Complete Care Holdings Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection site visit took place on 30 May 2018 and was announced. We gave the registered manager 24 hours' notice of our visit so they could make sure they would be available to speak with us.

This was the first inspection of the location since the provider added it to their registration in August 2017.

Complete Care Holdings Limited is a domiciliary care agency registered to provide nursing and personal care to adults and children living in their own homes across England. At the time of this inspection visit they provided nursing and personal care to 76 people and employed approximately 300 members of staff.

In 2017, at another location which the provider is no longer operating from, an incident occurred. This indicated to us that the management of risk needed to be improved. As part of this inspection we reviewed the actions taken by the provider following the incident. We found lessons had been learnt.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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.

People and their relatives told us they felt safe with the staff that provided their care and support. This was because they received their care from familiar staff they knew and trusted.

There were enough staff to support people safely and the provider's recruitment procedures minimised risks to people's safety. Recruiting new staff had been one of the provider's priorities over the previous six months to ensure people received consistent care from familiar staff.

Procedures were in place to protect people from harm. Staff had received 'safeguarding' training to protect people from harm and described to us the signs which might indicate someone was at risk.
Detailed risk assessments identified potential risks to people's health and wellbeing. Staff had a good knowledge of the risks associated with people's care and how these were to be managed.

People felt confident that staff knew what action to take in the event of an emergency . Accidents and incidents were monitored and action was taken to reduce the risk of reoccurrence .

People received their medicines as prescribed from trained staff. Staff worked in partnership with other professionals and people confirmed they received the support and treatment they needed to maintain their health. Staff knew how to monitor and manage people's nutrition and hydration to make sure they remained healthy. Staff understood their responsibilities in relation to infection control which protected people from the risks of infection.

People and their relatives had confidence in the skills and knowledge of the staff to provide the care and support they required. New staff members were provided with effective support when they first started work at Complete Care Holdings. Staff provided positive feedback about their training. A programme of training supported staff to keep their skills and knowledge up to date. Staff received on-going support (supervision) to help guide them with their work.

The provider was working within the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible.

People and their relatives told us staff were caring and showed them kindness. People were treated with respect and meaningful relationships had developed between people, their families and staff. People's personal care was provided in ways which upheld their privacy and dignity. People were supported to retain their independence.

People's needs had been assessed when they had started to receive a service and people and their relatives planned and reviewed their care in partnership with the staff. People's care plans contained detail information to support staff to provide person centred care.

Most people told us they thought the service was well led. The registered manager felt supported by the senior leadership team and they used different methods to ensure they kept their knowledge of legislation and best practice up to date.

Staff had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at the service because their managers were approachable and supportive.

The senior leadership team were committed to recognising the contribution individual staff members made to benefit people. Staff had regular opportunities to attended meetings with their managers.

Effective systems were in place to monitor and review the quality of the service provided to people. People knew how to make a complaint and felt comfortable doing so. The senior leadership team promoted an open and transparent culture and encouraged feedback from people and their relatives on a daily basis to drive forward improvements.

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.

People felt safe with the staff who provided their care. Staff were recruited safely and there were enough staff to provide all care calls. Procedures were in place to protect people from harm. A system was in place to record accidents and incidents and to prevent them from reoccurring. Lessons had been learnt when things had gone wrong. People's medicines were administered as prescribed by trained staff. Staff understood their responsibilities in relation to infection control.

Is the service effective?

Good

The service was effective.

New staff were provided with effective support when they first started work at the service. On-going training ensured staff had the knowledge and skills needed to provide the care and support people needed. The service worked in partnership with health professionals to support people. The provider worked within the principles of the MCA. Staff sought people's consent before providing assistance.

Is the service caring?

Good

The service was Caring.

Staff were kind and caring. People were treated as individuals and staff understood people's preferences. Staff showed respect for people's privacy, and supported people to be independent.

Is the service responsive?

Good

The Service was responsive.

People received personalised care in line with their wishes and preferences from staff they trusted. People's care records were personalised and contained detailed information about their life histories and daily routines. People and their relatives were involved in the planning and review of their care. People and their relatives knew how to make a complaint and felt

comfortable doing so.

Is the service well-led?

Good

The service was Well-Led.

People spoke positively about the leadership of the service. Staff had clear understanding of their responsibilities and felt supported by their managers. People and staff had opportunities to put forward their ideas and suggestions to improve the service. Effective systems were in place to monitor, review and improve the quality of the service provided.

Complete Care Holdings Limited

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 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.

