Complete Community Health Care Ltd

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Inspection report

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10 October 2018
31 October 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

What life is like for people using this service: Systems and processes were not robust which left people at risk of receiving ineffective care. People told us the service was reliable and provided by caring, well trained and consistent staff. The registered manager, who was also the owner of the service, was passionate about providing high quality person-centred care but lacked the knowledge in some areas to implement safe systems to achieve this.

Risks had not always been identified and planned for. Staff did not have enough information about how to support people who, due to their needs, displayed behaviour which could be challenging to staff. Medicines were not always safely managed. Staff did not always have information about the medicines they were administering, and records did not always show people received their medicines as prescribed.

People's rights had not always been upheld as the Mental Capacity Act 2005 had not been adhered to. Records showed that staff had not always respected people's decisions about their care, despite not assessing their capacity.

Records were not complete. People's needs had changed dramatically but their records had not been updated to reflect this. Monitoring arrangements in place to reduce the risk of financial abuse were not effective. Staff recruitment checks did not show safe processes had always been followed.

Checks the registered manager undertook were not robust enough to ensure that service was performing well and following processes. Accident and incidents were not reflected on to drive improvements.

People told us they felt safe and well cared for. They told us staff were conscientious, kind and reliable. Staff arrived when people expected them to, and stayed for the full duration of their visit. Staff afforded people respect and dignity and delivered care and support with compassion.

Staff had been proactive in sourcing new opportunities for people to participate in activities. Staff knew people well and understood their care needs. People told us they thought the service was well managed.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care, the need for consent and governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: This is the first inspection of this service since it registered in October 2017.

About the service: Complete Community Health Care Ltd is a domiciliary care agency. At the time of our inspection 15 people, living in their own homes, were receiving personal care from the service. Care was provided to older people and people with physical health needs.

Why we inspected: This was a planned inspection.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good.

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 not always effective. Details are in our Effective findings below.	**Requires Improvement**
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**

Complete Community Health 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: The 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 homes. It provides a service to adults. Not everyone using Complete Community Health Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 September 2018 and ended on 31 October 2018. It included visiting the office and people in their homes. We visited the office location on 28 September and 10 October 2018, to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we used information about the service to plan. We reviewed notifications. These are sent us to us about certain incidents that have occurred within the service that the

provider must tell us about.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are an independent organisation who listen to people's views about local service to those who commission, deliver and regulate health and care services to improve.

During the inspection, we visited the homes of three people who used the service and asked them about their experiences. We spoke with two relatives to ask their views on the care provided. We also spoke with the registered manager, the service's 'case manager' and two care workers.

We reviewed a range of records including five people's care records, recruitment records for three staff, and staff training and supervision records. We looked at records relating to the management of the service and policies and procedures developed and implemented by the provider.

After the inspection we contacted the provider to request additional information.

Requires Improvement

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• Known risks had not always been minimised. Due to their needs, some of the people who used the service displayed behaviour which could put themselves or others at risk. These needs had not been identified within records. Staff did not have information about potential triggers of what the person may have been trying to express through these types of behaviour. This left staff at risk of harm, and people at risk of receiving inconsistent and ineffective care.
• Risk assessments were not always in place and not always complete. They did not describe the steps staff needed to take to minimise risks.
• Incidents had not been analysed and lessons had not been learned. Staff had recorded instances where people had displayed behaviours which challenged. The registered manager had collated them, but had not identified trends or used them to inform the way care was provided. Other notable events had not been recorded within incident records.
• Staff undertook checks within people's homes to check safety systems, such as fire alarms, were in place.

Using medicines safely

• The medicines system was not based on current best practice. Staff did not always record the specific medicines they had administered. Records did not show where topical medicines, such as creams, should be applied.
• Risks related to medicines had not always been assessed. Staff supported some people to take their medicines, whilst their records stated they took their own medicines. Risk assessments did not reflect the support staff provided.
• Medicines records did not show that medicines had always been administered safely or as prescribed. One record showed one person had been given paracetamol at shorter intervals than was safe on two occasions. The registered manager investigated this and assured us this was a recording mistake. Medicines records had several gaps where we were unable to identify if people had received their medicines as prescribed.
•People told us they were happy with the support they received with medicines.

The provider had not taken all practical steps to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. This was a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing

• There were enough staff. Staff had never missed a planned visit to deliver care to people.
• The provider had a contingency plan in place to ensure that visits to people could be covered in the event of last minute staff shortage.
• The staff recruitment policy had not always been followed. Some information was missing from staff files. We saw some staff started working with people when the service had received only one reference about their character and conduct. The policy stated staff needed two satisfactory references before their employment would start. Following our feedback, the registered manager put a recruitment checklist in place to monitor that all required steps were followed before staff started working for the service.
• Checks had been carried out of criminal records and barring lists, which would identify any known reasons that staff were unsuitable to care for people.

