

Complesso Ltd

Complesso Healthcare Solutions

Inspection report

104A Darlington Street
Wolverhampton
West Midlands
WV1 4EX

Tel: 01902238014

Date of inspection visit:
07 February 2017
08 February 2017

Date of publication:
22 March 2017

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 7 February 2017 and was announced. Complesso Healthcare Solutions provides personal care to people in their own homes. Some people might have a learning disability or autistic spectrum disorder, physical disability or a sensory impairment. At the time of our inspection two people were receiving support from the service.

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 were supported by staff that were able to recognise the signs of abuse and knew how to raise concerns. Risks to the person's safety were managed. People were supported by staff that had had the appropriate recruitment checks completed. There were an adequate number of staff to meet people's needs. There was a system in place to manage people's medicines.

Staff knew people's care and support needs. People's rights were protected as their consent was sought from staff providing care. People were supported to maintain a healthy and balanced diet and were involved in the preparation of their meals. People were assisted where required to access healthcare professionals.

Staff understood people's choices and supported their independence. People were involved in their care and staff supported them to maintain their interests and hobbies. People's privacy and dignity was respected by staff. People's needs were assessed and care records gave guidance on how people should be supported. Care records were personalised to reflect people's preferences. The provider had processes in place to address any complaints or concerns.

Staff were aware of their roles and responsibilities and felt supported by the provider. The provider checked the quality of service delivered and completed competency checks of staff.

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.

Staff were knowledgeable about how to keep people safe. People's individual risks were known to staff. Systems were in place to manage people's medicines.

Is the service effective?

Good ●

The service was effective.

Staff understood people's individual needs and how to meet these. People's rights were protected. People were supported to have a varied diet. People had access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People's dignity, privacy and independence were promoted and staff respected people's choices.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of their care needs. People were supported to follow their interests and hobbies. Processes were in place to raise and manage concerns and complaints.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in place. Staff understood their roles and responsibilities. There were systems in place to monitor the quality of service.

Complesso Healthcare Solutions

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 took place on 7 February 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

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. Prior to the inspection we reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We also contacted the local authority for information they held about the service.

During the inspection we spoke with two relatives. We spoke with two members of staff the registered manager and two social and healthcare professional. We reviewed a range of records about how people received their care and how the service was managed. These included two care records of the people who used the service, two staff files and records relating to the management of the service.

Is the service safe?

Our findings

Relatives we spoke with felt the service provided was safe and people were not at risk of potential abuse or harm. One relative said, "I think [person name] is safe as [Measures] are in place to ensure their safety." Staff understood how to protect people from abuse and knew how to recognise any signs of potential abuse. One member of staff we spoke with said, "Abuse can be different things for example, mental, physical or verbal. I would speak with the manager straight away if I thought something was wrong. I would contact CQC if I felt action was not taken." We spoke with the registered manager who demonstrated an awareness of safeguarding procedures and reporting any concerns of potential abuse or harm to the local safeguarding authority. This meant the provider had systems to report any allegations of abuse or harm to keep people safe.

Risk assessments were carried out to minimise the potential risk to people's safety. This included risks to people's health and support needs. One relative commented, "[Staff] are aware of [person name] health risks and what they need to do to manage these risks." They explained the measures in place to ensure the person remained safe in their home. For example, medicines not being easily assessable. Records we looked at showed reviews had been undertaken promptly where a new risk or a change in risk had been identified. This meant staff had up to date information about people in order to continue to support them safely. Where incidents or accidents had occurred these had been recorded including action taken by the registered manager to reduce the likelihood of them happening again. This showed the provider had systems in place to ensure people's risks were effectively managed.