This inspection was partly prompted by an incident which indicated potential concerns about the management of risk in the provider's service. While we did not look at the circumstances of the specific incident we did look at associated risks, the actions taken by the provider and the lessons learnt during our inspection visit.

The office visit took place on 30 May 2018 and was announced. We told the registered manager 24 hours before our visit we would be coming so they could make sure they would be available to speak with us.

This comprehensive inspection was carried out by two inspectors, an assistant inspector, a specialist advisor and an expert-by-experience. A specialist advisor is someone who has current and up to date practice in a specific area. They advise CQC inspection teams but are not directly employed by the CQC. The specialist advisor who supported us had experience and knowledge in providing nursing care to children and young people living with complex health conditions. An expert-by- experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection visit we reviewed the information we held about the service and reviewed the statutory notifications that had been sent to us. A statutory notification is information about important events, which providers are required to send to us by law.

We also reviewed the information we had received about the service from people, relatives, local authorities and commissioners. Commissioners are people who work to find appropriate care and support services,

which are paid for by the local authority and the NHS.

The provider was not able to complete a Provider Information Return prior to our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account and gave the provider the opportunity to discuss information that would have been included in the PIR during our visit.

Prior to our office visit we asked the provider for a list of people who used the service. This was so we could contact people and children's families by telephone to gather their views about the service they received. We spoke with 17 people by telephone. This included four people who used the service and four relatives. We also spoke with the parents of nine children . We used this information to help make a judgement about the service.

During our visit we spoke with the registered manager, the provider's lead nurse, the quality manager and the senior human resources advisor. We also spoke with eight personal assistants [care workers] and one nurse.

We reviewed the care records of four children and four adults to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems. Following our office visit we spoke with a further four personal assistants and a nurse via the telephone.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the staff that provided their care and support. Comments included, "Yes I feel safe. It's the same staff that I get and I know them well." "She is safe because she has not had a fall since January and before that she was falling all of the time." and, "Oh yes, he is completely safe, no doubt about it."

Risk assessments were in place to identify potential risks associated with the health and wellbeing of the people who used the service. We found risk assessments contained detailed guidance to instruct staff how they needed to manage risks safely and consistently. For example, some people used pieces of equipment called ventilators to help them to breathe. We saw their risk assessments advised staff how to use the equipment, how to check it was working correctly and the action they needed to take if the equipment unexpectedly stopped working. Staff spoken with told us they had undertaken training about how to use this.

The provider had systems to record any accidents and incidents that occurred. The registered manager completed monthly reviews of all accident and incident reports to identify any patterns or trends, so appropriate action could be taken to reduce the likelihood of them happening again.

People felt confident that staff knew what action to take in the event of an emergency. For example, one person explained how staff had immediately sought medical assistance when the person felt unwell which had made them feel safe.

We found the provider had taken action to ensure lessons had been learnt when things had gone wrong. For example, a serious incident had occurred at one of the provider's other locations in February 2017 that indicated to us the management of risk at the service needed to be improved. We checked and found the incident had been investigated and action had been taken to reduce the risk of it happening again. For example, all staff now had access to mobile phones to support them to seek medical assistance in an emergency.

Procedures were in place to safeguard people and protect them from harm. A copy of the provider's safeguarding reporting procedure was provided to everyone who used the service which advised them how to report and who to tell if they felt unsafe. For example, they could tell the registered manager, the police or the Care Quality Commission. Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated.

All staff attended safeguarding training annually. Staff who worked with children completed level 3 safeguarding training as recommended by the intercollegiate guidance (published by Royal College of Paediatrics and Child Health 2014) on safeguarding children. The training included information on different types of abuse such as, physical abuse. Staff knew how to raise concerns and the signs to look for to indicate people were potentially being abused such as, changes in their behaviour or unexplained bruising to their

skin.

Most people and their relatives told us that there was enough staff employed to keep them safe and meet their needs in a timely way. One person said, "They're on time, and I've had the same (personal assistant) for about two years which is good." A relative explained the staff that cared for their child were reliable, they always arrived on time and stayed for the correct length of time. However, two relatives explained that the service had struggled in the past to recruit staff which had made them feel anxious.

We discussed this with the registered manager. They assured us there was enough staff however, recruiting suitable staff had had been a challenge. They informed us staff recruitment had been one of the provider's priorities over the previous six months and as a temporary measure to ensure people received the care they needed; staff from another care agency had been used. At the time of our visit some new staff had been successfully recruited which meant people received consistent care from familiar staff.

