

Complex Care Professionals 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Complex Care Professionals is a domiciliary care agency registered to provide personal care and Treatment of disease, disorder or injury to people in their own homes. At the time of the inspection, there were 45 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right support

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.

There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Although staff were recruited safely, we made a recommendation about paperwork relating to recruitment. People were supported by staff who had been trained, but staff supervisions were not consistently taking place, we made a recommendation about this. People's needs were assessed prior to the receipt of service.

Right Care

People were positive about the care and support they received. People were treated with dignity and respect, and their independence was encouraged. Staff understood how to protect people from poor care and abuse. People had care plans which considered their needs and preferences, though documentation in care plans could be improved.

Right Culture

The nominated individual promoted a person-centred culture which was focused on meeting people's individual needs. The registered manager was focused on providing a quality service to people and was committed to the continuous improvement of the service, though we found that governance processes and

oversight needed to be improved. People were encouraged to provide feedback and staff worked in partnership with others including health and social care professionals to ensure people received the support they needed.

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 15 July 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified a breach in relation to poor governance. We have also made recommendations around recruitment practices and staff supervision.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Complex Care Professionals

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and a nurse specialist advisor.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they have been out of the business on maternity leave, the nominated individual had tried to gain alternative management support to cover this, but this had not been consistent. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 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.

What we did before the inspection

We reviewed information we had received about the service since it had been registered and asked the local

authority for feedback. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

With their consent, we spoke with 1 person using the service and 2 relatives, we attempted to contact a number of people, but some did not reply, and others did not give consent for us to speak with them. We also spoke to 7 members of staff including the registered manager (who attended site for a short period on the day of inspection), care workers and the nominated individual. We looked at a range of records. This included 3 staff recruitment files, records relating to medicines, training and supervisions, safeguarding logs, care records and 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staffing levels were safe. People told us they had not had any missed visits, but staff were occasionally late.
- Comments included, "They don't have enough drivers for me. This impacts on the evening call because one carer might have to drive a long way to drop off and pick up another carer. ... Sometimes the evening call can get quite late because of this and so my body doesn't respond well. They are aware and I've told them. They have been coming earlier" and "There have been a few times when they have been later than normal. They have always informed us. It is usually because of traffic. It has never been a problem." The nominated individual explained that unfortunately due to the complex nature of people's care, this can occasionally impact timings.
- Recruitment practices were safe, though paperwork relating to recruitment needed to be improved.
- Risk assessments had not always been appropriately carried out when taking on new staff members. Character references were not always sought, this was in some ways mitigated by the fact a lot of calls were double up calls and other pre-employment checks had been made.

We recommend the provider consider reviewing their recruitment process to ensure all necessary paperwork and risk assessments are in place before new staff start work.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff received safeguarding training and were able to provide examples of what they would report as a concern.
- One person told us, "Yes, I do (feel safe) because they are all trained to a certain standard".

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in place for any health-related conditions. However, some of these risk assessments would benefit from additional information, for example 1 person who uses oxygen had a risk assessment that did not clearly identify all risks, whilst another person's care plan and risk assessment for a health condition used complex medical terminology that was not reader friendly.
- There had been no accidents or incidents, however, systems were in place to record and investigate any such events.

Using medicines safely

- Medicines were managed and administered safely. Policies and procedures were in place to support this.
- Staff who gave medicines were trained, their competency was checked by managers and medicine audits were effective.

Preventing and controlling infection

- The provider had systems and processes to help prevent and control the spread of infection. The provider had an up-to-date infection prevention and control policy.
- Staff received training in infection control.

Learning lessons when things go wrong

- Lessons learned were taking place and being recorded, though a policy was not in place to support this. The nominated individual implement this without delay.

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.

Staff support: induction, training, skills and experience

- Staff were supported through supervision, though these were not happening at frequent intervals. The providers policy gave no clear indication as to what staff could expect regarding the consistency of supervisions. The provider told us they had started working on making improvements in this area.

We recommend the provider regularly reviews information and policies relating to supervisions to ensure appropriate support is in place for staff members.

- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs including training in learning disabilities and autism. Training compliance rates were high in most areas.

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

- People's needs were assessed prior to receipt of a service.
- Information gathered during the assessment process helped to form care plans, with involvement from other relevant people to ensure people's needs were identified and met.
- People's needs were reviewed to ensure they continued to receive the correct level of support.

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

- People were supported to eat and drink in line with their needs and preferences.
- The nominated individual explained how food and fluid intake was monitored as necessary if people were at risk of poor nutrition and hydration.

