

Complete Nursing Services Limited

# Complete Nursing Services Ltd

## Inspection report

67 Boulton Lane  
Alvaston  
Derby  
Derbyshire  
DE24 0FF

Tel: 01332704375

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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

We inspected this service announced on 9 October 2018.

Complete Nursing Services Ltd is a domiciliary care service providing personal care to adults including those living with dementia and physical disabilities. At the time of this inspection there were 13 people using the service who were receiving personal care. The service's offices are in Alvaston, Derby.

The service was previously inspected on 21 September 2017 where it was rated as 'Requires Improvement'. There were no breaches but some areas were in need of improvement. These improvements have now been made which support our new rating of 'Good'.

The service had a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us the service was safe and the staff trustworthy and reliable. Care workers knew the people they supported well and understood where they might be at risk and what to do if they had concerns about their safety. The service was never short of care workers and people always got the support they needed.

People and relatives made many positive comments about the caring nature of the managers and care workers. The staff team was stable and established which meant people had regular care workers they could get to know well. People were involved in making decisions about their own care and support and contributed to or wrote their own care plans. They were treated with dignity and respect and their privacy maintained.

Care workers assisted some people with their medicines. People and relatives said there had been no issues with this and they were satisfied people's medicines were managed safely. Care workers protected people from infection by wearing protective clothing, including disposable aprons and gloves, and keeping the home environment clean for them.

People and relatives said care workers had the skills and experience they needed to provide effective care and support. Care workers said they were satisfied with the range of training opportunities available to them. Records showed care workers completed a range of general and specific training courses to ensure they could meet people's needs.

Care workers supported some people with their meals and information about people's diets and how their food was to be prepared was in their care plans. Care workers supported people to access healthcare services where necessary and people and relatives said they knew what to do and who to contact if a person

was ill. Improvements have been made to the way in which people and their families, where applicable, consented to the care and support provided in line with the principle of the Mental Capacity Act 2005.

People and relatives told us the service provided high-quality care. The positive culture of the service and its focus on people having a say in their own care and support was evident. The managers were knowledgeable about all the people using the service and their care and support needs. They told us they wanted the service to remain small as this did not want to lose this close contact with people, relatives, and care workers.

The managers carried out a series of audits and checks to ensure the service was running effectively. People told us the managers kept in regular contact with them to ensure they were engaged and involved with the service. Care workers said the managers were supportive and caring. Managers and care workers continuously learnt, improved and innovated to ensure the sustainability of the service.

## 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.

There were systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed and met by care workers who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being, and, where required, with their meals and drinks.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

### Is the service caring?

Good ●

The service was caring.

The staff were kind, caring and compassionate and understood the importance of building good relationships with the people they supported.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs. Care workers were reliable and punctual.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

### Is the service well-led?

Good ●

The service was well-led

There was clear leadership and management of the service which ensured care workers received the support, knowledge and skills they needed to provide good care.

The managers sought regular feedback from the people and relatives to ensure they were satisfied with the service provided.

Audits were completed regularly at the service to review the quality of care provided.

# 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 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.

We visited the office location on 9 October 2018 to meet with the management team and review records and policies and procedures. We gave the service notice of the visit because we needed to be sure that staff would be available to see us. The inspection team consisted of one inspector.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed information we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We looked at the service's statement of purpose and service user guide.

We spoke with two people using the service and four relatives by phone to get their views on the care provided. We also spoke with three care workers by phone. When we visited the office we spoke with the registered manager and the head of human resources who make up the management team and are referred to as 'the managers' in this report.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and three care workers recruitment files.

# Is the service safe?

## Our findings

People and relatives told us the service was safe. One relative said, "We have absolute peace of mind with this agency. The staff look after our family member so well and they are 100% safe with them." Another relative told us, "If they [the staff] notice any lumps, bumps or bruises they always discuss it with my [family member] and myself so we can work out what has happened."

Staff were trained in safeguarding and knew what to do if they had any concerns about the well-being of the people they supported. One care worker explained, "If I thought someone was being abused I would contact [the managers] straight away and report it. They would report it to social services. Then I would write an incident report."

Records showed that if a safeguarding issue arose it was recorded and reported to the local authority. Staff then worked closely with the local authority staff to ensure the person concerned was safe.

People and relatives told us care workers were aware if people were at risk in any area of their lives and acted to maintain their safety. One relative said, "We have observed that staff are very safety-orientated." Another relative told us, "They transfer my [family member] safely."

People had risk assessments in place so care workers knew how to support them in a way that kept them safe. For example, if people needed support to move about their homes the managers completed a detailed manual handling risk assessment. This considered the environment and ensured that any equipment used was fit for purpose.