The provider's recruitment procedures minimised, as far as possible, the risks to people safety. Our discussions with staff confirmed their references had been requested and checked. They told us they had not started working at the service until their DBS (Disclosure and Barring Service) clearance had been returned and assessed by the provider. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

We looked at how medicines were managed by the service. Overall, people and their relatives and parents spoke positively about the way medicines were administered. Comments included, "The medication they give properly. They're competent and trained to do so," and, "Yes, all medicines are given okay." However, one relative explained that their relative had been given a medicine which was out of date and this presented a risk because medicines past their use by date can lose their effectiveness. We discussed this with the registered manager shortly after our visit and they took immediate action to address this issue to ensure it did not happen again.

Where people were supported to take their medicines it was recorded in their medication care plan. Some people were prescribed oxygen to maintain their health. Protocols (medicine plans) for the administration of oxygen were in place to make sure it was administered safely and consistently. This meant that if their oxygen levels fell below a safe level, staff could respond appropriately.

Registered nurses and trained personal assistants supported people to take their medicines. Personal assistants confirmed they had received medication training and their competency had been assessed by a nurse. When medicines were administered it was recorded on a medicine administration record (MAR) to confirm this.

We reviewed seven people's completed medication administration records (MAR) between December 2017 and April 2018. These records showed us medicines had been administered as prescribed. Nurses completed daily checks of MARs so any gaps or errors could be addressed. Completed MARs were returned to the office each month for auditing. Completed audits showed us no medicine errors had occurred in the three months prior to our visit.

Our discussions with staff members assured us they understood their responsibilities in relation to infection control which protected people from the risks of infection. One told us, "We use gloves and aprons when we assist people with personal care and wash our hands to stop the spread of any germs." Records showed staff had also completed infection control training in-line with best practice recommendations.

Good

Is the service effective?

Our findings

People and their relatives felt confident the staff had the skills and knowledge they needed to provide their care. One person said, "I have got a hoist, because I can't get out of bed at all. They (staff) know how to move me in the right way." (A hoist is a piece of equipment which is used to move people safely). A relative commented, "The nurses are very skilled."

New staff members were provided with effective support when they first started work at Complete Care Holdings. On the day of our visit we spoke with eight new personal assistants who were completing their induction period. One said, "This training is very good compared to other care companies I have worked for previously." Another told us, "I feel I'm going to be well looked after here."

The induction that staff completed was in line with the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.
Staff also received an employee handbook which included the provider's policies and procedures and outlined the standards and behaviours expected of them.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. The competence of personal assistants which included observations of their work practices were assessed by a nurse. One personal assistant said, "We all have our competencies assessed. We shadow the nurses and watch how they provide care. Then you do it yourself with them watching."

Staff members told us they felt supported by their managers because they received regular supervision and an annual appraisal of their work performance. A nurse explained they valued their supervisions because it gave them the opportunity to reflect on their work practices. Supervision is an opportunity for staff to discuss their roles with their manager and to identify any training needs.

People were assisted with the preparation of meals and drinks if this was agreed in their care package. People spoke positively about the way they were supported to eat and drink to maintain their health. One person said, "I choose and they (staff) prepare my meals, they are good cooks."
Staff knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained. For example, if people were not eating and drinking they would report this so action could be taken to support the person.

Some people had additional dietary needs and due to health conditions were unable to swallow food or fluids. These people required all their nutrition via a percutaneous endoscopic gastroscopy (PEG). A PEG is a feeding tube that is inserted directly into a person's stomach. Staff had received training to administer nutrients via a PEG and people and their relatives confirmed staff knew how to use the equipment correctly which meant they received all of the nutrition they needed to stay healthy and safe.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

We checked whether the service was working within the principles of the MCA and we were informed that no one using the service had authorisations in place to deprive them of their liberty. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). For example, they knew applications must be made to the Court of Protection if a person's liberty was being deprived. Some adults using the service did lack capacity to make all of their own decisions. Records showed those people had somebody who could support them to make decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

People told us staff always asked for their consent before providing them with any assistance. Staff we spoke with understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. The MCA applies to everyone aged 16 and over. All children who received a service had parents involved in their care and records showed they had consented to care on their child's behalf.

Staff worked in partnership with other professionals to ensure people's health needs were met. The advice and information provided by professionals was included in people's care plans and risk assessments. There was a strong focus on health and social care professionals working together to meet people's needs and staff attended multidisciplinary team meetings (MDT) to discuss the individual needs of people and share information on the care being provided for them. A nurse explained the service had with good links with local hospitals and CCG's (Clinical Commissioning groups) and the holistic multi-disciplinary approach meant people received good care.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff were caring and showed them kindness. Comments made included, "They are fantastic," "They are so kind, they spoil her. She's a really happy baby," and, "We cannot speak more highly of them. They are absolutely great."

