

Complete Quality Care Limited

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Inspection report

4 Hubbastone Road
Appledore
Devon
EX39 1LZ

Tel: 07976672460

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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

This announced inspection took place on 28 and 30 June 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Complete Quality Care Ltd provides personal care and support to people living in their own homes in Bideford and the surrounding areas. At the time of our inspection there were 39 people receiving a service.

When we visited there was a registered manager in post. 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.

People felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet. Health and social care professionals were involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements were flexible in order to meet people's individual needs. Staff received training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

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.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance in terms of the Mental Capacity Act (2005).

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved

in making decisions about their care, treatment and support.

Is the service responsive?

Good ●

The service was responsive.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments

Is the service well-led?

Good ●

The service was well-led.

Staff spoke positively about communication and how the management team worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Complete Quality Care Limited

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.

This announced inspection took place on 28 and 30 June 2016. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with five people receiving a service, five relatives and six staff, which included the registered manager.

We reviewed six people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We did not receive any feedback.

Is the service safe?

Our findings

People felt safe and supported by staff in their homes. Comments included: "I do feel very safe with my carer"; "Safe in their (staff) hands, definitely" and "I feel very safe with the carers and if I was worried about anything I would speak to the staff. They are a security system." Relatives commented: "I go out for a few hours and happy to leave a sitter here" and "(relative) is safe, absolutely."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, moving and handling, personal care, nutrition and medicines. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. These included ensuring necessary equipment was available from other services to increase a person's independence and ability to take informed risks.

There were sufficient staff to meet people's needs. People confirmed that staffing arrangements met their needs. They were happy with staff timekeeping and confirmed they always stayed the allotted time. People commented: "I have flexi time and staff stay the correct time"; "I was rung when carers were running late"; "A couple of years ago I went on holiday and the service looked after (relative) day and night"; "They (staff) stay the time they are meant to, sometimes more" and "We tend to have the same carers, which is nice." Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. The registered manager explained staffing always matched the support commissioned and staff skills were integral to this to suit people's needs. They added that they tried to keep consistent staff to each person. This ensured people were able to build up trusting relationships with staff who knew their needs. Where a person's needs increased or decreased, staffing was adjusted accordingly and was agreed with health and social care professionals. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The registered manager explained that regular staff undertook extra duties in order to meet people's needs. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift.

There were effective recruitment and selection processes in place. Staff had completed application forms

and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received varying levels of staff support when taking their medicines. For example, from prompting through to administration. One person commented: "The carers make sure I take my medication." Staff had received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines. The management team checked medicine records whilst out in the community to ensure staff were administering them correctly. We checked medicine records and found them to be completed appropriately by staff.

Is the service effective?

Our findings

People said they thought the staff were well trained and competent in their jobs. People commented: "My carers are well trained and know exactly how to help me. They always ask if it's alright to do things"; "My carers are really well trained and certainly know what they are doing"; "They (the service) train them (staff) well" and "They (staff) bring different skills which is brilliant."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Staff were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said they felt that people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. One person commented; "The staff are very good at contacting other professionals if I need them." We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP, district nurse and occupational therapist. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and whether they were suitable to work with people.

Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling and a range of topics specific to people's individual needs. For example, dementia awareness, end of life care and managing and supporting a person with a neck brace. Staff had also completed nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. One staff member commented: "The training has been good. Helped me to do my job." However, staff felt they would benefit from more hands on, face to face training to further develop their skills, for example moving and handling. Following our visit the registered manager informed us that they had arranged for four staff to receive advanced (train the trainer) moving and handling training on 1 August 2016 which would then be disseminated to the rest of the staff team.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the

management team. One staff member commented: "I feel supported, even when lone working. There is always someone on the end of the 'phone." Staff files and staff confirmed that supervision sessions and appraisals took place. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask my consent before they do my personal care."