People received support from staff that stayed the expected length of time for their visit. Although there were mixed views from relatives regarding their family member being supported by a consistent group of staff; there were sufficient staff to meet people's needs. The registered manager told us, due to the complex needs of people using the service staffing numbers were determined by people's individual support needs. They told us staff were recruited with input from people and their relatives. This meant the provider respected people's choice regarding who they wanted to deliver their care. Conversations we had with the registered manager and staff confirmed they felt there were adequate numbers of staff to meet people's care and support needs appropriately.

We spoke with two staff members who told us they had a number of pre-employment checks completed before they started working for the service. These included Disclosure and Barring Service (DBS) checks and references. DBS checks help employers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. We looked at two staff files and found the provider had undertaken appropriate checks before staff started working at the service.

One relative was confident their family member got their medicines as prescribed. Conversations with staff and the systems we looked at demonstrated staff had a good understanding of people's medicines and when these should be given. Where people chose not to take their medicines as prescribed staff respected their decision. One member of staff said, "I have had training and feel confident dealing with medicines. If I have any concerns I speak with [registered manager] or [healthcare professional]." We looked at the systems

used to manage medicines and saw information was in place for staff to refer to. For example, actions to take if people refuse their medicines. The registered manager also completed audit checks of people's medicines and where required referred to healthcare professionals for advice. This meant people were supported to take their medicines safely by staff who were competent to support them with this aspect of their care.

Is the service effective?

Our findings

One relative told us staff were skilled and knowledgeable about their family member's needs. They said, "Staff know what they are doing and support [person name] well. They are well trained. [Person's name] is happy." Staff we spoke with said they had the training and support to enable them to perform their caring role. One member of staff said, "I have done a number of different training courses and I have just completed training in medicines." Staff said they felt supported in their role and had regular contact with the registered manager who they said was always available to provide advice. Staff told us they had regular one to one meetings with the registered manager and had their competencies checked regularly. The registered manager was aware of the need to have an induction for new and agency staff that gave them the information and the knowledge to meet people's needs. One member of staff explained that they were given the opportunity to shadow more experienced staff, get to know the person they were supporting and provided with the opportunity to read through care records. This demonstrated staff were supported by the registered manager to gain the knowledge to support people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager demonstrated an understanding of the legislation and was aware of the process to assess capacity. Staff we spoke with had an awareness of MCA and were able to describe the principles of the act. They said they respected people's rights to make their own decisions and choices and routinely asked for people's consent before providing support. One member of staff explained how they supported people to make decisions. They said, "You can't force [person name] you have to take time, explain and maybe try again later. You don't do anything without their agreement." This showed staff were aware of their responsibilities under the MCA. We looked at information about capacity in people's care records and found people were involved in making decisions about their care and support.

Due to people's individual needs it was important people received a balanced diet to maintain their health. One relative said, "[Person's name] gets involved in cooking their own food. The staff will support and make sure [person's name] has a balanced diet." A member of staff said, "[Person's name] is a good cook. I support where needed." Another member of staff said, "[Person's name] chooses what they want to eat and drink and we prepare it together." This showed people were supported by staff to make choices about their food and drink and were encouraged to maintain a healthy diet.

Relatives told us they were confident staff would contact the doctor or other healthcare professionals if required. One relative told us, "[Staff] know [person's name] health needs and how to care for them. Staff have had [specific medicine] training to support [person]." Staff explained people's individual health needs and how they responded to these. For example, one member of staff said, "I am aware of [person's name] health needs and I would contact the doctor or nurse if needed." Records we looked at detailed people's health needs and any prescribed medicines they used. They also contained advice from healthcare professionals which provided staff with the guidance they needed to support people to maintain their

health.

Is the service caring?

Our findings

There were differing views whether people had positive relationships with the staff that supported them. One relative said staff were very kind and caring. They commented, "Very happy with the care provided, the staff are very kind and very good with [person's name]." However, another person had a number of agency staff supporting them. This had occurred whilst recruitment of staff took place and had meant it had been difficult to build relationships with the staff.

