Complete Care Windsor Limited

Complete Care Windsor

Inspection report

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Date of inspection visit:
21 April 2016

Date of publication:
02 June 2016

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

Complete Care Windsor provides personal care throughout Windsor and Maidenhead to older adults, some of whom have dementia . The office is located in a commercial area of Windsor, with staff working from hubs throughout the local area. The service encourages adults to achieve maximum independence, health and wellbeing. Services may include supporting people to manage their personal care (washing, dressing, medicines administration), companionship and other daily tasks such as meal preparation, and support in the community.

At the time of the inspection, there was a registered manager. 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.

The location was last inspected under the 2010 Regulations on 3 July 2013, where the five outcomes we inspected were compliant. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection, 70 people used the service and there were 30 staff. People were able to receive care visits in the morning, at lunch time, at supper and in the evening. The service also operated 24 hours a day, seven days a week and people, relatives, staff and healthcare professionals could telephone the office anytime to receive support.

We found Complete Care Windsor used a comprehensive assessment and care planning process which ensured that people's care was detailed and encompassing. Staff we communicated with were professional and caring and enjoyed working with people who used the service. People's opinions of the care provided were consistently positive. There were sufficient staff to meet people's needs at all times, and the service incorporated a robust method of determining correct staff deployment. People's medicines were administered, stored and documented appropriately.

The service was effective in the care it provided to people. Staff received extensive induction, training, supervision and performance appraisal for their roles. The service had utilised Skills for Care's 'Care Certificate' for new care workers and there was evidence that staff had successfully completed the many components. Staff received regular supervision with their managers and were able to set and achieve their own employment goals. Recruitment and selection of new staff members was robust and ensured safety for people who used the service. Consent was gained from people before care was commenced and people's right to refuse care was respected.

We found staff were kind and generous. People's comments mirrored our findings from the inspection. Staff told us they respected people's privacy and dignity, and ensured that life in their homes was as close as possible to being independent. People had regular opportunities to provide feedback to the service and also

have their say in how things operated.

The service was responsive to people's needs. People had the ability to share their compliments, concerns and complaints in an open and transparent manner. Where feedback was provided by people or relatives, management would undertake necessary investigations, make changes to their care package and report back to the person who complained.

All of the people and staff we spoke with as part of the inspection commented that the service was well-led. They felt that the managers took time to listen and would take action to make improvements when needed. People felt that management were approachable and had a visible presence in the operation of the service. We found that the management conducted a range checks to assess the standard of care. This included satisfaction surveys where people consistently rated the service 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.

People were safe from abuse and neglect because the service had systems in place to prevent, detect and deal with poor care.

People's care risks were assessed and mitigated to ensure they received safe support.

People received care from an appropriate number of care workers and visit times were personalised.

People were safely assisted with their medicines or they were administered by care workers.

Is the service effective?

Good

The service was effective.

People received care from staff who had the knowledge, skills and experience to provide effective support.

People's consent for care was sought and documented.

People were supported with their nutrition and hydration to ensure good health.

People were assisted to relevant healthcare appointments to ensure their well-being was maintained.

Is the service caring?

Good

The service was caring.

People told us that the service provided compassionate and kind care.

People felt staff and managers were approachable and friendly and readily helped with their care.

People told us they could be involved in planning their care, and

staff supported them to have a say.

People who used the service received care that was private and dignified.

Is the service responsive?

Good

The service was responsive.

People's care was person-centred and they were encouraged to follow their interests.

People's risk assessments were regularly reviewed and changed when needed.

People were aware they had the ability to complain and would raise concerns if they had them.

Is the service well-led?

Good

The service was well-led.

People told us they received care from an effective team of staff who were appropriately managed.

The service met requirements set by the regulations and managers were accountable for their actions.

People received high quality care because the service regularly checked the standard of support provided.

The service had a clear vision and values within which it operated.

Complete Care Windsor

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.

The inspection was undertaken by one inspector, took place on 21 April 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

For this inspection we did not ask the provider to complete a Provider Information Return (PIR). This 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 reviewed information we already held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public leading up to the inspection.

