

Complete Nursing Services Limited

Complete Nursing Services Ltd

Inspection report

67 Boulton Lane
Alvaston
Derby
Derbyshire
DE24 0FF

Tel: 01332704375

Date of inspection visit:
21 September 2017
27 September 2017

Date of publication:
24 November 2017

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

This inspection took place on 21 September 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office.

At our previous inspection during October 2013 the provider was not meeting all the regulations we checked. We found that appropriate systems were not in place to gain and review consent from people, in regards to their care and treatment. At this inspection we found that some further improvements were still required in this area. We also found that the provider needed to make improvements under safe and well-led.

This was the first inspection since the provider's registration of this office location on 18 August 2015. Complete Nursing Services Ltd is a domiciliary care agency providing personal care. This included people living with dementia, older people and people with a physical disability. At the time of this inspection there were 16 people who received personal care. The agency office is located in the Alvaston area of Derby.

There was a registered manager in post; they were also the service provider. A registered manager is a person who has registered with the Care Quality Commission. 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.

We found that the provider's systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements. Recruitment procedures were not thorough to ensure suitable staff were employed to work with people who used the service.

People who used the service were positive about the support they received and praised the quality of the staff and management. People told us they felt safe with the staff who supported them.

Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

Risk assessments and care plans had been developed where possible with the involvement of people and their representatives. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed. However medicines management systems were not always effective.

The Mental Capacity Act (MCA) 2005 (MCA) helps to ensure that people are supported to make their own decisions wherever possible. Where people were identified as not having capacity there were no records of

best interest decision making to show the care and support provided was in the person's best interests.

Staff understood the needs of the people they were supporting. People were treated with dignity and respect by staff. The delivery of care was tailored to meet people's individual needs and preferences. People were supported to maintain a diet that met their dietary needs. People were supported to access healthcare services as required.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People told us they felt if they raised any concerns these would be addressed by the registered manager.

People found the staff and management approachable. Staff felt supported by the management team. The provider had systems in place to get feedback on the quality of Care they provided.

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 consistently safe.

Recruitment procedures were not robust to ensure suitable staff were employed by the provider. People were supported to take their medicines as prescribed. The service had deployed sufficient numbers of staff to meet people's needs. Risk assessments provided staff with information on how to support people safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Mental capacity assessments had not always been completed to identify the support people needed to make decisions. Staff told us they had received training providing them with the knowledge to meet people's needs. People were supported to maintain their nutrition, health and well-being where required.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they were cared for by staff who were caring and friendly. People's privacy and dignity was maintained by staff. People and/or their relatives had been involved in the development of their care plan.

Good ●

Is the service responsive?

The service was responsive.

People received personalised care, responsive to their needs. However people and or their relatives were involved in reviewing what support they needed. The views of people and their preferences were respected. People and relatives knew how to raise concerns.

Good ●

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The management systems were not always effective in recognising areas which required improvements. There was a registered manager in post. Staff were clear about their roles and responsibilities and felt they received sufficient support to carry out their role. Systems were in place to monitor the quality of the care and support people were receiving, through audits and spot checks.

Complete Nursing Services Ltd

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 was 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 took place on 21 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 27 September 2017.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about

We spoke with three people who used the service and four people's relatives. We spoke with the registered manager and three staff who supported people in their homes.

We reviewed records which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

People's safety was not always protected by the provider's recruitment practices. We looked at the recruitment records in place for three recently employed staff members. We saw recruitment practices included completed application forms and proof of identification. We saw Disclosure and Barring Service (DBS) checks were in place for two staff members. The DBS is a national agency that keeps records of criminal convictions. However for a third staff member there was no current DBS check in place. We discussed this with the registered manager who told us as the staff member had a recent DBS completed with their previous employer, they did not need to complete another DBS check. We looked at the provider's recruitment policy which made no reference to this. Following the inspection visit the registered manager told us that they had applied for a DBS check.

Where an application form or a DBS check discloses a conviction or other relevant information; the provider must assess the person's suitability for the role. The provider had not followed this process, we saw no evidence to confirm that the information disclosed on a DBS, had been assessed. This meant the provider was not always undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. We discussed this with the registered manager who told us that they would be taking action to address this. We will follow this up at our next inspection.

