

Complete Care Centre Limited

Complete care centre

Inspection Report

6 Lind Road
Sutton
Surrey
SM1 4PJ
Tel: 020 8288 0902

Date of inspection visit: 03/04/2014
Date of publication: 08/06/2014

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	5

Detailed findings from this inspection

Background to this inspection	6
Findings by main service	7
Action we have told the provider to take	13

Summary of findings

Overall summary

Complete Care Centre Limited is a domiciliary care provider that offers a service to a range of individuals and families. In the main it provides a service to children and adults with disabilities, although not exclusively. During the time of this inspection it was providing care for approximately 22 people on a regular basis.

The needs of people using the services varied, but care was designed to meet individual circumstances. Some examples of the type of support provided included personal care for a few hours a day, supporting people when they attended college, and providing care over a full 24-hour period.

Although the provider was relatively small, we found that it provided a personal service to people. Staff had a good understanding of the individual requirements of each

person using the service. The two current co-owners carried out some care themselves. People using the service liked the care they received as there was consistency and continuity.

We found that some of the record keeping was not up to date. Although staff told us they felt supported, there was a lack of record keeping around staff supervision or appraisals of their performance. The provider was in the process of reviewing people's care plans and risk assessments; we noted that some of these had not been updated for over a year. Some policies and procedures were also out of date and contained out of date information, meaning staff did not have access to up to date information.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were kept safe from harm due to staff training and knowledge of safeguarding issues. There were effective recruitment procedures in place which ensured people were kept safe.

Some risk assessments were not completed in enough detail, although relatives told us their family members were kept safe. The manager was in the process of updating all risk assessments at the time of our visit.

The deprivation of liberty safeguards apply only in hospitals and care homes, for domiciliary care providers, the deprivation of liberty safeguards cannot be used. However, we did see that training in understanding the Mental Capacity Act 2005 had been arranged for staff.

Are services effective?

Staff had a good understanding of people's needs. People and their relatives felt involved in decisions that were made about their care.

Managers acknowledged that some of the care plans required updating so as to better reflect people's current needs and preferences.

Although staff told us they felt supported, there was a lack of formal staff supervision and appraisal.

Are services caring?

People felt that they were treated with kindness and compassion and that their dignity was respected. The majority of people that we spoke with felt that their relationship with the care workers were built up quickly and time was afforded by many care workers for chats and more personal approaches.

Staff knew the people they are caring for and supporting, including their preferences and personal histories. Care workers and managers were familiar with the needs of the people they were caring for. This was due to the fact that the provider had been operating for a number of years which allowed them an opportunity to get to know people.

Are services responsive to people's needs?

People who used the service were given a service users' guide when they first started to use the service. This contained information relating to the aims and objectives of the service, key elements of

Summary of findings

the terms and conditions, the complaints procedure and important contact numbers in case of an emergency. This meant the people were given relevant the information when they started to use the service.

People had their comments and complaints listened to and acted on. People felt confident to express any concerns or complaints about the service they received. All were aware that they could contact the office management if necessary and some stated that any calls they made were well received and attended to.

Are services well-led?

There was a registered manager in post and all other conditions of registration were being met at the time of our inspection. There was consistency between what managers and staff identified as being the key challenges such as formal staff supervisions and care plan reviews.

We saw evidence of quality assurance visits being carried out in people's homes; however some of these had been carried out over a year ago. We found that quality assurance checks had not been formally recorded.

We looked at a number of policies during the inspection; although some of these had been recorded as being up to date, they contained out of date information. This meant that the provider was not up-to-date with current guidance and good practice.

Summary of findings

What people who use the service and those that matter to them say

We spoke with two people who used the service; ten relatives and one district nurse. Some people that we spoke with were able to express their views and told us that they were happy with the care and support they received. Where people could not express their views, we spoke with relatives.

Some of the comments from people and their relatives were “they are very respectful of my privacy. They are like friends, respect my home. If they turn up early they apologise and wait downstairs. They are very good.” A relative told us “they respect her privacy and dignity. They lower her into the bath in a seat, talk to her all the time and ensure she is safe and happy. They are very patient, much more than me.” Another relative told us “they supervise his bath time, close the door and listen outside until he’s ready to come out.” Another said “the bathroom is downstairs by the front door so they always ensure the door is kept closed. They talk to her about what she would like to wear, never ignore her and keep her informed and involved.”

The majority of people who used the service felt that care workers were professional, caring, and friendly. One person said “I know all my carers are trained to NVQ standards and are very good” and “she’s lovely and I have

every faith in her to do things the way I do them” when speaking about one of their care workers. One family member said, “I know they are well trained. Some of them work at his school and are very familiar with his disabilities and others like him.”