Care plans included instructions to care workers on how to support people to move safely were clear, personalised, and followed best practice principles. For example, one person's care plan gave care workers step by step guidance on how to use the hoist and included personalised instructions. The latter told care workers to support the person to move 'in stages as [person] feels more confident with this'. This helped to ensure the person was supported in a way that best suited them.

Care workers knew the people they supported well and understood where they might be at risk and what to do if they had concerns about their safety. One care worker told us, "If there are any risks to the clients we document them and report them to [the managers] and something gets done." The care worker told us they had noticed that one person was using the sink to steady themselves in the bathroom and this was unsafe. They reported this to the managers who arranged for a grab rail to be fitted so the person could use this instead.

People and relatives praised the care workers who they said were reliable and trustworthy. Some people needed two care workers at times to support them and they said two care workers always attended as planned. People, relatives and care workers said the service was never short of care workers and people always received the support they needed.

Following our last inspection, the provider reviewed and improved their recruitment policies and procedures. We sampled recruitment files which were well-organised, clear and comprehensive. Care workers had the correct documentation in place to show they were suitable to work with people who use care services. This included references, criminal records checks, and employment histories. If care workers needed extra support or supervision when they began working for the service this was provided.

The care workers supported some people with their medicines. People and relatives said there had been no issues with this and they were satisfied people's medicines were managed safely.

Care workers told us they felt competent in managing medicines and did this safely. One care worker told us, "The medicines are done well here. Very safely. If we have any concerns about medicines we contact [the registered manager] and she gives us advice." Another care worker said, "The medicines training is done by a nurse and is very thorough."

Care workers completed a safe handling of medicines course which covered all aspects of prompting and administering medicines including record keeping. They were also trained by healthcare professionals to assist specific people with their medicines, for example those having PEG (percutaneous endoscopic gastrostomy) feeds. They 'shadowed' more experienced care workers to learn about the safe management of medicines before they took responsibility for it themselves. Care workers were unable to give out medicines until they had been observed by senior staff and judged competent.

Records showed care workers followed the provider's medicines policies and procedures and completed the appropriate documentation to show people had their medicines safely. If there was an issue with a person's medicines they took prompt action to address this. For example, if a person's medicines had not been delivered to them on time care workers contacted their GP and pharmacy to ask for them to be sent out as a matter of urgency. This helped to ensure people got their medicines safely and when they needed them.

People and relatives told us care workers protected them from infection by wearing protective clothing, including aprons and gloves, and keeping the environment clean for them.

Care workers were trained in infection control and understood the importance of this when supporting people. One care worker said, "We have plenty of gloves and aprons and we change them between tasks." Managers told us some people liked extra infection control precautions when they were being supported and care workers were happy to adopt these to reassure people.

Managers said that if care workers needed specialist advice on infection control they could contact district nurses who would provide this.



# Is the service effective?

## Our findings

No new people had been assessed to come to the service since our last inspection. However, the managers had the appropriate assessment documentation in place for when it was needed. They told us they used social services assessment documentation to help inform their own assessments where relevant. At the time of our inspection the managers were updating their assessment documentation to provide more space for people's cultural and religious needs to be identified to ensure these could be met.

People and relatives said care workers had the skills and experience they needed to provide effective care and support. One relative told us, "The carers are experts in what they do. They seem to be very well-trained and very knowledgeable."

Care workers said they were satisfied with the range of training opportunities available to them. One staff member told us, "If you ever feel you need more training in any area you just ask [the managers] and they provide it. They want us to feel confident about what we're doing." Another care worker said the training kept them 'up-to-date' and was the best they'd had in their career in care.

Records showed the amount of training had increased since our last inspection. As well as mandatory training staff also did more specialised training, for example, courses in autism, brain injury, oral suction, and PEG (percutaneous endoscopic gastroscopic) feeds. This helped to ensure they could effectively meet the individual needs of the people using the service.

Care workers supported some people with their meals. People's nutritional and/or hydration needs were recorded in their care plans. Care workers had general and specific training to enable to meet people's nutritional and/or hydration needs including food hygiene, choking (as part of their first aid course), and soft diets. They liaised with dieticians and the SALT (speech and language therapy) team and worked together with them so people received effective nutritional support.

Information about people's diets and how their food was to be prepared was in their care plans. One staff member told us, "When we make meals we always ask people what they want and make sure it is safe for them to have what they've asked for." Another care worker said some people found it frustrating that, for medical reasons, they couldn't have what they wanted so they took the time to talk with the person and explain this to them and where possible offer an alternative.

