personal preferences and we saw they enjoyed going to the pub and eating out.
- Staff continually explored ways in which technology could enhance the support provided to individuals. For one person, we saw how this had been used to good effect by staff supporting this person to purchase an audio-visual projector. This was used by this person to showcase images of their recent 'adventures' with images being projected on a wall in their apartment. We also saw how an instant messaging group had been set up so real-time texts and photographs could be shared with their loved ones via their mobile phone. In this particular case, the use of instant messaging had first been planned and agreed through a best interest's framework with relevant people consulted and involved. For another person, we saw how the use of mobile technology was used as part of their planned care. However, staff were skilled in recognising when the use of a mobile device was over stimulating this person, and appropriate supportive action was taken in line with their support plan.

Improving care quality in response to complaints or concerns:

- The management team had an 'open door' policy and people were encouraged and supported to raise any concerns. Where a complaint or concern had been raised, the service sought to find a resolution through a no blame culture. When a complaint had been made, we saw the service was highly effective in addressing any issues that involved staff, through a complaints supervision framework. We looked at several examples of where these had been completed with staff and saw topic areas included the employees' role in the complaint, reflection on their practice, lessons learnt, action to be taken, and follow-up.
- A central system was used for recording a complaint which the service manager and provider could access. This ensured any complaints or concerns were identified at an early stage and helped senior managers to maintain oversight and track any trends or themes at a local level.
- Information about how to make a complaint or raise a concern was readily available in each supported house, and in alternative formats.

End of life care and support:

- At the time of this inspection no one who used the service was in receipt of end of life care. Due to the way in which services are provided to people in the community, should a person require end of life care, this would be assessed as-and-when required and involve relevant people and professionals.
- However, due to the younger age profile of many people who used the service, in the event of a supported person experiencing the death of a loved one, staff were exceptional in providing bereavement support that was holistic and highly person-centred.

# 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 our last inspection we rated this key question as good. At this inspection we found the evidence to support the rating had improved to outstanding.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; continuous learning and improving care; working in partnership with others:

- People, their relatives and health and social care professionals provided consistent positive feedback regarding the quality of service being provided. Comments included, "The manager and staff are fantastic. I simply cannot praise them enough.", "Complete Care and Enablement are my 'go to' service when I have a client who needs an urgent placement. They always step up.", "If anything happened to us as parents, I can honestly say that I would know [Person] was in the very best of hands and that [Person] would be very well cared for. What more could a parent ask." and "We recognise that as parents of one resident we are quite challenging. It hasn't always been easy for management and staff but they have consistently been flexible and creative in developing this much more collaborative model of care."
- One example of how the service had 'stepped up' was particularly striking. Through our discussions with the registered manager and from looking at feedback provided by an NHS Commissioner, we saw that a service belonging to another provider had been forced to close with only a few days' notice given to find permanent accommodation for the people who used that service. We learnt three people were living with complex mental health needs and learning disabilities, and it had become increasingly difficult to find a suitable alternative provider who could meet their needs. Complete Care and Enablement were approached and agreed to help. Their response was remarkable. Within three days, a suitable property was found with equally suitable, skilled and experienced staff deployed to support the transition. The house was kitted out, a 'big shop' for food was completed and by the evening of day three, all three people who used the service, along with staff, were settled comfortably, watching the TV and enjoying eating apple pie and cream. In their feedback, the NHS commissioner went on to say, "With passion, commitment, drive and determination to do right by these three gentlemen, who did not deserve to be in the situation, that's the magic of Team Care Tech North West."
- The service was fully committed to provider forums and events that were organised via the various local authorities across the geographical areas covered by the service. Minutes of meetings demonstrated that management representatives from Complete Care and Enablement were regular contributors and always willing to learn and share best practice. This demonstrated the service was outward looking and willing to collaborate with others.

- The registered manager had been instrumental in forging excellent links with the Hearing Voices Network. This charitable organisation provided specialist training to unable staff to better understand supported people who heard voices, people who lived with paranoia and those who expressed unusual beliefs. The registered manager had become a true ambassador in championing and advocating for people with these additional needs.

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

- A highly dedicated and enthusiastic staff team was in place, led by an exceptionally motivated management team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.
- There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. This was clearly led from the top down.
- The registered manager was exceptionally well supported by three service managers who had day-to-day operational responsibility for their respective locations. The service had also recently introduced a service coordinator role. The purpose of the coordinator was to provide extra management capacity to ensure quality was maintained and outcomes for people continued to be measured and evidenced.
- All staff were encouraged and supported to progress within the organisation and gain further qualification. For example, through a 'Lead to Succeed' training programme, team leaders had an opportunity to gain a level five qualification. This provided support workers, and aspiring managers with a clear line of sight for career progression with the organisation.
- The provider had a well-established and fully embedded governance framework. Additionally, the registered manager had an excellent understanding of their role in ensuring good governance and compliance with legislation.
- The rating from our last inspection was correctly displayed at the providers business premises and the rating and full inspection report was also displayed on the provider website.

Engaging and involving people using the service, the public and staff:

- Without exception, people we spoke with told us they considered the service to have outstanding leadership. One relative said, "I think the manager is fantastic and I genuinely could not ask for more. I'm involved and included in every aspect of [Person's] support." Another relative commented, "As a family we feel absolutely involved and are provided with lots of opportunities to take part. We have formal meetings but can also call or visit at any time to talk about things. Its like an extended family really."
- Staff spoke positively about the leadership and told us they felt valued, empowered and motivated to make a difference. Comments included, "This job is not just about care, its about the difference we can make to people's lives and the management team are amazing at supporting staff, which in turn enables us to provide amazing support to the people living here." and "I've worked in care and support for many years and with a number of organisations. I genuinely feel this service is one of the best – I genuinely would not want to work anywhere else."