People commented on their care plan reviews. One person said “if anything changes, I usually phone but I think staff would come out if I wanted them to.” Another person said, “they came around at the beginning to look at risks in the property, but if anything changes I am reliant on the carer not management.”

People who used the service felt confident about expressing any concerns or complaints. All were aware that they could contact the office if necessary and said that any calls they made were well received and attended to. People were happy to raise issues with care workers directly. They told us that in most cases anything reported was dealt with quickly and efficiently. One person who used the service said, “if I had any concerns I would talk to the carer. I’ve not contacted the office and would sort out any complaints face to face.” Another told us, “I speak to the office quite regularly.” One person said, “they are lovely ladies in the office and a manager has visited a few times.”

Complete care centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of a lead inspector and an expert by experience (Ex by Ex) of services for people with learning disabilities. The lead inspector visited the office of

the provider on 4 April 2014. On the day of the inspection we spoke with the two current co-owners and four care workers in person. We also spoke with two people using the service, ten relatives, one care worker and a district nurse on the phone to gather their opinion of the service. We looked at four care plans, four staff records, training records, and various policies and procedures.

Before the inspection, we reviewed all the information we held about the provider. At the last inspection in May 2013, there were no concerns identified.

Are services safe?

Our findings

People and their relatives told us they felt safe while being cared for by staff. The provider had a safeguarding policy in place which was linked to the London Multi-Agency Policy and procedures to Safeguard Adults from Abuse. They also used the The London Safeguarding Children Board's procedure. We looked at training records that showed staff had completed safeguarding training for adults and children within the past year. Staff that we spoke with had a good understanding of safeguarding and what steps they would take if they had any concerns about people using the service. The manager told us there had been no safeguarding concerns within the past year and we saw no evidence of any such concerns.

Staff did not have training in the Mental Capacity Act 2005, the provider was aware of this and had arranged for training to be delivered in the future in this. Although staff did not have formal training in dealing with people with behaviours that may challenge, they had a good understanding of what steps to take if such a situation occurred. Staff that we spoke with gave us a number of examples that they experienced and the steps they had taken to de-escalate situations which demonstrated safe and respectful approaches.

We looked at four care plans and saw that risk management plans were in place in three of the people using the service. However, we did see one example where a person had been identified of being at risk and the provider had not recorded what steps they would take to try and minimise the risk to that person. We spoke with the provider about this and they told us they were in the process of updating their care plans and risk assessments. Staff told us that they informed the managers of any incidents that occurred and completed body and seizure charts and recorded incidents in daily care notes. Relatives told us that care workers communicated with them on a daily basis and felt that their family members were kept safe.

The service dealt effectively with untoward events, near misses and emergency situations in the community. Some of the people who used the service displayed behaviour that was challenging. Staff told us they used ABC charts to record and monitor behaviour. 'A' stands for antecedents, that is, what occurs immediately before a behavioural outburst and includes triggers, signs of distress or environmental information. 'B' refers to the behaviour itself and is a description of what actually happened during the outburst or what the behaviour 'looked' like. 'C' refers to the consequences of the behaviour, or what happened immediately after the behaviour and can include information regarding other people's responses to the behaviour and the eventual outcome for the individual. Staff gave us examples where they had used these charts to record incidents that had occurred in the community safely and these were used to minimise the chances of similar incidents occurring again.

People who used the service and their relatives that we spoke with felt that risks were managed appropriately by care workers. Some people who used the service required the use of a hoist. Staff confirmed that they had received training in the use of these hoists and moving and handling. Relatives confirmed that staff used this equipment correctly. This was confirmed in the training records that we saw.

The provider had systems in place to support safe recruitment practices. Checks of care workers' files demonstrated that they were required to complete an application form, attend an interview and answer some care based questions. Appropriate checks such as identity, competed Disclosure and Barring Service (DBS, formerly known as CRB) checks, and written references were carried out prior to an offer of employment. New staff shadowed more experienced staff before they were allowed to start work independently. Care workers we spoke with confirmed they had attended an interview prior to commencing employment. One care worker said "I completed an application form, had an interview and was told to bring in ID."

Are services effective?

(for example, treatment is effective)

Our findings

We found that there was a breach of the relevant legal requirement (Regulation 20). The action we have told the provider to take can be found at the back of this report.

The provider had taken steps to carry out an assessment of the needs of people using the service. This was done when a referral was first made to them and involved a manager meeting people in their homes and identifying their support needs. People's needs were recorded and used to develop a care plan. A risk assessment was also carried out at this time. The care plans that we saw were signed by people who used the service or their relatives. One person told us "they came around at the beginning to look at risks in the property."

Care records reflected people's individual needs, choices and preferences, although not all of these were current. The manager told us that these were in the process of being updated. The care records that we saw contained key information on a single front page. This included information relating to medication, likes and dislikes, and emergency contact numbers. Consent forms, risk assessments, care plans and other information were also recorded. A copy of this file was kept in people's home; this was confirmed by staff and relatives of people who used the service.