Prior to the office inspection, we sent a total of 94 surveys to people who use the service, relatives and friends. We received 13 survey responses. We have included information from the surveys in our report.

During the inspection we spoke with the registered manager, the assistant manager and four care workers. After the inspection we spoke with five people who used the service. We did not visit people's homes as part of this inspection.

We looked at four sets of records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at three staff personnel files and records associated with the management of the service, including quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe when care workers supported them in their homes. They told us they liked having support from the staff members and felt reassured that care workers supported them with tasks they needed assistance with. People said that in most visits they would have the same staff member and had built a bond with them. This meant that staff promoted the feeling of safety by people who received the care.

There was a good knowledge by care workers and management regarding the principles of potential abuse and how to ensure people were safeguarded should allegations occur. Staff displayed confidence in their knowledge of types of abuse, signs of abuse and the action they would take if they suspected or witnessed abuse. Staff we spoke with told us they would report colleagues if they found neglect had occurred. All staff we spoke with were aware of whistleblowing and authorities that they could approach if they needed to report something. The registered manager was clear about their part in managing safeguarding concerns. Safeguarding was included as part of new care worker inductions and annual training. At the date of the inspection, most staff had completed safeguarding training in the last 12 months. Staff also knew about human rights, discrimination and equality because they received training in the subjects.

People were safe because their risk assessments and care plans reflected their individual risks. We looked at computer-based and paper-based records for four people who used the service. We could see that people's risks were thoroughly assessed and documented. In the risk assessments and care plans we examined, we saw a comprehensive range of documents. Examples included environmental hazards in people's homes, moving and handling assessments, how personal hygiene was conducted, and how nutrition and hydration were managed. The frequency of personal care also reflected individual people's needs. Calls and support from the service ranged from once a day to four times a day if the person required this. Mobile technology supported care workers keeping risk assessments and care plans updated from people's visits, and we saw evidence of this on the office care system.

The number of people who used the service varied at any given point. However, at the time of the inspection we found there were a satisfactory number of deployed care workers that provided personal care and a team of staff who worked in the office. When we spoke with the registered manager, they told us the service had a staff planning system and they demonstrated this to us. Travelling time was planned into staff rotas and visits. The office computer system showed issues if people did not have a care worker allocated to their visit, and the office team could resolve this. Sick leave and holidays of staff were appropriately covered by other care workers. Timing of calls was tracked in the community using portable technology that care workers carried with them, and this was checked by staff back in the office. Staff were expected to call and message the office if they either exceeded the time they needed for a single call or had developed available time during their shift pattern. This meant the staffing was tailored to people's individual needs and calls were not cut short or routinely missed. We found people's visits were of an appropriate period of time.

The service had strong recruitment and selection procedures that ensured suitable, experienced applicants were offered and accepted employment. We looked at three personnel files of new care workers. Staff we

spoke with told us they had to pass a number of stages to be successful in gaining their employment. This included a face to face interview with the managers and question-based scenarios. Personnel files contained all of the necessary information required by the regulations and no documents or checks were missing. We found this include criminal history checks via the Disclosure and Barring Service (DBS), checks of previous conduct in other roles, and proof of identification.

A business continuity plan and emergency procedures were in place if there were events which impeded or prevented calls. When we spoke with staff, they told us they knew what to do in the event of extreme weather events. This meant most people's care could be delivered in difficult travel circumstances.

People's medicines were safely administered. We were told that in people's homes, their medicines were often pre-packed into blister packs by the dispensing pharmacy. Where possible, the person themselves was encouraged by staff to administer the medicines to themselves, with staff supervision. Staff only supported the person if their ability administer the medicines themselves was affected. Staff we spoke with explained their actions if people refused to take their medicines. They told us they would stay with the person, explain the importance of taking their medicines and see if the person would then take them. If the person continued to refuse to take their medicines, they would report this to the office location for further action.

Good

Is the service effective?

Our findings

All of the people and care workers we spoke with told us training at Complete Care Windsor was effective and that this helped to meet people's personal care needs. Four care workers and other office-based staff we spoke with told us they had received training in a number of subjects, including dementia awareness training and had a good understanding of supporting people with moving and handling, eating and drinking.