People told us they felt safe with the staff supporting them. One person said, "Yes I do feel safe, they [staff] are a nice bunch." Relatives also spoke positively about the support their family members received. Comment included, "My mum feels safe with the staff" and "[Person's name] never has any problems feeling safe."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff knew what to do if they suspected abuse; this included reporting their concerns to the registered manager. One staff member said, "If there was any changes in a person's behaviour or if I noticed bruising, I would report this to the manager. If I felt they were not taking action I would contact social services." All staff told us they completed safeguarding training and their training records confirmed this. Staff were aware of the whistleblowing policy and told us they would not hesitate to report any concerns or escalate their concerns. A staff member said "If I saw any poor practice I would not hold back and would report my concerns straight away."

Staff told us they ensured people who had call pendants were accessible to them so that they could summon help in an event of an emergency and ensured they left people's property secure. A staff member said, "If the person has a pendant I ensure they are wearing it before I leave." Another staff member said, "I always ask the person if they need anything before I leave. I leave the telephone by the person's side as well as their pendant. I check the door making sure it's locked." People we spoke with confirmed this. One person said, "I have a pendant and the carers make sure I've got it with me."

Two people were supported by staff to take their medicines. They felt staff did this safely. One person said, "They [staff] prepare my medicine and I have it. I feel content with the way they do this." Staff we spoke with

told us that the medicines administration record (MAR) was kept in the person's home and that this would be signed when the person had taken their medicine. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. There were protocols for dealing with medicines incidents. Staff understood the protocol and the importance of reporting any medicines incidents to management immediately. This including missed signatures on the MAR or an error in the administration of medicines.

Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, mobility and the home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk when being supported with their mobility. The risk assessment identified the type of equipment to be used and the level of support the person needed to keep them safe. We looked at three people's records and found all were up to date, providing guidance for staff to reduce risks. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely.

There were enough staff employed to meet people's current needs. The registered manager told us they organised staffing levels according to the needs of the people who used the service. One person told us, "If they [staff] are going to be late, the office always ring me to let me know." A relative said, "If they're [staff] are running late someone always rings me and tell me when they'll be here." Staff told us there were enough staff to meet people's needs. A staff member stated, "Oh yes there are definitely enough staff to support people." Another staff member said, "I have no concerns with staffing levels, there are enough staff to cover all the calls." People and relatives confirmed staff arrived within the agreed time frame and stayed for the call duration. A relative said, "The staff are very good at being punctual and they [staff] stay for the full length of time."

Is the service effective?

Our findings

The Mental Capacity Act 2005 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 people lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

At our previous inspection in October 2013, we found there was a breach in meeting the legal requirements relating to person centred care. This was a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have appropriate systems in place to gain and review peoples consent, with regards to their care and treatment.

At this inspection we found that some improvements had been made in this area. People confirmed staff sought consent before they provided them with support. Staff told us that they had received training in the MCA. Staff understood the need to gain consent before carrying out tasks with people who used the service. A staff member said, "I always explain to the person what I am going to do and ask for their permission. It's important to explain things clearly and slowly, allowing the person time to respond." Another staff member said, "We give people choices and explain what we are going to do." From the three care records we looked at information on one person's care record stated that the person did not have capacity to make decisions. There was no capacity assessment or best interest assessment which was decision specific to the person. We discussed this with the registered manager they told us that they would be reviewing this person's care file.

People felt the staff who supported them were trained and had the skills required to do the job. One person said, "They [staff] seem to know what they're doing, they're very attentive and very friendly." Another person told us, "On the whole, yes the staff are well trained. They do know what they're doing and are very competent." Relatives were also complimentary about staff knowledge and skills. One relative said, "The staff are trained very well and all have the same approach and all have got good skills. They are all competent but some staff are very good."

Staff told us the induction and training they had received had been effective in giving them the right skills and knowledge to enable them to support people who used the service appropriately. Staff told us they had undertaken training in a range of areas. A sample of training records we looked at confirmed this. A staff member said, "I learnt so much through the induction and training I received. The induction was very helpful, explaining everything I needed to know before working on my own." Another staff member said, "The induction was very good. I had the opportunity to meet the people I was going to be supporting and shadowed more experienced staff. The managers were always on hand providing support during the induction period."

