

ST Complete Care Ltd

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Inspection report

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Date of inspection visit:
28 October 2021
18 November 2021

Date of publication:
10 December 2021

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

ST Complete Care Ltd is a domiciliary care service providing personal care and support to eight adults who live in their own homes at the time of the inspection.

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.

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

Staff knew the people they supported well. There were enough knowledgeable and trained staff to help assist people's care and support requirements. People and their relatives confirmed to us that staff were punctual to their care call visits. They also told us there had not been any missed visits.

Staff had medicines administration spot checks undertaken to look at their competency following their training. Staff were trained and were able to develop their skills and career through further training. Staff were encouraged to discuss their performance with the registered manager through supervision. Potential new staff to the service had checks carried out on them. This helped make sure they were suitable to work with the people they supported. New staff then had to complete an induction including shadowing a more experienced staff member on care call visits.

People and their relatives told us the support from staff made them and their family member feel reassured. Staff demonstrated a good understanding of how to keep people safe from harm or abuse. They also knew that they should report any concerns they may have to their registered manager or to external organisations such as the local authority.

Staff had access to information on people's end of life wishes. This would help the person have as dignified death as possible in line with their wishes. Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people safely and effectively. Staff had plenty of single use personal protective equipment, such as gloves, aprons and face masks. Infection control practices were in place to reduce the risk of cross contamination. Lessons were learnt and shared with staff when things went wrong.

Most people did not require the support of staff with their food and drink. Where staff did support this people and their relatives had no concerns. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people and their relatives to be involved in discussions around their care and support needs. People felt listened to and their choices respected by staff.

The registered manager and staff when required, would work with external health and social care professionals. This helped people to receive joined up care and support. The registered manager would also

help signpost people to the right external organisation to help people and their relatives navigate the care system if needed. Complaints were investigated and actions taken as a result of learning to try to reduce the risk of recurrence. People and their relatives felt confident to raise concerns and feel listened to as they said communication was good.

People, and their relatives were asked to feedback on the service provided. Staff who could speak another language were matched to people for whom English was not their first language. This would help enable the persons understanding.

The registered manager sent staff any guidance and legislation updates. This helped staff to work with the most up to date guidance. Staff meetings were held to update staff on people's care needs and provide updates on guidance and the organisation. Audits were undertaken to monitor the quality of the service provided.

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.

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 10 July 2020 and this is the first inspection.

Why we inspected

This is the first inspection since the service registered with the CQC on 10 July 2020.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ST Complete Care Ltd

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

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that 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 72 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.

Inspection activity started on 28 October 2021 and ended on 18 November 2021 where we visited the office location.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service such as the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the owner who is also the registered manager, a management support mentor and four support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

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

- Staff had training in safeguarding people from harm or poor care. Staff told us how they would report any concerns in line with their training. A staff member confirmed they would report, "To make sure people's human rights and health and wellbeing is being met."
- Staff told us they would whistle-blow to their registered manager any concerns they had. A staff member said, "Whistle-blow? I definitely would. It is about the safety of the person you are looking after."
- People and their relatives told us that having consistent staff gave them reassurance in the care provided. A relative said, "I have over the time started to trust the carers as they have got to know me and my (family member). We have got to know each other."

Assessing risk, safety monitoring and management

- Staff knew the people they supported well. Staff had access to people's individual risk assessments and care plans. This information guided staff on how to monitor and support a person's known risk. These included individualised risks around a person's medication support; positive behaviour support, poor skin integrity and health conditions.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.
- People had equipment to help support them with their safety and independence. This included equipment to aid with walking safely. Records of equipment in place did not document who was responsible for the servicing of this equipment and when the next service was due. This information would help guide staff that the equipment was serviced and safe. The registered manager told us they would make this improvement.

Staffing and recruitment

- There were enough suitably qualified staff to meet people's support and care needs. There were continuity plans in place to cover care call visits should staff become ill, take leave or must self-isolate due to COVID-19.
- Staff arrived on time to their care call visits and had not missed any visits. Relatives said, "[Staff] timekeeping is good, and they have never missed a call," and "No missed care calls (visits) and staff are punctual."
- Staff talked through the series of recruitment checks they had completed to help ensure they were safe to work with the people they supported.