People and relatives said care workers supported people to access healthcare services where necessary. One relative said, "If there are any problems at all about [family member's] health they'll ring me. They know exactly what to do if [family member] is ill." Another relative said, "The carers use their initiative and would always contact me if they felt my [family member] was ill."

Care workers told us that if they had concerns about a person's well-being they acted to ensure the person had medical attention. One care worker gave us an example of finding a person was unwell. They said they discussed this with the person and with the managers and arranged for the person to go to their GP. This

meant the person was able to get medical attention when they needed it.

People's healthcare needs were assessed when they began using the service and care workers made aware of these. Records included information about people's GPs and other healthcare professionals involved in their care and who to contact in an emergency.

The managers carried out a property risk assessment on people's homes to ensure their living space was suitable and safe for them and the care workers who would be supporting them. Risk assessments were put in place to cover areas such as fire safety, moving and handling, and wheelchair access. The managers said that if they had concerns about the safety of a person's home they would discuss this with the person and/or their relatives and take action as necessary to ensure people and care workers were safe. For example, they involved the fire brigade when one family wanted advice on fire safety.

People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 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 they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because people were not being deprived of their liberty. The managers understood the principles of the MCA and when to make an application. Care workers told us they always sought people's consent before providing any care or support and people confirmed this. One staff member said, "We would never attempt to provide care that a person said they didn't want. If someone refused care we would contact our managers for advice and the person would be re-assessed."

Since our last inspection improvements have been made to the way in which people and their families, where applicable, consented to the care and support provided. Records showed that all people and/or families signed 'consent to care and support forms' which were renewed annually. Mental capacity assessments were carried out where necessary and social services involved if a person appeared to lack capacity. This was in keeping with the MCA.

## Is the service caring?

### Our findings

People and relatives made many positive comments about the caring nature of the managers and care workers. One relative said, "We consider some of the carers to be our friends. Because of the low turnover we have got to know them and they are such lovely people." Another relative told us, "The carers are brilliant with my [family member] and have a fantastic relationship with them. They have such banter and that goes down very well as [family member] has a great sense of humour."

People and relatives said care workers involved them in making decisions about how their care and support was provided. One relative told us, "My family member is very particular about what they wear and the carers know this and always give them a choice." Another relative said, "All the staff are caring and kind. They encourage [family member] to be independent and do as much as they can. They do not try to take their independence away."

People and relatives told us the staff team was stable and established which meant they rarely had to get to know new care workers. One relative said, "Staff turnover is low. We hardly ever get a new carer as the others tend to stay." Another relative said, "[The low staff turnover] is good because it would upset my [family member] to have different carers coming in all the time." Low staff turnover meant people had to opportunity to get to know the care workers supporting them and build relationships of trust with them.

Care workers told us they welcomed being able to support people long term and get to know them well. One care worker said, "We have excellent clients. It is lovely getting to know them and finding out all about them."

Care workers said they often worked in twos and this enabled them to get to know their colleagues well. One care worker told us, "We do double ups – like hoisting – we work together and I can honestly say we've got a great bunch of carers who actually do care about our clients. Every carer I've worked with values our clients and wants the best for them."

As part of their supervision care workers were observed supporting people in their own homes. Records showed the managers paid close attention to how well care workers interacted with the people using the service. This meant the managers had an overview of how caring the staff were in their approach to the people using the service.

People and relatives told us managers and care workers involved them in making decisions about their care and support. One relative said, "They never do anything without checking with [family member] first and asking how they want things done." Another relative told us, "They [the managers] keep me up to date with everything. If they can't get me on the phone they email me. They are brilliant at communicating."

Where possible people and relatives, where appropriate, were involved in writing care plans. This helped to ensure they could specify the precise details of their daily routine and how staff could assist them with these. Records showed care workers followed these instructions to help ensure they supported people in

the way they wanted.

People and relatives told us care workers always treated people with dignity and respect. Care workers told us this was an important part of their training. One care worker said, "We are going into people's homes and it is very important that we are always respectful to them and their families."

Care records stressed the importance of care workers maintaining people's privacy and dignity. For example, one person's stated, 'Treat [person] as an individual and offer personalised support. Enable [person] to maintain the maximum possible level of independence, choice and control. Listen to and support [person] to express their needs and wants and respect their right to privacy.'

## Is the service responsive?

### Our findings

People and relatives told us the care workers provided personalised and responsive care. One relative said, "It's all in the care plan but the staff know [family member] and communicate so well with them." Another relative told us, "The staff are very responsive to [family member]. They understand what [family member] wants from their body language."