The provider supported staff to enable them to meet the needs of the people who used the service. Staff

were supported through individual supervisions. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. A staff member said, "I definitely feel supported by the management team. I receive regular supervision by the managers."

Some people required assistance with meal preparation. People's care plans included a section on their nutritional needs and preferences. Staff told us they encouraged people to eat and drink sufficiently to maintain their health. Staff explained that if they had concerns about a person's dietary intake they would inform the managers immediately. A staff member said, "A couple of people need some assistance to eat, which is variable day to day. Some days I need to put the food on the fork and the person will start eating, other days they can manage without support." This showed that people were supported to manage their individual dietary needs.

The provider ensured appropriate medical intervention could be sought when required. People's health needs were identified in their care records. People's health needs were monitored and any changes in their health or well-being were reported to their GP or other health care professionals as required. People told us that they felt confident that staff would act promptly and contact the necessary health care provision if required. A relative said, "I am happy with the way the staff liaise with the district nurse." We saw contact details of external healthcare professionals such as the GP in people's care records. Staff told us they would notify the office if people's needs changed and they required medical intervention.

Is the service caring?

Our findings

People told us the staff supporting them were kind and caring. Comments included, "Yes they [staff] are caring. They talk to me and ask if there is anything else they can do" and "They [staff] do extra little things without me asking. They are generous and very caring." Relatives also felt that the staff who supported their family members were caring. A relative said, "The staff are very caring and do everything we ask."

People's privacy and dignity was respected. They told us that the staff addressed them in the way they preferred and made sure care was delivered in a dignified manner. They told us they were treated with respect and privacy when being supported by the staff. One person said, "The staff don't rush me and make time to chat with me." Another person stated, "They [staff] talk to me with respect. I never feel they come just because it's a job." A relative told us "Staff treat [person's name] with utter respect. They always listen and involve [person's name]."

Staff understood the importance of caring for people in a dignified way and supported people to remain independent. Staff were able to give examples of how they maintained and protected people's privacy and dignity. A staff member said, "I always ensure the person is comfortable whilst being supported. I ask them if everything is okay." Another staff member said, "When providing personal care I cover the person up and respect their wishes." A person said, "They [staff] have the towels ready when they help shower me, respecting my dignity." Staff also described how they encouraged people to remain independent. A staff member told us, "I encourage people to be independent, such as carrying some aspect of their personal care. If they are not able to complete the task I will always support them."

Care plans were individualised and specified the support that people received from the agency. Care plans had been developed with the involvement of people using the service or their representatives. One person said, "Yes I recall the manager coming round to talk through what supported I needed." A relative told us, "[Person's name] has a care plan and we have a copy. I'm very involved in the care planning. They are very flexible if we need additional support they will provide what they can."

People and their relatives confirmed that they felt involved in decisions about the care and support which was provided by Complete Nursing Services Ltd. Comments included, "I am asked all the time what I'd like by the staff and they listen very well" and "'I like to make decisions and I have my say. They [staff] come and ask me what I want and the manager goes through everything." People's preferences in respect of the gender of the staff they wanted to provide their support, was met. A person told us that when they began receiving the service they were asked about the gender of staff they wished to be supported by which was respected.

Is the service responsive?

Our findings

People and relatives told us they received care that was tailored to people's individual needs and responsive to their needs. One person stated, "They [staff] do things how I like them. Sometimes I have to show the new staff how to do things but they soon get the hang of it." A relative said, "'The care is very tailored to [person's name] needs, we are very pleased."

People and their representatives were involved in the assessment process. The registered manager told us they carried out initial assessments to ensure that peoples identified needs could be met by the service and people could be confident that the service was right for them. The records we looked at contained assessments which identified individual needs, such as the areas people required support with. Information from the assessments had been used to develop care plans to guide staff on how to meet peoples individual needs.