We found that although the care records were individual to each person, some of them lacked detail, for example no specific activities were recorded when reference was made to activities that people enjoyed. Some of the risk assessments that we saw had not been updated for nearly two years. The manager acknowledged this. They told us that the expectation was that risk assessments were to be reviewed every six months. They told us they were in the process of updating all the care plans. The care plans that had been updated contained a good level of detail which meant that care workers were able to carry out their tasks effectively.

Staff had the skills and knowledge to meet people's assessed needs, preferences and choices. People were effectively matched with staff to make sure they are compatible. The provider told us they took into account people's needs when allocating staff to them. The provider introduced two or three support workers to new people, to ensure that people got a consistent level of service and

care workers that became familiar to them. People that we spoke with confirmed that care workers were familiar to them which helped to ensure they had a good level of care. The consistency of care workers meant that people who used the service were confident and trusted the service.

People had the support and equipment they needed to enable them to be as independent as possible. Where people required the use of a hoist, two care workers were allocated to them. People that we spoke with confirmed that two care workers attended and they were trained in the use of hoists. Hoist training was provided when care workers were first introduced to the person they were caring for. Newly recruited care workers spent some time shadowing more experienced care workers before they were allocated to people. Staff that we spoke with told us that they were given time to read people's care plans and were given an opportunity to ask any questions.

Referrals were made to health services when people's needs change. People felt confident discussing their health needs with staff. Staff told us that if they noticed a change in people's health needs they would discuss it with their next of kin, record it in the daily notes and also notify the managers. Staff gave us examples where they had contacted people's G.P and in some cases the emergency services where they felt that people's needs had changed. We spoke with a community nurse from a local learning disability team. They spoke in positive terms about the care provided by Complete Care Centre. They said "they are providing a good service, they recognise their duty of care" and "we are involved in multi-disciplinary team meetings and we share information openly."

We looked at staff training records. All staff attended the providers' mandatory training which covered six areas; these were moving and handling, fire awareness, first aid, safeguarding, infection control and food hygiene. We noted that there was a lack of training in more specialised aspects of caring for people whose behaviour challenged the service and on learning disabilities. We spoke with the manager about this and they confirmed that they had recently agreed to carry out more specialised training with a new training provider. We looked at some of the planned training that had been booked for this coming year and saw that it included training in epilepsy, dealing with challenging behaviour, mental health matters, person centred approach and Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

Although staff had effective support and induction there was a lack of formal staff supervision, appraisals, or team meetings. One care worker said “there have been no formal staff meetings as it is hard to get everyone together.” The manager told us that this was something they were aware of and were looking to improve in the future. They told us “it’s been difficult, we are out of the office a lot of the time.” Some staff told us that although they did not have formal

supervisions, the fact that it was a relatively small service meant that they spoke to the managers regularly. One care worker said “the managers are very supportive.” A support worker said, “we go into the office every couple of weeks and are on the phone or texting them daily.” Staff were confident in their ability to carry out their role as required. One staff said “if I have any problems then I know someone is always at the end of the phone.”

Are services caring?

Our findings

People felt that they were treated with kindness and compassion and that their dignity was respected. The majority of people that we spoke with felt that their relationship with the care workers were built up quickly and time was afforded by many care workers for chats and more personal approaches. One relative said “she is so compassionate, more like a neighbour, always talking to my son and he’s comfortable with her.” Another relative told us “they don’t wear a uniform and I like that. I feel it’s more personal and rather like a friend calling, less formal or official and Mum feels more relaxed with them.” Many of the care workers spent several hours with people using the service each day. People that we spoke with and their relatives said that care workers engaged in conversations about matters of interest, formed friendships and a good rapport with people, and in some cases gave both practical and emotional support to the whole family involved. A relative told us “they understand him so well. It took some time for him to trust them too but it works well.”

Staff knew the people they are caring for and supporting, including their preferences and personal histories. Care workers that we spoke with were familiar with the needs of the people they were caring for and showed concerns for people’s wellbeing. The managers had a good understanding of the needs of each of the people using the

service. This was due to the fact that the provider had been operating for a number of years which allowed them an opportunity to get to know people; the managers also carried out some of the care work themselves. Staff promoted respectful behaviour. One care worker told us “when people need to use the bathroom or have a shower, I respect their privacy and shut the door.” A relative told us “they supervise his bath time, close the door and listen outside until he’s ready to come out.” Another said “the bathroom is downstairs by the front door so they always ensure the door is kept closed. They talk to her about what she would like to wear, never ignore her and keep her informed and involved.”

