Complete Caring Limited

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Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection took place on 8 October 2015 and was announced.

The agency provides personal care to approximately 30 people in their own homes. Support can range from a few hours a week, to live-in care if required.

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.

The agency had not had consistent leadership from the registered manager, who was also the owner of the business, for some time. This had been left to a member of the management team. That staff member is referred to in this report as the manager. The manager did not have appropriatesupport and input to understand the requirements of regulations and the expected fundamental standards for the service. They had tried to make some improvements where they had identified this was needed but further improvements were needed in the way the agency was managed and led.

Summary of findings

People's safety was potentially compromised because some aspects of recruitment processes were not as robust and consistent as they should be, although improvements were being made. Potential risks to people using and working in the service were not always thoroughly assessed. However, staff were clear in their responsibilities to report any issues of concern that may suggest someone was at risk of harm. People were confident that they could raise any concerns or complaints they had directly with the manager and that action would be taken.

People were supported by kind, consistent, regular staff members who had got to know people well and the way they liked to be supported. Staff had developed a good rapport with people, delivering a high standard of care in line with people's preferences and needs. This was despite these not always being clearly identified and recorded in way that properly reflected the support each individual required.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Assessments of risk were not always specific to the needs of individuals and did not always show when remedial action had been taken.

Recruitment processes were not sufficiently robust although they were being improved.

Staff were clear about their obligations to report any concerns that people may be at risk of harm or abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who were capable of meeting their needs and sought consent before delivering care.

Staff supported people to eat and drink enough where this was needed.

If people became unwell staff sought medical advice promptly to promote their health.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, compassionate and warm.

Staff understood how people communicated their choices.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's plans of care were not clearly focused on their individual needs and preferences and did not always provide clear guidance for staff. However, the potential adverse effects of this were minimised because people received support from consistent staff members.

People were confident that their concerns or complaints would be addressed.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The registered manager had not ensured systems for monitoring the quality and safety of the service were robust and effective.

Staff were clear in their responsibilities and well-motivated.

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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 took place on 8 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office. The inspection was carried out by one inspector.

Before we visited the service we reviewed the information we hold about it. This included information about specific events taking place in the service, with the provider is required to notify us about by law.

While we were in the office we reviewed care records relating to six people who used the service and two staff. We also looked at other records associated with the management of the agency.

After our visit we spoke with five people who used the service or their relatives. We received feedback from five members of staff, a member of the local authority safeguarding team and a quality assurance officer from the county council.

Requires improvement

Is the service safe?

Our findings

For most of the people whose records we reviewed, assistance with medicines was needed only to prompt people to take their medicines where they may have forgotten to do so. One relative described staff as observant and said they would always prompt the person when they saw that medicines were still in the pack because the person may have forgotten them.

Training records confirmed that staff had training in the administration of medicines where this was required as part of their duties. A relative told us that they felt the staff administering medicines did so appropriately and safely. The manager told us that she did do visits with staff to ensure the staff were carrying out their roles safely. However, we noted that there was a lack of any records of checks on the performance of staff to ensure that they were able to administer medicines competently and safely.

We found that some risks to people's safety were assessed and contained within their plans of care, together with information about how they were to be managed and minimised. This included risks to which staff may be exposed when they were working within people's homes. However, the information did not always reflect that action was taken when a risk had been identified. For example, we found several comments within one assessment completed in 2014, relating to safety within the person's home and that action was needed. The manager confirmed that this had been addressed although the record did not show what action had been taken. Some assessments of risk lacked detail that was specific to the individual concerned. For example, risks assessments associated with the management of catheters were generic, being the same for all the people concerned. The guidance did not specify how any individual factors were to be addressed, such as precautions to take with catheter tubes and bags when staff needed to use equipment to assist people with mobility.

A staff member told us about their recruitment and said that they had been asked to complete an application form and provide references. They also told us they had attended an interview. Recruitment files showed that staff were subjected to enhanced checks to ensure they were not barred from working in care for any reason and that references were taken up. However, we noted that application forms only requested prospective staff to provide details of their last two years' work rather than the full employment history required by both current and previous regulations. We discussed this with the manager who showed us that the application form they were about to introduce did ask for this information so that recruitment practices would more robustly contribute to promoting people's safety.

Our discussions with the manager showed that disciplinary processes were implemented where there were concerns about staff conduct which needed to be addressed.

People or their relatives told us that they had no concerns about the numbers of staff and that arrangements to cover shifts were always made. They commented to us that support was provided by largely consistent staff who had got to know people's needs and were well-matched to the people they supported. We concluded that there were enough staff appropriately deployed to meet people's needs.

People or their relatives expressed their confidence in the safety of the service. For example, one person commented that they felt safe with the staff who came to support them and in the way they used the equipment they needed. A relative told us that they had felt they needed to get care staff in that they could totally trust. They said, "I know [person] is safe and I have no concerns."

Staff were clear about their obligation to report any concerns or suspicions that anyone was being harmed and said they were confident about blowing the whistle on poor practice. The manager was able to give us examples of when this had happened. Training records showed that staff received training to support them in protecting people and one staff member told us they were confident they could contact the local safeguarding team or the Care Quality Commission directly if they felt they needed to.