We saw that care records were reviewed regularly with people, their relatives and the registered manager. One person said, "The manager comes out and we go through the care plan regularly." This person also confirmed that their relative had also been included in the review. A relative said, "There have been meetings at [person's name] home and the care package is reviewed thoroughly." Another relative stated, "At the review meetings we discuss what's needed."

Staff confirmed care plans and risk assessments were kept up to date and provided them with information about people needs and how they preferred to be supported. Staff were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. Staff told us they worked well as a team to ensure people were supported according to their needs and preferences.

Staff explained that any changes to people's needs were discussed with the registered manager to ensure any changing needs were identified and met. This showed the support people received was personalised to meet their individual care needs.

People and relatives told us they knew how to make a complaint and would do so if necessary. Most people felt if they had concerns they would be listened to. One person said, "I would ring the office, they're always there." Another person told us that there had been the odd staff member not doing things right and they mentioned it to the registered manager.' They said, "The manager listened to me and responded straight away." However a relative told us that they had raised some issues with management, they felt their concerns were not listened to fully.

The provider had a complaints procedure which outlined the process and timescales for dealing with complaints. There was also information on how to escalate complaints if the complainant remained unhappy with the outcome. We saw complaints were held electronically on each person's individual record. We saw action had been taken to resolve two complaints received during 2017. This included changing some call times to suit the individual.

Is the service well-led?

Our findings

At this inspection saw that some medicines on the medication administration records (MAR) for three people were handwritten by staff or relatives which is called transcribing. Transcribing is the action of copying details of prescribed medication onto a MAR. There was no procedure in place for transcribed MAR sheets to be checked by a second staff member. We were told by the registered manager that the pharmacist's did not always provided people with printed MAR. Or if the GP visited and prescribed additional medicines these were added to the MAR before the new MAR was supplied by the pharmacist.

Audits of MAR took place by the management team. If an issue was identified, for example, a missing signature on a MARs, the registered manager told us action would be taken to address the error. This included speaking to staff, carrying out a competency assessment and if required retraining them in this area. For example we saw that a staff member had not signed the MAR for one person's medicine. A meeting was held with the staff member informing them of the importance of maintaining accurate records.

This demonstrated that the provider did not always have effective procedures regarding the management of medicines. We also found that recruitment procedures were not thorough. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

People and relatives told us they felt the services was well run. Comments included, "The staff are always good. They are punctual and do whatever you want them to. It's a very competent, efficient and professional company," "In comparison with other services this is well managed" and "It is a well-managed service, because they listen to what I have to say. If I've got any problems about anything I can ring at any time."

The provider's registration of this office location was on 18 August 2015. The service had a registered manager in post since 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was supported by the HR/Training manager and staff who supported people in their homes. People and relatives spoke positively about the registered manager. Comments included, "You can always get through to the manager, she is easy to talk to" and "I can always get hold of the manager."

Staff spoke positively about working at the service and praised the leadership and management. A staff member said, "Any problems the door is always open. Both managers handle things very well." Another staff member stated, "It's a nice company to work for, I don't have a bad word to say. I enjoy working for them."

The registered manager told us that they would be reintroducing staff meetings, which had not taken place recently. Staff told us that they were kept informed of any changes or updates by the management team via telephone calls and as they regularly came into the office this gave them the opportunity to receive any required information.

An on call system was provided by the management team to support staff. Staff we spoke with told us they were able to access the on call system, which provided them with out of hours support to deal with any

emergencies or problems. A staff member told us, "Whenever I have used the on call system the manager has got back to me. For example at one of my calls the person was not at home, so I contacted the manager out of hours. The manager then dealt with this."

People told us they were asked for their views about their care and the service they received. One person said, "The manager rings me up asks if I'm happy with everything." A relative stated that the manager kept in touch with them regularly. They said, "The manager checks we are happy with everything, that way things can get tweaked."

Systems were in place to monitor the quality of the service being provided to people. This included carrying out spot checks to people's homes to ensure staff were delivering care in accordance to people's care plans. People and staff we spoke with confirmed this. The management team also carried out quality assurance telephone calls to people. Records we looked at confirmed that spot checks had taken place and raised no concerns. A sample of calls to people showed positive feedback.

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts. We saw that people's confidential records and staff personnel records were kept securely in the office.