Systems and processes

• People and their relatives told us they felt safe with staff. "The staff are wonderful. Lovely girls. Very trustworthy."
• Effective systems were in place to safeguard people from harm. Staff understood their responsibilities for keeping people safe and the process to follow if they had concerns about people's safety or wellbeing.
• Systems to reduce the risk of financial abuse were not robust. Staff supported some people by making purchases on their behalf, such as groceries. There was nowhere to record this information in some people's files. Staff had written some information on a blank page, but records of purchases and receipts did not always match up. There was no evidence that office staff monitored these arrangements to reduce the risk of financial abuse. After the inspection the registered manager told us they had put in place recording sheets and made plans to review entries and receipts each month.

Preventing and controlling infection

• Staff received training in infection control. Staff told us personal protective equipment such as disposable gloves and aprons were always available. We saw staff wore these items appropriately when delivering care.

Requires Improvement

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• The provider had not always acted in accordance with the MCA. Records showed that one person refused some aspects of their care, such as being helped out of bed, or having a shower, but that at times staff had gone ahead and delivered this care. The provider could not show how this was in line with the person's rights. The registered manager told us they would work with the person's social worker to assess the person's capacity and put together a care plan in line with the MCA.
• Legal proof had not been sought to confirm any Lasting Power of Attorney (LPA) arrangements. LPA enables people to appoint someone to make decisions on their behalf. Most people's records showed they had appointed an LPA. However, the registered manager acknowledged they had not requested to see the legal authorisation or not kept copies of LPA agreement.
• People we spoke to told us their decisions and views were always respected and followed.

The provider did not have processes in place to ensure consent, in line with legal requirements, was sought prior to the delivery of care. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff skills, knowledge and experience

• People spoke highly of staff and their knowledge. One person said, "The girls are fantastic. They know their stuff."
• Staff had received appropriate training to carry out their roles. Staff new to the company completed induction training and shadowed experienced staff before they delivered care. The registered manager told us they were reviewing the induction process to ensure it covered all aspects of the Care Certificate, a set of required standards for care staff.

• Staff told us they had received support through regular supervision. Supervision records showed these were two-way conversations including competency assessments and care observations.

Supporting people to eat and drink enough with choice in a balanced diet

• Staff prepared meals in line with people's choices and nutritional needs. People's records included information about people's likes and dislikes. Where people had specific dietary needs, staff were aware of this and prepared appropriate food.

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

• Assessments of peoples needs and plans of care were variable in quality. Some contained good level of detail and were specific to enable staff to provide consistent care. However, in some cases people's needs had not been identified or planned for.
• Some people's needs had changed considerably whilst they had been in receipt of care, but their needs had not been reassessed.
• Advice from healthcare professionals had been sought and incorporated into people's care records. The registered manager had been proactive in making referrals to physiotherapists and implementing their suggested exercises.

Staff providing consistent, effective, timely care within and across organisations

• The service worked well with other providers so people received the care they needed. At times when people started using the service, their assigned staff team had met and worked alongside their previous care team. This meant staff could make sure they understood how to support people.
• Information was shared well across the service. Staff made detailed notes about the care they provided. Staff told us they were always informed of any changes to people's needs. The agency office staff passed this information between staff teams.

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

• People who used the service and relatives were overwhelmingly positive in their views on how caring the staff and registered manager were. Their comments included; "Staff are excellent. They are all jolly and you get a good conversation with them", "She [staff member] is wonderful. She does everything I ask" and "Staff are all polite, friendly and very, very helpful."
• Staff treated people with warmth. They had very good relationships with the people they supported. Staff knew people's stories and histories and used this information to engage people in conversations on topics which interested them.
• The registered manager told us they had set up the service to deliver excellent, person-centred care, and that was the driving force in all decisions about the service. Their passion and commitment to the service was evident.
• Staff and the registered manager went out of their way to help people. One person lived rurally, and an electricity cut left them without power for three days. The service supported the person with their wish to stay in their own home, with staff working extra hours overnight, bringing flasks of warm drinks and soups and getting additional supplies. Healthcare professionals had emailed the service with praise about the support they had delivered during adverse weather conditions to ensure people were safe.

Respecting and promoting people's privacy, dignity and independence

• People's independence was promoted. Information within people's care records detailed what people could manage and how staff should help people to do as much as they could themselves.
• People told us staff treated them and their homes with respect. People described the steps staff took to maintain their dignity whilst they supported them with their care needs.

