

Complete Care Holdings Limited

Complete Care Holdings Limited - Telford

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 took place on 17 and 18 August 2016 and was announced.

Complete Care provides personal care and nursing for people in their own homes throughout England and Wales. At this inspection they were providing care and support for 120 people.

Two registered managers were in post and present during 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 were safe from abuse as staff had been trained and knew how to recognise and respond to signs of abuse. Staff had access to care plans and risk assessments and were aware of how to protect people from risks of harm associated with their care. Any incidents and accidents were investigated to identify any learning and to minimise the risk of reoccurrence.

The provider completed checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely support them and who made sure they had their medicine when they needed it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

People were supported by staff members that had the skills and knowledge to meet their needs. Staff attended training that was relevant and individual to the people they supported. Staff received support and guidance from a management team who they found approachable. Staff members felt valued by the provider and that their suggestions and experiences mattered to them.

People were involved in decisions about their care and were involved in the planning the delivery of their care and support. People had information they needed in a way they understood. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People had positive relationships with the staff members who supported them. Staff knew people's individual histories, likes and dislikes and things that were important to them. People had their privacy and dignity respected and information personal to them was treated in confidence. People were supported to maintain well-being and had access to healthcare when they needed it. Staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views and felt their opinions mattered. People felt able to raise any concerns they needed and were confident they would be investigated. People received feedback after any concerns were raised.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People were kept informed about any development within the provider's organisation and received regular newsletters.

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 were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Risks associated with people's care were assessed and steps taken to minimise the risk of harm. Checks were made to ensure staff were safe to work with people.

Is the service effective?

Good ●

The service was effective.

People received support from staff who were trained and supported to provide care. People were supported to make decisions and had their rights protected by staff who were aware of current legislation related to their role. People had access to healthcare when they needed it.

Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. People were supported by staff who were kind, compassionate and respectful. People had their privacy and dignity respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People and those close to them were involved in the planning of their care. People were able to raise any concerns or comments with the provider and were confident their opinions were valued.

Is the service well-led?

Good ●

The service was well-led.

People felt their views about the support provided were valued. Staff felt valued and motivated by the registered managers and

provider. The provider and staff had shared values in supporting people. The provider had systems in place to monitor the quality of support delivered and made changes when required.

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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 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 17 and 18 August 2016 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 in.

The inspection team consisted of 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.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

We spoke with nine people receiving support, three relatives, two registered managers, four care workers (personal assistants) the operations director, the service planning manager and human resources manager. We viewed the care and support plans for two people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, client surveys, newsletters and details relating to staff recruitment and staff recognition.

Is the service safe?

Our findings

We looked at how people were kept safe from abuse. People told us they felt safe and protected when assisted by staff members. One person said, "I really trust them (staff) they would never let anything bad happen to me." Relatives we spoke with told us they felt their family members were well protected and that staff were aware of the potential for abuse and were vigilant. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. One staff member told us, "We all went through the different types of abuse and what to look for as part of our training." Other staff members told us they were provided with packs of information containing guidelines on what to look for and how to report any concerns they had and to whom. We saw the registered managers had made referrals to the local authority when necessary in order to protect those they supported from harm or abuse. Any referrals made to protect people were discussed as part of a managerial team to identify learning or any additional actions that need to be considered.

People told us they felt safe receiving services from Complete Care. One person said, "I see them always check my sling before they use it to make sure all the loops are right. One of them noticed it was frayed. They got me a new one so I didn't fall if it broke." People had their personal safety maintained by a staff team who were aware of the risks associated with their care including any equipment used. One staff member told us, "We have a full plan for all foreseeable emergencies including what to do and who to contact." People told us they were involved in assessments of risks which were personal to their individual circumstances. Assessments included moving, skin integrity, nutrition/hydration and self-neglect. These assessments detailed what the person could do to keep themselves safe and also what the staff members had to be aware of in order to prevent harm to people. Any incidents or accidents were reported to the provider and overseen by the registered managers. They identified any action that needed to be taken to minimise the likelihood of re-occurrence. For example following concerns about a person's safety a risk assessment was revised. This took into account the person's wishes and their desires to take acceptable risks with reasonable safety precautions in place.