Using medicines safely

- Most people did not require staff support with their medicines as family members supported this. When supported, relatives and people had no concerns. A person told us, "They remind me to take my medication and give me a glass of water. I have asked they observe me taking it as I can forget."
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so checked by the registered manager.
- The registered manager audited people's medicine administration records and investigated any medication errors. Actions were taken to make the necessary improvements to reduce the risk of recurrence. This included helping a family member set up a repeat prescription so the relatives medicines would not run out.

Preventing and controlling infection

- Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. This was confirmed to us by relatives. A relative said, "PPE is always worn, gloves, apron and a mask. Without fail."
- Staff had training in infection control. This included the putting on and taking off safely of their PPE and how to wash their hands to prevent cross contamination. A staff member told us about their training which included, "How to wear and take off PPE safely and handwashing."
- Staff told us they had weekly COVID-19 swab tests to check they were ok to work, and the registered manager said in addition to this staff also completed rapid COVID-19 swab tests.

Learning lessons when things go wrong

- The registered manager gave examples of the investigations undertaken and actions taken to resolve and reduce the risk of recurrence following an incident.
- Staff told us how learning from incidents were shared with them. A staff member said, "If mistakes happen, training is given on what has happened." They went onto confirm that this training was anonymised to protect the people and staff involved.

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

- The registered manager assessed whether their staff had the skills to support and care for a potential new person to the service, before accepting the care package. This helped make sure staff were suitably skilled to meet the person's care requirements in line with current guidance.
- The registered manager shared legislation and guidance changes with staff to help make sure they were updated. A staff member said, "We are kept updated it's very good. We are updated with new rules and regulations."
- The registered manager told us how they assigned staff to care packages that would meet the person and their families' religious and cultural needs. Relatives confirmed this was respected and happened.

Staff support: induction, training, skills and experience

- Potential new staff to the service had to complete an induction that included training and shadowing a more experienced staff member on a care call visit.
- Staff were trained to care for and support people safely and effectively. They could also develop their skills with further training. A staff member confirmed, "We are definitely supported by the [registered] manager and I am even completing the care certificate. I have also been offered additional training to develop skills." The care certificate is nationally recognised training.
- Staff told us they had supervisions and competency spot checks by the registered manager to review and discuss their performance. A staff member said, "We get supervisions and spot checks quite frequently by the [registered] manager and given feedback. We also have a spot check if we have made a mistake."

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

- Most people who used the service, did not require staff support with preparing drinks and food.
- Where this happened on occasions, people and relatives told us they had no concerns. A relative said, "Food and drink support is shared between staff and the family. We are working collaboratively."

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

- Relatives told us they supported their family member to access health care services. Although, relatives said they were sure staff would assist with this if needed. A relative confirmed, "Communication is good. [Staff] are proactive. Staff would contact 111 or 999 if needed."
- The registered manager helped a relative liaise with and raise concerns with a health professional. A relative shared with us, "The [registered] manager has supported us to take a complaint forward about the [named] team at a time when we were stressed and did not have the time to do it ourselves. We were getting

different [health professionals] giving us different advice. It is now sorted with help from [registered] manager. We have a much more coherent way forward."

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.

- Staff sought permission before assisting a person with their care and support needs. A relative confirmed, "Staff seek permission before doing care tasks."
- Staff when supporting people followed their MCA training and respected people's choices. A staff member said, "You don't assume and make decisions for them. Repeat or offer visual choices." A person told us, "I always have a tea, but staff will ask me what I want in case I want something different."

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 respected people's religious and cultural needs and examples of this were given. A relative said, "The choice of using this care company was that they understood the religious and cultural needs of [family member]." This included agreeing the gender of the person coming into the home and this request being respected.
- Staff also treated the people they supported well and respected each person's individual needs. A person told us, "I have never had a more caring company. Staff are really caring and kind."
- Relatives gave us very positive feedback about how staff treated their family member. Relatives said, "They are the most caring company. All the [staff] that come in go above and beyond. The care comes from the heart. [Family member] is always the priority," and "They have been brilliant."

