

Complete Aid Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Summary of findings

Overall summary

This focused inspection took place on 28 November 2016 and was announced.

We previously carried out an announced inspection of this service on 20 and 21 June 2016, and the service was rated as overall requiring improvement. We found breaches in regulations relating to good governance and staffing and served warning notices to the provider in respect of these. Since the last inspection concerns have been raised about the level of clinical support and supervision provided to staff, and the ability of the service to deliver safe care to children with complex needs. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those concerns. You can read the report from our last inspection, by selecting the 'all reports' link for Complete Aid Services on our website at www.cqc.org.uk.

Complete Aid Services Ltd is a family run business that has been established as an independent domiciliary care service providing emotional and practical support to children who have life threatening or terminal illnesses within family homes in the Cheshire, Kirklees and the Preston area.

The service was providing the regulated activity 'personal care' to 9 people with a broad spectrum of needs during our inspection.

At the time of the inspection there was a registered manager at Complete Aid Services Ltd. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service was effective.

Supervision and appraisals for staff were undertaken frequently and staff were well supported in their work and performance.

Staff received the training and support they required to perform their roles. However, there had been a period of several months where there had been a lack of clinical oversight and support.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time.

Requires Improvement ●

Complete Aid Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a focused inspection of Complete Aid Services on 28 November 2016. We carried out this inspection in response to concerns raised by health care professionals about the level of support and supervision provided to care staff. We inspected the service against one of the five questions we ask about services: is the service effective? This was because the concerns raised by the healthcare professionals highlighted a risk that the provider may not be meeting legal requirements in relation to this question.

The inspection team consisted of one adult social care manager and one adult social care inspector.

Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also reviewed information from those clinical commissioning groups that have contracts with this service.

During the inspection we spoke with the registered manager, two directors, two care support workers and the clinical lead for the service. We also spoke with the parents of two children receiving care from the service. We examined a number of records relating to the day to day management of the service including recruitment and personnel files, complaints records and audits. We also inspected three of the care records of people using the service.

Is the service effective?

Our findings

Parents of children receiving care from the service told us they were happy with the care that was provided and that staff were knowledgeable and competent in their roles. Comments included, "The service is gold standard, they are pretty astute in all they do" and "The service is fine, care is fantastic, I am confident with them (staff) doing all aspects of care."

At our last inspection we found that many staff did not feel supported in their roles. These were staff that had transferred to the employment of Complete Aid Services Limited when it took on an existing support package in the Preston area, resulting in the employment of the staff from this support package.

Discussions with staff at that time confirmed staff in the Preston area had not received a formal supervision and no team meetings had been organised by the provider.

At the last inspection discussion with staff and examination of the training matrix confirmed a small number of staff had not completed training in mandatory subjects such as moving and handling, paediatric first aid and food hygiene.

The issues around lack of training, support and supervision for some staff constituted a breach of regulation 18 of the health and Social Care Act 2008 (Regulated Activities) regulations 2014 and we issued a warning notice in respect of this.

During this inspection we found that Complete Aid Services Limited no longer provided packages in the Preston area. The staff delivering those packages had now left the company and the staff from that area no longer worked for the provider.

We spoke with two care support staff who told us they felt well supported and received all the training they needed to competently carry out their role. They told us that they had received training in a wide range of subjects, related to the individual children or young people they were caring for. One carer told us, "If we are unsure we will get more training until we are fully confident, the training is very good." Another carer told us that having received training, the clinical nurse observed them in practice to check they had understood and were confident. This carer told us the new clinical lead was "brilliant – we can ask him everything and he goes into depth, explaining everything."

We spoke with one of the directors who was responsible for arranging all staff training. We saw that an up to date training matrix was held electronically, which detailed all staff, their qualifications and all the dates when refresher training was due. The director reviewed this at the start of each month and arranged for the relevant training to be delivered accordingly. She told us that all staff were allocated three to four hours per week to complete paperwork and training in the office. Staff were reminded by email to complete their refresher training and this was followed up by a phone call and staff were given a timescale to complete the required training. We could see that where staff had failed to complete the training within the required timescales, they had been called into the office for a meeting with the registered manager to discuss why

and ensure the training was given a priority. The director was knowledgeable about the strengths of the care staff and also what areas they needed additional support with.

We examined the training files for two members of staff and found that they had undertaken a wide range of training, including person-centred care, communicating effectively, record keeping, confidentiality, COSHH, Fire Awareness, Health and Safety, Moving and Handling and safeguarding. More specific training to enable them to care for children with complex needs had also been delivered, such as training in gastrostomy care, tracheostomy care, ventilation, oxygen therapy, seizure management and rescue medication, anatomy and physiology of the respiratory system, chest physiotherapy and suction.

Competency packs had been developed that covered all the topics mentioned previously. It was noted that some of the competency assessments had been dated but not always signed as having been completed.

The provider had a policy regarding supervision which stated that all staff should have formal supervision four times per year. Records provided evidence that supervision with all staff was held regularly, and used as an opportunity to give feedback to staff about their performance and discuss any training needs. We could also see from the records that spot checks were undertaken to check on the practice of the support workers whilst they were working with the children or young people.

Staff told us they had regular staff meetings and that communication between the managers and staff was good. One carer explained how staff in the office would contact her before she went on a call if there were any issues or any change in the care that she needed to deliver.

Prior to this inspection concerns were raised that the person who had the role as clinical lead for the service had left the employment of Complete Aid Services Limited and this had created a situation where care staff did not have the support on a day to day basis of a qualified nurse.

During this inspection we confirmed that a new member of staff had now been employed as clinical lead. They told us they had met all the children Complete Aid Services Limited were delivering care to and had assessed all but two of them to ensure their care and support plans were up to date and accurate in respect of the care staff needed to provide. One of the parents told us the clinical lead nurse had been and completed a full care plan review for their child so it was up to date.

Parents of children receiving care from the service told us they were happy with the care their children were getting. One parent told us, "If it's not right I say and they are responsive, I think we have a really good relationship, they are fabulous." This parent explained how the carers had enabled her to return to work and how she worked with them until she had confidence to leave her child in their care.

The registered manager told us that she was in the process of recruiting more staff. Parents we spoke with commented that more staff would be beneficial because it would allow for a greater degree of flexibility within the service. One parent told us that in the case of an emergency she wasn't entirely sure how well the agency would be able to respond because she didn't think they had the staff to be that flexible, although they could be flexible around times and lengths of visits on the days staff were scheduled to visit. However, if for any reason she wanted staff to attend on a different day this she did not think this would always be possible.