Staff members told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff members described the appropriate checks that would be undertaken before they could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. We saw records where these checks had been completed and recorded.

The provider had procedures in place to address unsafe practice of staff members including disciplinary action if needed. We saw records where action had been taken to increase staff members' knowledge and skills to minimise the risk of harm to others.

People told us they were supported by enough staff to meet their needs. One person said, "I know I can trust whoever comes through that door. They (staff) are reliable and trustworthy." When people's needs changed the provider had systems in place to ensure they still received support to meet their requirements. At times

when regular staff were not available the provider had a system in place to ensure people still received care from staff who were able to support them. One person said, "Once my carer was ill. The office rang to tell me. They sent someone I had had before but was not my regular staff member. I didn't mind but it was kind of them to ring and let me know." Another person told us, "I never have any problems with the timing or staff being late."

We looked at how people were supported to take their medicines. People told us they felt confident and safe when assisted to take their medicines by staff. One person told us they were assisted by staff members who always talked them through what their medicines were for and if they wanted to take them. Staff members told us they received training in the safe administration of medicines. One staff member said, "Before I could assist anyone I was assessed as competent by a trained nurse. Now every year I am reassessed just to make sure I haven't developed any bad habits and still safely support people." One registered manager told us they undertook regular competency checks of staff members to ensure they assisted people safely and followed the guidelines in place. Any errors with people's medicines were investigated and actions taken to minimise the risk of re-occurrence for example additional staff training.

Is the service effective?

Our findings

People told us they were supported by staff members who were trained and had the skills to assist them. One person said, "I can't walk so I have to use the hoist. The manager arranged for all the staff to come to my house when the physiotherapist and occupational therapists were here and they were all taught how to do what they needed to do. They (staff) know what they are doing." Staff members told us they felt trained and supported in order to complete their role. One staff member said, "This was my first experience of working in care. I attended induction training and we covered loads of areas including all the different medical conditions we may be supporting people with." Another staff member told us, "I had the chance to go out with other more experienced staff members so I got used to the role and the people I would be helping." Staff we spoke with believed they were not pressured into undertaking any activity without appropriate training and assessment of competence. One staff member said, "If I don't feel able to do a certain task I will be partnered with another staff member who is able to do that particular job so people never miss out."

Staff members had access to additional training to support them in their role. One staff member said, "I completed the high dependency training as we thought [person's name] would need it in the future. As it happened we never needed this training but it is reassuring that we were still provided with the skills we may have needed." Staff told us they were supported by the provider and had regular one on one meetings with a senior staff member. Staff told us it was during these sessions they could discuss anything that worried them or anything that impacted on the people they supported. Staff members told us although they found these sessions supportive they could approach a senior staff member or one of the managers at any time they needed for advice and guidance. One staff member said, "Once I was working in a quite an intense situation. [Staff member's name] came out and made sure the person we supported was ok. They also spent time with us to make sure we were all doing alright and if there was any additional support we needed. It made me feel valued." People received care and support from staff members who felt supported in their role.

Staff members shared information between themselves and, where appropriate, with any visiting health professionals or family members. People told us all relevant changes were recorded so that staff were consistent in their approach and aware of any changes in care and needs. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

People told us they were supported to make their own decisions and were given choice. One person said, "I can change my mind about what I want to do each day. I sometimes like a bath, sometimes a shower. If I am going out I like my make up on. They will do that but they check with me what I am wearing and what makeup I want on." People were supported to make choices and decisions by staff who were aware of current guidance and legislation to protect people's rights. The registered managers and senior care staff understood when to assess someone's capacity and the process to follow to ensure their rights were protected. Staff we spoke with had an understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision-making. One staff member said, "When there is a differing perspective on the care that someone should receive and the person is not able to make the decision themselves. We have

to look at what is in their best interests."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. The registered managers talked us through the processes they would follow when making a decision for people in their best interests. The provider had trained and prepared staff in understanding the requirements of the MCA.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person said "I haven't got much of an appetite but they (staff) try to tempt me with treats they bring in for me. I like spicy food sometimes, sweet other times. They always leave drinks and cake or sandwiches in my reach in case I am peckish." One relative told us, "Staff monitor [relative's name] eating and weight and they encourage them to eat. They always leave lots of drinks and sandwiches with a cover on in case they need something else."