People who used their service and their relatives felt cared for because their rights and dignity were respected. Some of the comments from people and their relatives were “they are very respectful of my privacy. They are like friends, respect my home. If they turn up early they apologise and wait downstairs. They are very good.” A relative told us “they respect her privacy and dignity. They lower her into the bath in a seat, talk to her all the time and ensure she is safe and happy. They are very patient, much more than me.”

People’s care plans were kept in a locked cabinet in the office. Care workers were only given files for people they were supporting. This ensured that information about them people was kept confidential.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were given the information they needed at the time they need it. People who used the service were given a service users' guide when they first started to use the service. This contained information relating to the aims and objectives of the service, key elements of the terms and conditions, the complaints procedure and important contact numbers in case of an emergency. This meant the people were given relevant the information when they started to use the service.

Staff told us that they completed daily notes recording the support they gave and how the person using the service was feeling. People who used the service were aware of a 'folder', or 'signed sheets' which were retained at their home which care workers signed on a daily basis as to what service had been provided. This ensured that people using the service, their relatives and staff were kept informed of any changes in behaviour that had been identified.

People that we spoke with felt that their needs were being met, but seemed unaware of any formal review process with management. People told us that most of the information regarding any changes were fed-back through the care workers or by phone to the managers. Some people could not recall being involved in discussions about their care and said that they rarely had visits from management staff. One person said "if anything changes, I usually phone but I think staff would come out if I wanted them to." Another person said "they came around at the beginning to look at risks in the property, but if anything changes I am reliant on the carer not management."

People and those that matter to them were encouraged to make their views known about their care, treatment and support. Staff listened and acted on people's views and decisions. Concerns and complaints were encouraged, explored and responded to in good time. We asked the provider for a record of complaints they had received within the past year. There were no recorded complaints in this period. The manager told us, "we always try and resolve any issues straight away" and "people have our mobile phone number and can call at any time." People felt confident to express any concerns or complaints about the service they received. All were aware that they could contact the office management if necessary and some stated that any calls they made were well received and attended to. Others were happy to raise issues with care workers directly. In most cases anything reported was dealt with quickly and efficiently. One person who used the service said "if I had any concerns I would talk to the carer. I've not contacted the office and would sort out any complaints face to face." Another told us "I speak to the office quite regularly." Another person said "all the office staff are so friendly. I am on christian name terms with them and they know who I am as soon as I speak which is very reassuring." People we spoke with told us they had very few complaints. They said that any complaints were met with a quick response following phone calls to the office or conversations with care workers during their visits. One person said "they are lovely ladies in the office" and "a manager has visited a few times."

Are services well-led?

Our findings

We found that there was a breach of the relevant legal requirement (Regulation 10). The action we have told the provider to take can be found at the back of this report.

There was an open culture at Complete Care Centre. We observed staff speaking with managers during our inspection and they did so in a friendly, open manner. The managers took their time to ask the care workers how they were and if they had any problems. Staff were aware of the culture of the service. The company aims and objectives, and philosophy of care, included empowerment, quality of life, dignity, privacy and independence.

There was a registered manager in post and all other conditions of registration were being met at the time of our inspection. There was consistency between what managers and staff identified as being the key areas of improvement, such as formal staff supervisions and care plan reviews. Action plans had been put in place to try and improve on these in the future.

There were sufficient numbers of suitable staff to meet people's needs. People using the service told us that they got a consistent level of service and familiar care workers. The provider employed enough care workers to ensure there was sufficient cover in case of absence through sickness or annual leave. The provider did not use bank or agency staff. The provider ensured that different care workers were introduced to people so that there was familiarity between care workers and people, this also ensured that if regular care workers were on leave cover was provided by a care worker who was familiar with people they were providing care for.

Although managers told us that care workers were spot-checked to ensure they provided a good level of care, these were not recorded anywhere. We saw written evidence of quality assurance visits being carried out in people's homes, but some of these had been carried out over a year ago.

We looked at a number of policies during the inspection; although some of these had been recorded as being up to date, they contained out of date information. The risk assessment policy referred to 'national minimum standards' which are old standards from a previous regulator. This meant that staff may not have been aware of recent guidance.

While people were happy with the care they received, we found there were some areas for improvement including updating care plans and risk assessments, and carrying out formal staff appraisal and supervisions and specialist training. Both managers and care workers were consistent in recognising these as areas of improvement. We saw evidence that managers had taken steps to try and meet these challenges by starting a review process of the care records and booking training for staff which was relevant to caring for people with learning disabilities.

There were procedures in place to record and review safeguarding concerns, accidents and incidents. Although there had been no complaints recorded in the past year, people told us they would not hesitate to raise any concerns with the managers.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p> <p>The registered person did not have an effective operation of systems designed to enable them to regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity.</p>
Regulated activity	Regulation
	<p>Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p> <p>Accurate records in relation to the care and treatment provided to each service user and records relating to persons employed for the purposes of carrying on the regulated were not maintained.</p>