New care workers received effective induction and support to establish their knowledge and skills in their role. The registered manager and assistant manager showed us record of staff induction. After the inspection, the provider sent us further records pertaining to staff training and these demonstrated appropriate subjects were covered. The provider also used industry-wide training methods for adult social care staff, such as Skills for Care's 'Care Certificate'. New care workers, where appropriate, were required to undertake the required 'Care Certificate' to ensure they were able to carry out their roles and responsibilities. Four care workers we spoke with told us a variety of methods were used in training, such as computer-based, face-to-face training and practical demonstrations. In the office we viewed the training equipment and the registered manager showed us how this was included in training. This meant people received care from staff who were appropriately trained.

Care workers we spoke with were either undertaking or had successfully completed a Diploma in Health and Social Care. Some care workers had progressed to a higher level of the qualification and the service supported them with their learning. Time was made available to ensure that staff could meet the trainers in the office setting and progression to completion of the courses was encouraged.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Five people who used the service confirmed to us that their consent was obtained verbally and in writing by staff. This was reflected in people's records we checked in the office.

We spoke with the registered manager and assistant manager about consent, the MCA and best interest decision making at the service. The managers had broad knowledge about consent. They were able to tell us actions they took if consent could not be legally obtained. We found that more focus on documentation was required by the service in ensuring all consent gained from people or others met the requirements of the Act. We asked the provider to send us an updated consent policy following the inspection. We received the updated policy however best-interest decision making was not adequately covered in the policy. We have asked the provider to include further information in their consent policy.

Some people who used the service received support with eating and drinking and the preparation of their

meals. Where necessary, the person was encouraged to be as independent as possible in heating, cooking and eating their meals. We found staff also ensured, as part of their routine in the visits, that people had access to food and drink when they were concluding their call to the homes. Care workers we spoke with were aware that referrals to GPs and dieticians should be made if needed, but this was only in circumstances where the person was at risk of malnutrition.

People were supported by the service to attend all necessary medical and healthcare appointments away from their own homes. Examples of good support to people related to healthcare included assistance with GP visits and helping people to understand correspondence they received about healthcare appointments. Where additional time was required to help with health appointments, the service liaised with the person to ensure staff could assist. care workers we spoke with were committed to ensuring people's health and well-being was maintained via personal care visits.

Good

Is the service caring?

Our findings

People we surveyed and spoke with told us that care they received was kind and gentle. Examples of feedback included, "We are more than satisfied. They quite often exceed expectations and we would highly recommend their services", "We are extremely happy about all the care provided" and "We are really pleased with the care, attention and diligence at Complete Care. It has made my…life so much more bearable." This meant people were satisfied with the care they received from the service.

We reviewed people's care records to determine their level of involvement in planning, making choices and being able to change the care if they wanted. We found people who had the ability to were free to make changes to their care when and if they desired. Where people's conditions meant they may not be as involved in the planning or execution of personal care, relatives and healthcare professionals were also consulted to ensure that the person received the best possible care. The service also took into account that people wanted specific timings of visits and these were often during busy periods of the day, such as breakfast time. Where possible the service arranged calls which accommodated people's requests. One person told us they wanted their visit time changed and the service was not prompt to change the call. However, the person told us the care worker's schedule was changed to meet the person's preferences and that they were then satisfied.

We saw evidence from care documentation that consultation with people by the office and care workers was undertaken to ensure that people felt listened to. At the time of the inspection, no one who used the service required an advocate to support them make choices or arrange their care. We found relatives were involved in consultations about care and records reflected people's preferences were respected.

We did not visit people in their homes as part of this inspection. However, we still found that people received personal care which was dignified and respectful. When we asked people during telephone interviews whether their privacy and dignity was respected by staff they told us they agreed. The service offered delivered person-centred care in a way that helped people to maintain a good level of independence, make choices and enable people to do as much for themselves as possible. When personal care was provided, staff explained they demonstrated privacy and closed bedroom doors and closed curtains in people's homes.