People had access to health care services and were supported to maintain good health. People were supported by staff who were able to recognise and respond to changes in health. One person told us how the staff supporting them noticed a change in how they were and sought medical assistance. This person said, "It's thanks to the care staff that I am still here. I don't know where I would be without that sort of help."

Is the service caring?

Our findings

People were supported by a caring, kind and supportive staff team. People that we spoke with used a range of words to describe those who supported them including, lovely, kind, respectful and caring. One person said, "Staff are extremely conscientious. They are always here and always with a laugh and a smile." Relatives described staff as fantastic and second to none. Staff we spoke with talked about those they supported with respect compassion and warmth. People were often supported by the same staff members for long periods of time over which professional relationships developed.

People's personal histories, likes, dislikes and things that mattered to them were known by staff members supporting them. One staff member told us how they bonded with one person over their mutual love of football. This staff member said, "Although we have differing opinions it's great to have discussions about things we are both passionate about."

People were supported at times when they felt upset and worried by staff members who recognised their changes in mood and responded appropriately. One person told us, "Sometimes I do get a bit worried about things. Staff reassure me and explain that its natural and we sometimes have a bit of a giggle about it." People told us staff members reassured them and supported them emotionally when they needed.

People felt that staff communicated with them appropriately and adapted how they spoke with them depending on their needs. Staff members we spoke with told us they used a range of different methods to communicate with people depending on the individuals abilities. These included gestures or facial expressions, electronic talkers or other information technology including phones or computer tablets.

People were involved in making decisions about their own care and support. These decisions were recorded and staff were aware of how people wanted to be assisted. One person said, "It is up to me how I like things done. I feel in control of the support I get and make decision about what to do with my day. We discuss things and staff give their opinion and make suggestions but the decision is always mine."

People told us their privacy and dignity was respected by staff providing support. One person said, "They (staff) always close my blinds and the doors when they help me. They always knock before they come in the bathroom or my bedroom. They go out of the room too when my phone rings or my friends contact me. They respect my privacy which is really good of them." People were encouraged to maintain their independence and to retain or develop any existing skills they possessed. One person said, "When they (staff) are doing something like the laundry they will always give me something to do as well. I used to do this and it gives me a sense of purpose."

Staff members we spoke with had a clear understanding of the need for confidentiality and how to share appropriate information when needed. For example, staff knew what information to share with the GP or ambulance staff in an emergency situation.

Is the service responsive?

Our findings

People had care plans which were personalised to them. Information contained in the care and support plans detailed what people thought staff members needed to know in order for them to do their job. One person said, "They [nurse manager's name] came and did an assessment in the beginning. We filled in the forms together and then came out again a few months ago to make sure everything was still OK."

When people felt it was appropriate family members and any healthcare professional associated with the person's care was also involved. One relative told us, "At the start we were asked what is it you can do? and what is it you want help with? It was good that they focused on the positive and included us all in the assessment." At this inspection we saw that care plans were individual to the person and accounted for their thoughts and opinions.

People we spoke with told us that they received very specific assistance with medical procedures completed by trained staff. These were recorded in people's care plans with clear step by step instructions for staff to follow. Staff we spoke with told us the plans had to be this specific to minimise the possibility of error and because a lot of procedures had to follow a particular sequence in order to be effective.

People's care and support plans were regular reviewed or when there was a change of circumstance. One person said, "I receive a yearly review which is fine with me as nothing much changes." Other people we spoke with told us they had received a review of their care and support plans in the last two months. One person said, "We also get a visit once a month from [nurse manager's name] just to make sure that everything was ok and for me to discuss anything I wanted with them."