Staff spoke about people who used the service with warmth and affection. For example, a nurse told us, "(Person) is such a lovely character, seeing them brightens up my day." They described in detail what was important to the person from their perspective and how they supported them to follow their preferred daily routines.

Staff told us they were proud of the care they provided; they enjoyed their jobs and would recommend the service to others. One commented, "I love my job because I feel I make a positive difference." Another told us, "It is a pleasure going to work. I love it!"

People and their relatives confirmed they were always treated with respect. One person said, "Very respectful. They recognise this is my home, not their workplace." A relative commented, "Oh yes, she gets respect because the staff are patient, they listen and give her time to respond to answer questions."

Staff described to us how they upheld people's privacy and dignity, one said, "It is important when providing personal to close the door so others who live in the house cannot see." They explained that the behaviours expected of them had been discussed during their induction so they knew how people should be treated.

People were supported to retain their independence which meant they continued to live in their own home in line with their wishes. One person explained the care and support they received meant they had choice and control over their life. For example, staff supported them to go out when they wanted to.

Staff told us because they provided care to the same people they had a good understanding of their abilities and this meant they knew how to promote people's independence in a variety of ways. For example, by giving one person lots of reassurance had increased their confidence which resulted in them completing more tasks for themselves such as, washing their hands and face.

The registered manager and staff members understood the importance of keeping people's personal information confidential. People told us they had their care plans in their own homes. Copies of people's care plans were kept in a locked cabinet in the office, to make sure they were only accessible to people who had the authority to see them.

Good

Is the service responsive?

Our findings

Everyone told us the service was responsive to their needs and they would recommend the service to other people. One person explained they had received their care from the same personal assistant for over two years. This meant they received the care the way they liked it which had a positive impact on their wellbeing. They said, "We know each other and we have built up good relationships and mutual trust."

A fundamental aim of the service was to 'provide care you would choose for a loved one.' The registered manager told us this was achieved by, "Creating bespoke and personalised packages of care which were responsive to peoples changing needs." They explained because people received their care from a small consistent staff team they knew all the 'small things' about people which meant they received personalised care.

Staff told us they had built up meaningful relationships with people and their families. One staff member commented, "I provide care to only one person. I spend so much time with them and they say they miss me on my days off so that makes me feel I do a good job." Another told us, "We have time to sit and talk to people, and nothing is rushed. We focus on the person and not the tasks we have to complete." Relatives supported this view point. One said, "It's all personalised to meet (person's) needs.

We were made aware that one person had been supported by the service to plan 'a holiday of a lifetime to America'. A staff member said, "I was honoured when they asked me to accompany them. It has taken a lot of planning but it shows that care is personalised and people are at the heart of everything that we do."

We looked at the involvement of people, or those acting on their behalf had in contributing to planning care and support. Before anyone received their care from Complete Care Holdings a detailed assessment of their needs was undertaken in partnership with health professionals and commissioners. This was to make sure the service could meet their needs and expectations. Following the assessment the registered manager explained that a team of personal assistants were recruited to work solely with that person.

Often people were assessed in hospital due to them having long term complex health conditions. Once their staff had been they worked alongside hospital staff which meant their transition from hospital was as smooth as possible.

From the initial assessments, care plans were devised to ensure staff had information about how people wanted their care needs to be met. People and their families worked in partnership with the staff to plan their care which meant staff had an in-depth knowledge of people's preferences and support needs. Staff told us if a person's needs changed they would tell a nurse and their care plan was then updated.

Staff told us they shared and discussed information which included changes in people's health or wellbeing when their shift started. They used a checklist which had been implemented by the provider to ensure the staff had the information they needed to meet people's needs.

People's care plans included their likes, dislikes and information about their preferred routines and lifestyle choices. This supported staff to provide person centred care. For example, one person chose to spend a lot of time in bed and another enjoying attending a local youth group and going to the cinema.

People told us their religious and spiritual needs were discussed when they started to receive care from the service. One person's religion was important to them and their religious preferences were respected because they received their care from female staff. Another person chose to receive their care from male staff only.

People received information about the service in a way that they could understand. People told us they had received an information guide about the service, its aims values and purpose. The information was available in large print, different languages and electronic formats to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand the information they are given.