Staff received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The 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. Staff demonstrated an understanding of the MCA and how it applied to their practice. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care. For example, a best interest meeting had taken place to discuss the need for a person to receive their medicines covertly to ensure they were having their prescribed medicines to maintain their well-being.

People were supported to maintain a balanced diet. Staff helped people by preparing main meals and snacks. People commented: "They help me by preparing meals" and "The carers always ensure I have a drink with me when they leave." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's eating habits and in consultation with them contacted health professionals involved in their care.

Is the service caring?

Our findings

People and relatives said staff were caring. Comments included: "The staff are caring and always smile"; "They (staff) are very pleasant people, they get to know you"; "Nothing's too much trouble. Very kind and caring" "First and foremost they are really caring" and "The staff are so professional."

Staff treated people with dignity and respect when helping them with daily living tasks. Comments included: "They (staff) are brilliant with privacy and dignity. Door shut, blinds closed and towels used. They always say what they are going to do" and "I feel the staff respect my privacy." Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. One comment included: "They encourage me to be as independent as possible." Thank you cards also showed people were happy that their loved ones were able to stay at home at the end of their lives, which was their wish.

Staff demonstrated empathy in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. Staff said it was important to involve people so they received the care and support they most needed.

Staff relationships with people were caring and supportive. People commented: "The relationship we have built up has been great"; "They sit and chat" and "We feel supported as a family. The carers take the time to support me as well." Staff spoke confidently about people's specific needs and how they liked to be supported. Staff were kind and compassionate. They described how they observed people's moods and responded appropriately. For example, a member of staff explained how they supported a person when they were sad. They said they had talked to the person in a caring and calm manner. They described how they had engaged the person in things which interested them and helped to lift their mood. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. People felt they were involved with organising their care plan, describing how they had met with the agency at the start in order for the agency to understand their needs. One comment included: "The carers know what I like and what I don't like which makes caring much easier. It's because they have had a chance to get to know me."

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value. This included encouraging people to be as independent as possible. Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care and eating and drinking. Care plans were very detailed and included the little things which matter to people, such as how they liked their cup of tea and cutting the crusts off toast and cutting into four pieces. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. Those spoken to said that they had never needed to complain. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure.

Is the service well-led?

Our findings

The service demonstrated good management and leadership. Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: "I feel really supported and we work as a team" and "I can always go to a senior member of staff with any concerns and they would be dealt with."

Staff meetings had taken place in the past. However, these were often poorly attended. The service was due to implement small group meetings to attend to poor attendance. The service provided staff with regular emails to keep them up to date on organisational changes, the training available and policies and procedures. Certain senior staff also worked alongside the staff in the community in order to support them and help them develop their skills.

People's views and suggestions were taken into account to improve the service. For example, surveys had been completed. The surveys asked specific questions about the standard of the service and the support it gave people. Where comments had been made these had been followed up, such as improvements to a staff member's time keeping. Comments included: Any improvements, "No, I am delighted"; staff on time, "Yes very good" and "(Carer), outstanding care, needs a gold star." This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of encouraging independence, choice, privacy and dignity and people having a sense of worth and value. Our inspection showed that the organisation's philosophy was embedded in Complete Quality Care.

The service had received several written compliments. These included: 'A huge thank you to the carers who came to care for and sit with my husband. Not only did it mean I could snatch a few hours' sleep, but it was also very comforting to know there was someone with my husband at all times. It also meant he was able to remain at home, so we were able to fulfill his wish to die at home. That meant a lot to him and a lot to all of us, as a family. Thank you again for your wonderful help'; '.....The work you do is really amazing' and 'Not only have you supported auntie with your loving care – but you have supported us too! We are very grateful for your kindness, you are all wonderful people.'

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP's and district nurses. Regular reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, additional staff training had taken place and risk assessments had been amended. Actions had been taken in line with the service's policies and procedures. Where incidents had

taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by members of the management team. For example, the checks reviewed people's care plans and risk assessments, medicines and incidents and accidents. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure staff were arriving on time and supporting people appropriately in a kind and caring way.