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

• Staff listened to people. One person told us, "[Staff name] will usually have a cup of tea with us after they've finished with the care. We have a bit chat. I'll say, "I'm so sorry I must be keeping you back." But [staff name] always says, "Don't you worry, I've got all of the time in the world."
• People and their relatives had been included when needs were being assessed and care was being planned. Staff contacted people regularly over the phone and face to face to ask them their views on the service and the care they received. Changes were made to people's care provision based on their feedback.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

• People told us their needs were very well met. Their comments included; "This service is exceptional. The staff are attentive. They can't do enough for me" and "[Staff name] does everything I need, and more. They are completely wonderful, I can't praise them enough."
• The service was reliable. People told us staff arrived when they expected them, and always stayed for the length of the planned visits. Visits were planned so that staff had adequate time to travel between calls.
• Care was delivered by a small team of consistent staff who knew people and their needs well.
• People could make choices about their staff team. People had been asked whether they wanted to receive care from male or female staff, and about how well they got on with the staff who delivered care. Their choices were respected.

Personalised care

• People received care based on their individual needs. People and relatives told us they received the care they wanted based on their choices and preferences. This was not always reflected in care assessments and plans, but people, relatives and staff gave us lots of examples about how this was delivered in practice.
• People had been supported to pursue their hobbies and try new social activities. One person's mobility had declined so had not been able to carry out their usual interests. The registered manager found a local hydro-pool which enabled the person to go swimming. An activity they enjoyed but had not been able to participate in for many years.
• Information was communicated in ways that were meaningful for people who used the service. The provider complied with the Accessible Information Standard, a law which requires information is provided in a way each person can understand.

End of life care and support

• Compassionate care was provided to people at the end of their lives.
• End of life care was discussed during staff induction.
• Where appropriate people had been asked about how they would like to be supported at the end of their lives. One staff member told us they had cleaned and pressed one person's wedding dress as they had said this was what they wanted to be buried in.

Improving care quality in response to complaints or concerns

• A complaints policy and procedure was in place.

• The service had received one complaint in the 12 months leading to our inspection which had been responded to in line with the provider's policy
• People and relatives had information about how to make a complaint.

Requires Improvement

Is the service well-led?

Our findings

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

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 roles, understanding of quality performance, risks and regulatory requirements.

• Systems and arrangements were not robust enough to assess, monitor and improve the quality and safety of the service. The registered manager acknowledged that they were inexperienced in running a home care service. They were not familiar with the quality assurance processes in place or some recognised monitoring tools such as care plan or medicines audits. These tools to monitor service provision were not being used.
• Shortfalls and poor standards had not been highlighted by the provider's own quality monitoring systems. During our inspection we found shortfalls with risk management, responding to people when their behaviours may challenge staff, the management of medicines, adherence to the Mental Capacity Act (2005) and records.
• The provider had failed to report a death to the Care Quality Commission as required by law. This was a breach of the Care Quality Commission (Registration) Regulations 2009. The registered manager was unfamiliar with the type of events which needed to be reported to the Commission This is being dealt with outside of this inspection.

The provider's quality monitoring system was ineffective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Leadership and management

• The registered manager was passionate about the service but inexperienced. The registered manager was the owner of Complete Community Health Care Ltd. They told us they set the company up because they had been dissatisfied with the standard of care and management at home care services where they had previously worked. They told us they were dedicated to people and to delivering excellent, person-centred care. They were confident this was the experience for people using the service, but acknowledged that they had struggled with some of the undertakings in managing the agency office.
• People knew the registered manager and office based staff well. The registered manager at times, delivered care and carried out reviews of people's care. People told us the registered manager was very caring and did a good job.
• The registered manager had recently employed a new care manager, who was experienced in managing a home care service. The care manager had implemented positive changes in the short time they had worked for the service.

Engaging and involving people using the service, the public and staff; Continuous learning and improving

care

• People were encouraged to share their views on the service. People were telephoned regularly when they started using the service to check on their experience and to determine if any changes needed to be implemented.
• Office staff visited people at least every six months to formally review their care package. People were asked their views on the staff team, care provisions and opportunities for improvement.
• Changes had been made based on feedback from people and staff. People, staff and the registered manager gave us examples of how the service was flexible to people's feedback.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not always acted in accordance with the Mental Capacity Act 2005. Regulation 11(1) (2) (3)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided safely. Risks had not always been assessed and mitigated. Systems were not in place to ensure the proper and safe management of medicines. Regulation 12 (1) (2) (a) (b) (f).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not fully established and were not operated effectively to assess and monitor risk, safety and quality. Appropriate systems were not in place to demonstrate learning and continuous improvement following feedback or incidences. Regulation 17 (1) (2) (a) (b) (e) (f)