People's communication needs were assessed and guidance was in place for staff to help them to understand what people were trying to tell them. For example, a relative explained staff used Makaton to communicate with their child. (Makaton is a language that uses signs and symbols). Another person was unable to communicate effectively using speech and they used a communication keyboard which meant staff understood what the person was telling them.

At the time of our visit the service did not support anyone who was approaching the end stage of their life. However, staff were trained in end of life care and people's care records included information about people's and, where appropriate, their relatives wishes about what should happen at the end of their lives.

People felt assured that any complaints they had would be taken seriously and acted upon. They told us they had been provided with a copy of the provider's complaints procedure when their service started. This included information about how to make a complaint and what they could expect if they raised a concern. One person said, "I have no complaints. I know that I can complain and I would, if I needed to." Another told us, "I have complained in the past but it was all dealt with at the time." We reviewed the complaints the service had received and found all had been resolved to the complainant's satisfaction in a timely way.

The service had received four compliments in May 2018 which showed us people were happy with the service they received. A further compliment had been received from a health professional which stated, 'To put it simply, I have never seen such excellence in care provided by carers from outside the hospital, and the compassion and concern they showed for the patient was amazing.'

Good

Is the service well-led?

Our findings

Most people told us the service was well led. Comments included, "The manager she turns up every now and again or rings me." and, "The nursing support is superb. The present manager is the best." However, one relative told us communication could be improved between them and the registered manager. We discussed this with the registered manager and following our visit they informed us of the action they had taken to improve communication.

Discussions with staff demonstrated they had a clear understanding of their roles and responsibilities and what was expected of them. They told us they enjoyed working at the service because their managers were approachable and supportive. One commented, "(Registered manager) is available whenever I need her and if she wasn't she would make herself available. She always calls me back." Staff also felt supported by the 'on call system' in place which meant they had access to a member of the senior leadership team outside of normal office hours to provide them with advice and guidance.

The registered manager had worked at the service since June 2017 and registered with us in February 2018. They were a registered nurse and had many years of experience working in health and social care settings in a variety of senior roles. They told us they were dedicated and committed to providing personalised care to people. They were supported by the provider's senior leadership team which included a national lead nurse, operations managers, a quality manager and a human resource advisor.

The registered manager told us they felt supported by the senior leadership team. Monthly meetings and weekly teleconferences were held to review the quality of the service which gave the registered manager the opportunity to reflect on their leadership style and gain assurance the service was being run in line with the values of the service. The registered manager used different methods to ensure they kept their knowledge of legislation and best practice up to date. For example, they had recently attended a conference led by a national charity whose role is to provide support and advice on the successful day to day running and the leadership of services.

The senior leadership team encouraged feedback from people and their relatives on a daily basis. For example, 59 home visits had been completed in April 2018 which assured us people had opportunities to share their experiences. The quality manager informed us that questionnaires had also been sent out to gather feedback but very few had been returned. In response to this, plans were already in place to begin to gather feedback via the telephone.

The senior leadership team were committed to recognising the contribution individual staff members made which benefited people. A staff recognition scheme called 'high 5 awards' were awarded six times a year. People and their relatives told us they could nominate staff if they wanted to do so. One relative explained they had recently nominated a nurse for a national award because they had provided them with excellent care.

Nurses and operations managers also met each month at the head office with the senior leadership team.

The registered manager told us these meetings were important because these staff members worked in different areas of the country and it gave them the opportunity to discuss any issues, their development needs, share good practice and be involved in making decisions about how the service was run. We reviewed the meeting notes from the meeting held in March 2018 and this showed us nurses had requested further training in tracheostomy care. This was scheduled to take place the week following our visit.

Development days were also held for staff which was another way the provider involved them in the running of the service. For example, staff had requested more 'team building opportunities' which were being implemented. The provider also sent monthly newsletters to staff which communicated development opportunities, planned changes, and a variety of 'good news' stories. This demonstrated an open and inclusive culture.

Effective audits and checks such as, safe handling of medicines were completed to ensure if any areas of improvement were identified they could be addressed quickly. Monthly governance reports were completed and the senior leadership team used the information to monitor and continually improve the service provided.

The registered managed informed us the biggest challenge the service had faced was taking over 40 complex care packages at short notice in February 2018 when another service had closed unexpectedly. Complete Care Holdings had also employed the staff from this service to ensure people received consistent care during the period of change. An implementation plan had been put into place to monitor progress and records showed us the service had worked closely with people, their relatives, health professionals and commissioners to manage the change effectively. A commissioner provided positive feedback about how the changes had been managed which included dealing with and responding to any issues or concerns that had been raised in a timely way.