Confidentiality in all formats was maintained, especially in electronic communications. Mobile phone technology that care workers carried with them during their visits had encryption and if lost or stolen, effectively protected people's confidential personal information. At the time of the inspection, the provider was not registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. Failure to do so is a criminal offence. The provider sent proof to us following the inspection that they had registered their organisation with the ICO.

Good

Is the service responsive?

Our findings

We asked five people who used the service if care workers were responsive to their needs. All of these people expressed that the service met their needs and was flexible to them. We viewed a survey from 2015 conducted by the provider which included questions about responsive care. From 36 responses, 27 people felt that they were actively involved in their care planning. We also looked at 12 pieces of written feedback from people to the provider from 2015 and 2016. Comments from people and relatives demonstrated responsive care. One relative had written, "Many care workers go way above what is expected". Another relative wrote, "We are very satisfied with my mother's care. We can't think of any improvements [needed]".

People who used the service had their personal needs and preferences taken into account before care commenced and throughout continuation of their support. People were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. The registered manager explained that first visits by the service ensured that questions were asked to ensure the person received a care package dedicated to them. The registered manager also stated that care changes were made to take people's views into account if they changed. This meant the service adapted to people's changing needs.

The service had a complaints policy and procedure. Staff were made aware of this during induction and we observed a copy was easily available for office staff and care workers to access. Four care workers we spoke with knew about the policy and the steps they would take if a person or relative wanted to make a complaint. The policy and procedure contained the information for various staff members regarding their role in listening to and managing complaints. There was the ability to escalate complaints within the organisation if people felt their complaint was not handled well. We viewed the service's complaints register during the inspection and looked through a complaint from March 2016. The registered manager and assistant manager conducted an investigation, held meetings, provided a written response to the person and made changes to prevent the issue reoccurring.

The provider's complaints policy did not include contact details for other agencies where people could raise complaints, such as the Local Government Ombudsman (LGO) and Parliamentary and Health Service Ombudsman (PHSO). We asked the provider to add these details to their existing complaints policy.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection who had been managing the service since registration under the Health and Social Care Act 2008. We received positive feedback from staff about the registered manager as an individual and the overall leadership of the provider organisation. There was genuine continuity in the leadership at the service with a single registered manager since registration of the provider's location under the Act. In all aspects of the management, there was good oversight and the registered manager was able to provide detailed information about the staff team, people who used the service, the service's strengths and areas for improvement.

People surveyed prior to the inspection and interviewed by telephone after the inspection agreed that the service was well-led. Staff were also complimentary of the management when we asked. Comments from staff included: "They are easy to approach. They are always there if I need to talk to them or ask questions" and "I have no problems. If there is a problem the managers deal with it quickly. I have a lot of supervision meetings and feel very supported. I can rely on them." Four staff we interviewed at the office of the service agreed that the management was strong, and that they listened to staff feedback.

The inspection method meant a significant portion of our time was spent with the registered manager and assistant manager asking questions and examining evidence. We found the management of the service was transparent, approachable and knowledgeable. Due to the type of service provided, there were a limited amount of times that the provider needed to legally notify us of certain events in the service. However, we found the management complied with the regulatory requirements to notify us regarding the running of the service, and always provided accurate information without delay. When we spoke with the registered manager and assistant manager, they were able to explain the circumstances under which they would send notifications to us.

Quality checks were undertaken by the management to ensure good care. We looked at completed audits which included personnel file checks, people's care file checks, first visit checks and review visit checks. Care workers also had random visits by managers during care to ensure they completed people's care safely and effectively. The managers were also dedicated to people's safety. They explained situations where the person could be at risk because of their circumstances and how they, as a responsible service, had intervened. For example, we heard about an instance where a second care worker was needed to help care for a person for an extended period. The commissioner of care could not fund the additional staff member. The managers told us the service funded the second staff member to ensure the person was supported with safe care. Another example of responsible management was when a person had insufficient funds for their utility bill. The registered manager explained the person's care could be affected if the utility was compromised. The service paid the utility bill to ensure that the person and their care worker's support were able to continue with interruption.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out

some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The management were familiar with the requirements of the duty of candour and were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. At the time of the inspection, the service did not have a duty of candour policy. We asked the provider to develop an appropriate policy and this was sent to us after the inspection.