

Complete Support Care Services Limited

Complete Support Care Service

Inspection report

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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

About the service

Complete Support Care Service provides care and support for people with a learning disability or autistic spectrum disorder, younger adults and older people. The service provides care and support to people living in 'supported living' settings.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was supporting seven people, but only one person received support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People's medicines were managed in a safe way. People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that mitigated people's known risks.

Staff were recruited using safe recruitment practices. Pre-employment checks were carried out to ensure that only suitable staff were employed. There were enough staff to meet people's care needs.

Staff received training to enable them to meet people's needs and were supported to carry out their roles. Staff were happy working at Complete Care Support Service and were proud of their relationships with the people they supported.

People were supported to access health care services when needed. People received the support they needed to meet their nutritional needs.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in the planning of their care which was person centred and regularly reviewed. People were supported to express themselves, their views were acknowledged and acted upon. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The registered manager was also the provider. They were involved in all aspects of the running of the service and had suitable processes in place to monitor and develop the safety and quality of the service.

The provider carried out regular audits of the quality of the service, identifying issues and making changes to improve the care and to help people to achieve their goals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 6 December 2018, and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-led findings below.

Good ●

Complete Support Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We spoke with staff on the telephone on the 4 December 2019 and visited the office location on the 6 December 2019. Due to personal circumstances we were not able to speak with relatives until 18 December.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection, we spoke with two relatives of one person who used the service, as the person was unable to communicate with us themselves. We also spoke with five members of staff including the provider, the compliance manager and three support workers.

We reviewed a range of records. This included one person's care file and medicine administration records. We also examined a variety of records relating to the management of the service, including quality assurance processes and staff supervision and training records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People received support that maintained their safety and safeguarded them from abuse. A person's relative said, "[Person's name] is perfectly safe, we are very happy."
- Systems and processes were in place to safeguard people from abuse. Staff had received training and knew the potential signs to look for that could indicate abuse. Staff understood how to raise any safeguarding concerns.
- A safeguarding policy was in place and available to people and staff.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The provider had recruitment procedures in place and these were adhered to. Staff told us the necessary pre-employment checks were undertaken before they were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People's staffing needs were individually assessed and allocated. A person's relative told us there were enough staff to meet people's needs.

Assessing risk, safety monitoring and management

- Support was provided in a way that maintained people's safety and welfare, while not unnecessarily restricting them.
- Individual risk assessments were in place to identify risks to people's health and safety, such as environmental risks, risks in the community and risks from individual activities. Plans were in place to reduce these risks.
- Positive behaviour support plans were in place for people who may display behaviours caused by unalleviated stress and anxiety. The plans contained information of how to recognise early signs a person may be becoming anxious and actions a person responded positively to.
- There were plans in place for emergency situations and people had personal emergency evacuation plans.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. The provider followed safe protocols for the administration and recording of medicines.
- Staff received training in medicine management and their competencies were checked to ensure they

administered medicines safely.

- We saw staff had correctly completed medicine administration records.
- The provider carried out regular medicine audits, they quickly identified any concerns, and these were rectified in a timely manner.

Preventing and controlling infection

- Staff followed infection prevention and control procedures to protect people from infection.
- All staff had completed training in infection control.
- Staff had access to personal protective equipment and wore this when needed. One member of staff said, "We have gloves and aprons in the house to use when we're helping with personal care."

Learning lessons when things go wrong

- Records showed staff knew how to record and respond to incidents and accidents.
- Accidents and incidents were reviewed by the provider, and action taken to address any identified concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service to ensure staff understood people's needs and preferences and all staff were kept up to date with changes.
- Details of people's individual needs, including their daily routines, cultural, religious, dietary, relationship needs, and preferences were included in their support plans. This helped staff to fully understand people's individual needs and effectively provide the care they needed.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. A person's relative told us they thought staff were well trained and understood how to meet their family member's needs.
- Staff received an induction that included shadowing experienced staff to learn about their role in supporting people and completing their duties effectively and safely. Staff also completed the Care Certificate, this training is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff had completed a range of training relevant to their role, including training in emergency first aid, epilepsy and equality and diversity.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the provider was very supportive. One member of staff said, "I've had supervision meetings with [provider's name], they are often enough and helpful, [provider's name] is very approachable."

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

- People were supported with menu planning, food shopping and meal preparation in a way which ensured their decisions and preferences were followed.
- People's care plans clearly showed what support people required in relation to eating and drinking and whether people had any specific requirements.