The staff we spoke with said they had got to know people over a period of time and recognised people's individual behaviours and knew what to do when their behaviours changed. For example, one member of staff said they listened to what the person wanted and respected their views such as leaving the person alone for a period of time. They said this would have a positive effect on the person's behaviour. One relative said the staff listened to their family member's opinions and choices and delivered care in line with their expectations and wishes. For example, supporting the person to choose what they wanted to do with their time and the clothes they wore. This showed staff listened to people and respected their daily choices.

Staff we spoke with said they encouraged people to do as many things as they could for themselves to promote their independence. One member of staff said, "[Person's name] only really needs prompting they can do all their own personal care and they are a good cook. I just support them with these tasks." Staff also explained how they prompted people to work alongside staff to complete daily household chores such as cleaning. They said they encouraged people to achieve as much as possible and only prompted when they needed to. This enabled people to gain skills to live more independently in the future.

Staff were able to explain how they respected people's dignity and privacy. For example, they said they ensured they gained the person's permission to enter their home and checked they were happy with what they were doing. They said this included discussing support people needed and respecting people's choice if they preferred time to be on their own.

Is the service responsive?

Our findings

Relatives told us that they and their family member were involved in the planning of their care. One relative commented, "Information was requested about [person name] their care needs and what they wanted staff to do." People who received support from the service had complex needs which required staff to be present with people for long periods of time during the day. This meant where people were supported by a consistent group of staff they understood people's needs well and were able to support people with their daily routines and interests. Care records we looked at reflected people's care and support needs along with people's personal preferences and interests. They also contained information about risks to people's health or well-being. Staff we spoke with confirmed they had access to up to date information which enabled them to provide support to the people they cared for. Staff we spoke with explained how they would respond to changes in a person's need. They said they would talk to the person, involve the registered manager who would contact relatives and health and social care professionals when needed. Relatives told us they had regular contact with the registered manager and were involved in any reviews or discussions about their family member's needs. This showed the provider had systems in place to ensure they were responsive to any changes in people's needs.

Each person using the service had a variety of interests such as dog walking, going to the gym, visiting the cinema or football. People did not have a structured activity plan in place and were able to decide what they wanted to do and staff supported them to pursue their various interests. One person had a personal goal of going on holiday and we saw that this had been arranged for later in the year. This showed staff supported people to access leisure activities and to follow individual interests.

Staff we spoke with recognised the importance of listening to any concerns raised by people and said they would report these to the registered manager. Although no complaints had been received by the service; we saw they had a complaints policy in place which meant if a complaint was received it would be responded to appropriately

Is the service well-led?

Our findings

The service had a registered manager in post. Relatives we spoke with knew who the registered manager was and said they found them to be approachable and confirmed they were able to contact them should they need to. Staff told us they felt supported by the registered manager and were able to discuss any issues or concerns they might have. For example, in relation to people's care needs or their own personal development. Staff told us they felt confident to speak to the registered manager or external agencies if needed and, were aware of the whistle-blowing policy. Whistle-blowing means raising a concern about a wrong-doing within an organisation. One member of staff said, "[Registered manager] is good to work for. I get constant support and they are always available should I need to contact them." Staff told us they had one to one meetings with the registered manager and said the registered manager also visited people's homes to complete observations and to get feedback from people using the service. This meant people and staff were able to share their views about the service they received.

The registered managers demonstrated a good knowledge of the service provided to people including people's individual needs and their responsibilities as a registered manager. This included the requirement to submit notifications when required to CQC when certain events occurred such as allegations of abuse or serious injuries. We looked at how the provider ensured the quality of the service was maintained. We saw systems were in place to assess and manage people's individual risks to their health and well-being. This included checking the competency of staff practice. Systems were in place to record information such as safeguarding, complaints, incidents and accidents. We found information was reviewed and if required action taken to address any concerns. For example, reviewing risk assessments or contacting external health or social care professionals. This showed the provider had appropriate systems in place to assess and monitor the quality of service people received.