Good

Is the service effective?

Our findings

People or their relatives told us they felt that staff knew how to support them. One person told us how their main care staff member was very experienced and that they felt staff were well trained. They went on to say that meant they did not have to keep explaining what it was they needed doing. One person's relative told us about staff competence. They said, "Absolutely no question of that. They are very competent."

Staff told us they had access to good training, much of it 'e-learning' using the computer. The manager showed us this had been mapped to the new 'care certificate' so that she could monitor that staff induction met the expected standards and was completed in a timely way. We saw staff training records confirming that a range of e-learning was available including theory for moving and handling people. The manager said that she delivered practical training for staff to use equipment in people's homes. A staff member confirmed this and said, "I have been instructed in using a hoist by the manager who was happy for me to do it with her as many times as I felt I needed."

Two people using the service and staff told us how there were 'shadowing' shifts with either the manager or colleagues so that staff learnt practically about people's support needs. However, one staff member did tell us that they wished they had more of this before they had gone out to support people on their own.

The practice of providing supervision and appraisal for staff was variable. Supervision is needed so that staff had opportunities to discuss their work, performance issues and development needs. We saw that one staff member had been offered recorded supervision sessions when issues about performance had arisen. However, for others there was no such information available. One staff member told us that they had not had a supervision or appraisal in more than ten months. However, staff did comment that they felt well supported. They said that the manager was available for information and advice when this was needed. They also told us that, when they attended the office to deliver their timesheets or other paperwork, the manager or registered manager made time for them to ensure they were happy with their work and to check how they were feeling.

One staff member told us that they thought they had access to training in the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards but were not clear what this covered. However, they said that no one they worked with lacked capacity to make informed decisions about their care. They were able to tell us about the opportunities each person they supported had for making decisions and choices within their daily lives. The manager also told us that the people the agency was working with at the time of the inspection could all make decisions. They went on to say that, if there were concerns, they would involve others in reviewing a person's capacity. This would help to ensure that any decisions taken were made in the person's best interests. One relative described how staff worked hard to communicate with the person so that they were able to understand the choices and decisions the person made.

Staff needed to prepare meals and drinks for some people using the agency. A relative commented that they felt staff paid good attention to this and used fresh ingredients in the preparation of most meals. They said that staff took the person shopping so that they could decide what they wanted to eat and tried to involve the person in meal preparation where they could. One person told us how they liked to have a round of toast and a cup of tea after staff had assisted them with their shower and that, "They always get it for me." For another person who was at risk of choking when they ate and drank, a family member told us how staff took a great deal of time and care to assist the person so that these risks were minimised.

One relative told us that staff, "…are always on the alert for health." They told us that staff recognised when the person might be developing an infection and would refer to health professionals promptly. They said, "They are more than prompt. They're on to everything straight away." We concluded that, when staff supported people who did not have family members living with them, they ensured that they sought medical advice promptly when people became unwell.

Good

Is the service caring?

Our findings

People or their relatives praised the caring approach that was adopted by staff. One person using the service said, "I am very satisfied with Complete Caring. The carers are more than helpful." The person went on to tell us that the staff supporting them listened if they wanted to change their routine and that staff knew how they liked things done. Two relatives said of staff, "They go over and above the call of duty." They gave us examples of this happening with staff taking time to visit people in hospital.

One added that staff understood the person's condition and, "They [staff] understand what [person] needs, wants and what [person] is trying to say to them." They described the staff supporting the person as having, "…a really good rapport." Relatives spoken with all commented how their loved ones always seemed pleased to see the care staff and they felt this indicated good, positive relationships.

People told us that the manager visited them to talk about their care from time to time and to make changes that they wished for. A relative told us how they had been involved in a recent review to support the person. Another family member told us that they were not directly involved supporting the person to make decisions about their care. They said that this was by choice because they wanted the person to have their own say about their care. However, they went on to say that the agency always informed them of any changes or issues so that they were still able to support the person to say how they wanted their care delivered.

The manager had started to revise the system used for planning people's care so that this would take more account of people's backgrounds and what was important to them. They felt that this would enable staff to engage with people in a meaningful way if their needs changed, for example with regard to changing cognitive abilities associated with dementia.

Everyone spoken with felt that staff treated them with respect. A relative described staff as, "...very professional." Another indicated that the staff they dealt with were very dedicated to their roles. One person said that staff treated them with dignity and never shared confidential information about other clients with them. One staff member told us how they supported people on their 'round' in some detail. The information they gave us showed that they recognised the need to treat each person with dignity and as an individual.

Requires improvement

Is the service responsive?

Our findings

We found that people's care plans predominantly consisted of a summary of what staff needed to deliver during each visit. However, these lacked detail that was focused on the needs of each individual. For example, for one person we found that this summary made no reference to the person using a catheter, even though they had a risk assessment for managing this. The manager confirmed that the person did indeed have a catheter fitted and that this was not referred to within the guidance for what support was required at each visit.