People were supported by a staff team who knew them well. People's likes, dislikes personal histories and family relationships were known by the staff supporting them. One person told us, "I like to try out different things and experiences with food. They (staff) are just as interested as I am."

People and relatives we spoke with told us that they had information about the complaints procedure and what to do. However people told us they were happy with the service they received and had no complaints. One person said, "If I had any serious concerns I would arrange to see the manager. But I have such a great rapport with the carers I would just go to them if there was ever anything that wasn't right." People were confident that any concerns would be taken seriously by the management team and they were confident all concerns would be investigated. The provider had systems in place to respond to any complaints or concerns raised with them including feedback to the person raising the concern.

Is the service well-led?

Our findings

People told us they felt involved and informed about the service that they received. People knew who the management team were and how to contact them should they need to. People felt confident and able to contact the management team or any one at the office for support if they wanted. Throughout the conversations we had with people regular reference was made to the management and administration team and how supportive and approachable they were. People were kept informed about changes to the provider organisation. A recent changeover in provider did cause some concern for people. However: everyone we spoke with told us they were kept up to date with changes and were able to seek any clarification from staff or the management team. Any anxieties about the change and how this would impact upon people's support was managed effectively and those we spoke with felt comfortable with the changes made.

People told us they were kept informed about the service they received. Those we spoke with said they regularly received a newsletter which kept them up to date with things they would find interesting and useful. For example in a recent newsletter people were informed about changes to the rota systems and people were given contact numbers should they wish to be involved or to ask any questions they had.

People were regularly asked for their views and opinions on the service that they received. Responses were collected by the provider and people received feedback. Following on from the last client survey improvements were made to communication with people by the introduction of regular newsletters and named managers for regions. A new telephone system was being introduced to ease people's access to the main providers office and to the managerial and administration staff. In addition to the client feedback survey people were provided with the contact details of the management team should they wish to talk them at any time.

We asked staff about the values and principles they follow whilst working for Complete Care. One staff member told us, "It's about promoting people's independence, to help them to live as they wish and to promote decision making and involvement in their own care." People we spoke with felt valued and respected as individuals and supported to be as independent as they could be. Following the latest client survey Complete Care expanded on their values of excel, challenge and inspire and created and published a service charter. This charter included goals to ensure everyone continued to be treated as an individual and to be kept informed as part of the organisation. Those we spoke with felt they were regarded individually and were knowledgeable about the organisation supporting them.

Staff members felt valued and supported by the provider organisation. They understood what was expected of them and were aware of guidelines and procedures informing their practice. For example: staff were aware of the whistleblowing process and told us they felt they would be supported if they ever needed to raise a concern. Staff members said they attended regular team meetings where they were able to openly discuss aspects of their employment and make suggestions to improve the experiences of people they supported. Staff members were asked for their views as part of a recent staff survey. This gave staff members the opportunity to comment on areas of improvement they felt necessary as part of the service they helped

to deliver. Feedback was provided as part of a staff newsletter and goals for improvement included a directory of staff contacts. This enabled individual staff members to receive updates directly rather than having to wait for managers to pass them on.

Complete Care had a staff recognition scheme that people could nominate individuals for awards. One staff member told us, "This is not a job I do because I might receive an award. It's something I do because I love it. But it's also nice to get some feedback just to say thank you or good job." Staff members also received recognition as part of "Mitie stars" a mention in the staff newsletter thanking individuals for "going the extra mile." People were supported by a staff team that felt valued and respected by the organisation they worked for.

At this inspection there were two registered managers in post. The registered managers understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The provider and registered managers had systems in place to monitor the quality of service provision. One registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. One staff member told us they were regularly supported by a senior staff member who assessed their practice and made suggestions for improving the experience of those they supported. They told us, "Generally I just get feedback that I am doing a good job. Occasionally I will receive advice on how to do something differently like clearer recording in care records which makes it easier for others to understand."