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

- The registered manager and staff gave people and their families opportunities to discuss their care and support needs. This would help make sure people's preferences would be acted on without discrimination.
- Relatives confirmed that they, their family member, were involved in discussions and that communication was good. A relative said, "We feel involved around the care decisions." Another told us, "[Family member] now needs two care staff ... We spoke with the [registered] manager and this was discussed and agreed."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and maintained people's independence, dignity and privacy. A staff member told us that when carrying out personal care, "You pull the curtains (shut) and close door."
- A relative told us, "[Family members] privacy and dignity is promoted, and this is still very important to [family member]. Staff cover her with a towel when washing them. They are really respectful."

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 and their relatives told us they had been involved with and agreed the support and care being carried out by staff. They also told us communication was good and that the registered manager and staff team were flexible in their approach. A relative confirmed, "The registered manager is very flexible. We sometimes want to cancel a care call if we have not slept all night and they will be flexible around this. The [registered] manager is a very listening person and is very understanding."
- Staff supported people with individualised care and support that met their requirements. Staff knew the people they assisted well. A relative told us, "As we were agreeing the care package the registered manager came out with a care staff member and spent about half an hour discussing with us my [family members] needs."

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 about the service was available for people in different languages if needed. Staff who also spoke different languages were matched up with people using the service if English was not their first language.

Improving care quality in response to complaints or concerns

- The registered manager had investigated and put actions in place to learn from any complaints or concerns raised about the service. Compliments about the service provided had also been received.
- There was a complaints and compliments policy within people's care records that people could refer to when needed. Relatives told us, "Any problems or concerns raised are dealt with and sorted," and "The [registered] manager is easily assessable by just a phone call even at out of hours."

End of life care and support

- People who wished to discuss their end of life wishes had these wishes recorded in their care records to guide staff.
- Staff would work with and liaise with health professionals to try to make sure people would have as dignified and pain free death as possible.

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

- People and relatives gave us very positive feedback about the registered manager and staff. They spoke about staff 'going the extra mile' and the registered manager 'listening and caring'.
- A relative said, "We had a previous company [named company] and ST Complete Care is much more professional." Another relative told us, "Have had a lot of other care services but this company really cares."
- The registered manager and staff told us how as a team, they learnt from incidents that had occurred. They told us about the learning and actions taken to reduce the risk of recurrence. A staff member said, "Mistakes happen, and training is given on what has happened but anonymised."
- Staff, people and relatives spoke highly of the registered manager and the service provided. A staff member said, "Our [registered] manager is very supporting in every aspect and very understanding. They have helped me with aspirations of future career goals." A person confirmed, "[Registered] manager makes contact with me, she is lovely. Nice to know that she does seem to care."

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As the service had not yet been rated, there was no current requirement for them to display any ratings.
- The registered manager knew what incidents they would be required to notify the CQC about.
- Staff understood their roles and responsibilities towards the people they supported. A staff member said, "Staff meetings are where things can be discussed. We can bring up topics and I am asked my opinion. The [registered] manager is very helpful."
- Audits were carried out to monitor the quality of the service provided. Investigations into incident and complaints were also reviewed as part of the governance system. All this information was turned into actions to improve the service and reduce the risk of recurrence.

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

- People and their relatives told us communication was good and they felt engaged with the registered manager and staff from the service. A relative said, "The [registered] manager contacts us at least once a week to see how things are going. She will also pop herself on the rota and work with care staff to see what is happening."

- Staff were asked for their feedback on the service during supervisions and at meetings. They told us that the registered manager was very supportive of them and their careers in care. Staff said, "[Registered] manager is supportive and easy to get hold of," and "The [registered] manager is very helpful."

Working in partnership with others

- The registered manager worked with external health and social care professionals to help people receive joined up care and support. This included occupational therapist teams and district nurses.
- The registered manager gave examples of where she had signposted families who did not know the care system to contact organisations that could help with things such as equipment.