We also received feedback from two of the staff that we contacted, that there could be more detail for them to follow within people's care plans. For example, one staff member told us, "I don't believe I have enough information on everyone I visit. Some of the care plans are sparse and don't have details of what needs to be done at a visit and how. It would be nice to have a list of tasks on a visit and the client's preferences so a new carer knows exactly what is expected of them." Another staff member commented, "Care plans could sharpen up a bit. It's more hands on than written."

The manager was open with us in agreeing that there were shortfalls in the system for planning care for individuals. Care plans predominantly consisted of a basic list of tasks required at each call, sometimes with omissions. There was a lack of detail and they were not clearly cross-referenced with guidance for staff about managing risks. The manager showed us a care plan that she was working on and how this would contain a greater amount of detail that was specific to the individual concerned and how they wanted to be supported. The format that the manager was intending to implement also provided for including greater detail about people's personal histories, preferences and interests and would represent an improvement.

However, people using the service told us that they felt staff understood their needs and, because they benefitted from regular and consistent staff, they did not have to spend a lot of time explaining what they needed support with. Likewise they said that staff did not have to spend a great deal of time referring to their care plan to find this out. A relative commented to us that, before a person started using the agency, the manager had been out to assess their needs. They told us, "They [the manager] went on what was best for [person] and not just what they could offer." We concluded that, although supporting documentation was not always clear, people received care that was responsive to their individual needs.

A person using the agency told us that they had never had occasion to complain. However, they told us they had a form for recording complaints within their care file and that they were confident the manager would sort out any problems they had. A relative told us, "If I had any concerns, I'm confident the manager would sort things out. She does the things she says she's going to do." Another said, "I have total confidence in the manager to deal with things and act on it. I'm absolutely positive on that." They were able to give us an example of something that they had been bothered about and which had been addressed. We concluded that the agency listened and responded to people's concerns and complaints.

Requires improvement

Is the service well-led?

Our findings

We found from our inspection and from the local authority's quality assurance officer that the registered manager had not taken much of a leadership role within the service for some time. As a result, the responsibility for day to day operation of the agency had fallen on the manager. We noted from our discussions with people or relatives, that they predominantly identified the manager and not the registered manager as the person who was running the agency.

We found that systems in place for ensuring good governance of the agency were not sufficiently robust. For example, the inadequacy of checks at recruitment had only recently been identified so that they could be addressed by improving application forms and ensuring interviews were properly recorded. As a result, records relating to the recruitment of staff did not accord with current or previous regulations.

Action was taken reactively when it was discovered that staff were not consistently making contemporaneous records rather than record keeping systems being proactively monitored so that issues were identified promptly. We noted from records held within the office that these were not regularly taken from people's homes so that the management team could review and evaluate the quality and content of them. This included records of purchases staff made on behalf of people who used the service. Staff were expected to account for this on record sheets with corresponding receipts. However, we saw that such records were not regularly audited to ensure they were accurate, that staff understood what was expected of them and that there was no misuse or misappropriation of monies. For example, for one person their most recent financial records and receipts available for the manager to check were completed in July 2014. This was despite their daily records showing regularly that staff had shopped on behalf of the person concerned and not always in the person's presence.

The manager showed us that they were in the process of updating systems for keeping daily records and told us that they had identified all staff needed additional training in record keeping.

There were no spot checks to ensure that staff were competent in their roles. Where staff had not achieved the 75% score the manager said was the pass mark for e-learning courses, there was nothing to show that action had been taken to repeat the learning or to assess the staff member's understanding by other means. For example, we found that one staff member had achieved 64% in their training for the Mental Capacity Act 2005. There was no evidence that this had been followed up to ensure the staff member concerned would be able to support someone who may lack the capacity to make decisions about their care.

Systems for ensuring that training was renewed promptly were not always robust. For example, one staff member told us that they had not had practical training in moving and handling and were not sure whether their first aid training was up to date. They were also not sure how they would be made aware whether an agency policy or procedure had been updated and had no formal supervision at which this was discussed.

Risks were not always robustly assessed. For example, where it was identified people had pets and may need some support in managing them, the assessments did not reflect the possibility of staff having allergies to dogs or cats, phobias or being pregnant and so at risk if they assisted in managing things like cat litter trays.

The manager had identified some areas of improvement, which needed to be addressed, including the way that people's plans of care could be more person-centred and comprehensive. Work on this had only just started. A comprehensive package had recently been purchased to aid in this work and to ensure that policies, procedures and monitoring mechanisms matched the standards expected of registered persons. However, we concluded from the issues we identified, that the registered manager had not properly acquainted herself with the new fundamental standards, regulations and guidance about meeting them.

These concerns represented a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service or their relatives, told us that they were asked for their views. Some had completed a survey for their opinions and the findings of those we reviewed showed a high level of satisfaction with the quality of care that the agency provided. People we spoke with said that they felt very comfortable in contacting the manager who would always call them back if this was needed. Staff also

Requires improvement

Is the service well-led?

said that they were able to access support and guidance if they needed to and were enthusiastic about their work. We concluded that the service had a culture of being open and responding to the views of people using or working in it.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of robust and effective systems for ensuring the quality and safety of the service was assessed, monitored and improved, and for the maintenance of relevant records. 17(1),(2)(a), (b) and (d)