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

- The service worked in partnership with health and social care professionals to maintain people's health and emotional wellbeing; this included GPs, dentists and specialist nurses.
- Health appointments were recorded in people's daily notes; records showed staff followed the advice of health professionals.
- People were supported to live healthier lives. For example, a person was being encourage and supported

by staff to eat a more balanced diet and make healthier food choices.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Care plans consistently referenced people's ability to make their own decisions.
- Care staff had received training in MCA; they understood the importance of seeking consent from people and people were supported in the least restrictive way possible.
- Mental capacity assessments and best interest decisions had been completed for decisions that people were unable to make for themselves and best interest decisions had been completed where people lacked capacity.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and friendly and treated people with respect. A person's relative told us, "I can only give them the highest praise for how they have looked after [person's name.]" A staff member said, "We really care about the clients, it's lovely."
- Staff took pride in people's progress and spoke positively about how people were supported. One staff member told us, "Everything is based around the individual, people have the freedom to do what they want to do, their different needs are planned for individually."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships within their circle of support.

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

- People were involved as much as they were able in the planning of their care; their care plans clearly showed how people preferred to receive their care.
- The provider had produced accessible information for people about advocacy services, where people may need additional support to make decisions and have their voice heard. Advocates are independent of the service and they support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff respected people's homes as their own personal space and care records showed that people spent their time alone or with others as they chose.
- People were encouraged to be as independent as possible and were supported to engage in activities around the home and outside in the community. People had 'Achievement and Development' diaries which celebrated their progress and helped them to plan how they would meet their goals. We saw examples of people's independence improving as a result of receiving support from the service.
- People's information was stored securely within the office, and staff were aware of the importance of confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received their support from staff who knew them well and provided personalised support. A person's relative told us this had had a very positive effect on their family member's well-being, saying, "They are giving [person's name] the best possible care and they are living a full life. [Person's name] is more communicative than they used to be and that is down to the love and attention they get from staff."
- People had care plans which detailed the care and support people wanted and needed; this ensured that staff had the information they required to provide consistent support for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was made available to people in the format that met their needs and people's care plans contained detailed information about people's communication needs.
- Staff had a good understanding of how to communicate with people and used their preferred method of communication, for example their preferred sign language.
- Pictorial and easy to read information was provided to support people's understanding. For example, the provider had produced easy to read guides about routine health checks, people's rights and tenancy agreements to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider understood the importance of supporting people to maintain their personal relationships. People's relatives told us how supportive the provider had been enabling a person to visit a relative who was very unwell.
- Staff understood the importance of enabling people to pursue their interests and meet their social needs. During the inspection staff told us and records described the activities people had taken part in and enjoyed. For example, going for walks, arts and crafts, attending day centre, cooking, potting plants and enjoying preparations for Christmas.

Improving care quality in response to complaints or concerns

- People's relatives knew who to speak with if they were unhappy and wished to make a complaint. They were confident if they did have a complaint they would be listened to and the issue addressed.

- There was a complaints procedure in place. The provider had received no complaints since registering the service.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- People or where appropriate their relatives had been given the opportunity to discuss their wishes for the end of their life and these had been recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- There was a positive and open culture in the service. People received support that met all their needs, their well-being was the central focus for staff and they were empowered to live life as they wanted.
- People's relatives and staff told us the provider knew people well and was available to them. One person's relative said, "We can always ring [Provider's name], he is very approachable and listens. He's the nicest guy you could wish to meet."

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

- The provider had regular contact with people and staff and had a good overview of the service and people's needs.
- Quality assurance systems were in place to monitor and improve the service. Audits had been carried out and areas for improvement identified and acted upon.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the provider. They received regular support and told us the provider was accessible to them. One member of staff said, "[Provider's name] regularly pops round to check everything is ok."
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.
- The provider notified CQC and other agencies of any incidents which took place that affected people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour.
- The provider supported staff to learn from incidents and actions taken. Learning was shared during regular team meetings and supervision meetings with staff following any incidents.

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

- People using the service had regular reviews and relatives were regularly asked for their opinion of the service.

- People's equality characteristics were considered when sharing information, accessing care and activities. For example, people's care plans contained information about their communication, spiritual and cultural needs, and what support they needed to meet these.

Continuous learning and improving care

- The provider and staff worked together to achieve good outcomes for people. This included continually encouraging and supporting people to develop their skills, improve their health and wellbeing, and live as independently as possible.
- Staff development was discussed during supervisions and regular meetings were used to discuss how best to meet people's needs.

Working in partnership with others

- The provider worked closely with commissioners and health and social care professionals involved in people's support to ensure people received appropriate care.
- Staff worked well with other organisations and had good relationships with other care providers such as local GPs and specialist care teams.