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

- Staff ensured people were supported with their healthcare needs.
- People had oral health care plans in place.
- The service worked with a variety of health and social care professionals including district nurses, palliative nurses, dietitians, consultants, hospices, SALT team, safeguarding, GPs, spinal clinic and commissioners.

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 MCA 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.

- The registered manager and staff had completed appropriate training and applied the principles of the MCA. Staff understood the need to ask people for consent before carrying out care and people using the service confirmed this approach. The nominated individual showed us recorded examples of how their care system records how staff gain consent before providing care.
- At the time of the inspection the service was not supporting anyone who was being deprived of their liberty.

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; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected. One relative told us, "When it was our Eid celebrations, they wished us a happy Eid which was really nice."
- The theme of equality and diversity ran through various policies and there was an equality and diversity policy in place which mainly focussed on the staff group. The nominated individual implemented a policy for people without delay.
- Some staff had completed training in equality and diversity, though compliance in this training could be improved.
- Care staff were kind and considerate. One relative said, "they are all very kind. They all love him." Comments in thank you cards included, "The treatment she (and I) received from you and your staff was faultless, efficient, compassionate, caring, thoughtful and kind" and "I honestly do not know how we would have got through the most difficult and emotional time of our lives without your support and kindness."
- Staff supported people to be as independent as possible and respected their privacy and dignity. One relative told us, "She is treated with a lot of respect. She has a little smile on her face when she sees them even though she has dementia. She recognises them." One person said, "I am treated with respect. They are always very polite and ask if there is anything else they can do. They ask if I am having a good day or troublesome day."
- A data protection policy was in place and people's personal information was securely stored.

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

- People and their relatives were able to express their views.
- The nominated individual told us how they would support people to access advocacy services should this be required.

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 person centred care and support specific to their needs and preferences.
- People told us they were happy with their care. One person told us, ".... they know to straighten everything up for me because of my OCD and staff respond to any requests made for assistance."
- People's care plans were personalised to reflect their care needs, however some documentation was not as person centred as it could have been. For example, we found 1 care plan referred to the person under different pronouns (he/his in 1 part of the care plan and she/hers in another part of the care plan). The nominated individual told us they would rectify this immediately and implement a more robust care plan review/audit process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples communication needs were being met. Care plans covered basic information in relation to communication. However, the nominated individual told us they were not supporting anyone with complex communication needs.
- The nominated individual understood the need to ensure people were able to access information in a format suitable for them.

Improving care quality in response to complaints or concerns

- Systems were in place to record and respond to complaints. A complaints policy and procedure was available, and a complaints log was maintained, along with details of responses.
- One relative told us, "[staff member name] always tells me you must phone if you have concerns."

End of life care and support

- People were provided with appropriate end of life care.
- The service had an end of life care policy in place and some staff received training in this area. The nominated individual told us they planned to improve compliance with this training.
- We saw evidence that people had end of life care plans in place when required.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified concerns around the governance of the service. Various documents in relation to people's care, audits, policies, staff supervisions and the management of the service were either not completed, not up to date, had not been regularly reviewed or were not accurate. We found no evidence that this had any impact on people.
- Some of the audits that were carried out did not always identify the issues we found at this inspection and were therefore not robust enough.
- Some documents were not easily accessible or available on site. However, we acknowledge that the registered manager was away from the business and the acting manager was on annual leave. However, the access to information, handover of information, and the storage of records could have been more organised.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture.
- Feedback from staff, people and relatives about the management was positive. Staff comments included, "I feel management listen, I have never had an issue where the manager hasn't listened, I feel supported by the management" and "The managers are absolutely brilliant. They are always available, they never miss your calls and pick up. They are really good and guide you."
- Staff worked in partnership with the local authority, various other agencies and health professionals when people needed support from external agencies.

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; Continuous learning and improving care

- The registered manager reported accidents, incidents and concerns to the CQC and the local authority.
- The management team was aware of their responsibility under the duty of candour and spoke about being honest when things go wrong.

- We were able to see evidence of lessons learned taking place.

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

- Staff involved and engaged people in the service and considered their equality characteristics.
- Staff meetings were taking place for staff in all roles.
- At the time of our inspection, surveys had been conducted with some people and staff. Surveys were sent out monthly to people to gather feedback. We reviewed some of these forms which provided positive feedback. However, the results of surveys had not been analysed to look at patterns and trends. The nominated individual assured us they would look to analyse this information to help drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17(1) Records were not always completed and up to date and quality assurance systems were not robust.
	Regulation 17(1)