People's care plans were personalised and ensured care workers had the information they needed to provide responsive care and support. They covered key areas including health, mobility, access arrangements, aids and equipment, mental capacity, medication, and consent to care. They gave specific guidance to care workers on how to meet people's individual needs. For example, one person's care plan stated, 'I would like the carers to give me time to respond. I would like staff to ensure when talking sentences are short and uncomplicated.' This helped to ensure care workers communicated successfully with the person in question.

Records showed that people's care plans were regularly reviewed and changes made where necessary in response to the findings. For example, because of one person's review care workers had extra training about one aspect of their care and support. Another review led to the managers providing care workers with written guidance on how to deal with behaviour that challenges. This helped to ensure that people continued to receive responsive care and support.

People and relatives told us care workers were punctual and reliable. One relative said, "They never miss a call and they keep our [family member] safe. I have nothing but good things to say about this agency." Another relative told us, "The staff are very good with the timing of calls. It is very unusual for them to be delayed, but if they are, and then it'll be only by five to 10 minutes, then we get a call to let us know." People and relatives also said the care workers were flexible. One relative told us, "If my [family member] needs a bit of extra time to get ready then they [the care worker] will stay."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, managers and care workers read people's care plans to them on request to help ensure they agreed with how their care and support was to be provided.

People and relatives told us they would speak out if they had any concerns or complaints about the service. One relative said, "We have no complaints at all but if we did we would take them up directly with the people who run the agency and they would sort it out." Another relative said, "We've never had to complain. The managers are proactive – if they see a potential problem they address it before we even have a chance to raise it."

Records showed that if a person did complain the managers listened to them and took their concerns

seriously. They investigate any issues, involving the complainant, and shared the resolution with them. This meant anyone complaining could be confident that the managers would act to resolve their complaints and make improvements to the service if necessary.

At the time of our inspection the service wasn't providing end of life care to any of the people using it. The managers said that if they were asked to provide this service they would ensure that care workers received additional training as necessary to enable them to support people so they remained comfortable, dignified and pain-free.

# Is the service well-led?

## Our findings

People and relatives told us the service provided high-quality care. One relative said, "I literally can't fault this agency. I feel we are very lucky to have found them. They are excellent in all ways and have provided outstanding care to [family member] over the years." Another relative told us, "We would recommend this agency and already have done to others. We feel we are very lucky to have found them." A care worker said, "It [the service] works because it's small – we are like a family."

People, relatives, and care workers told us the culture of the service was person-centred, open, inclusive and empowering. They said the managers always wanted to know what they could do to improve the service. One relative said, "The managers have told us we must never accept an inferior service and must always tell them if there are any problems." A care worker told us, "[The managers] are dedicated to the service and want the best for the clients and the staff."

The positive culture of the service and its focus on people having a say in their own care and support was evident throughout people's assessments and care plans. For example, one person's care plan instructed staff to, "Ensure [person] feels able to complain without fear of retribution." A relative summed up to ethos of the service when they told us, "They always put [family member] at the heart of everything they do."

The managers were knowledgeable about all the people using the service and their care and support needs. They told us they wanted the service to remain small as they did not want to lose this close contact with people, relatives, and care workers. The registered manager said, "We know our customers and we know our staff – we have our finger on the pulse." They said that by keeping the service small they were better able to ensure that people always received high-quality care and support.

The managers carried out a series of audits and checks to ensure the service was running effectively. Central to these were 'observational supervisions' of care workers when the quality of the care and support people received was thoroughly checked. Records showed that the managers ensured that care workers understood people's rights regarding their medicines, knew how to prompt or administer them safely, and completed medicines records correctly.

Other areas that were audited included health and safety, moving and handling, and food hygiene. The managers also checked that care workers were following the service's key concepts which included promoting independence, giving choice, having a flexible approach, and respecting people's dignity and privacy. Records showed that feedback from people using the service and relatives was a crucial part of the service's quality assurance system and the managers spoke with them regularly to get their views on the service provided.

People told us the managers kept in regular contact with them to ensure they were engaged and involved with the service. One relative said, "I know the owners and the staff that care for [family member]. We are in constant communication. If there was a problem I'd call them or they'd call me. Everything is discussed and the agency sort everything out so we don't have to worry about [family member]."

The managers made monthly telephone calls and/or visits to people to discuss their care and support and check they were satisfied with it. If any issues arose they kept a record of these with the action taken to resolve them. The managers told us they did not send out questionnaires or surveys to people as they had direct regular contact with them and people and relatives had the opportunity to provide feedback on the service then.

Care workers said the managers were supportive and caring. One care worker told us, "[The managers] are really supportive of staff. We can take any issues to them." Records showed care workers had regular supervision sessions and staff meetings where they could discuss their work, identify training needs, and provide feedback on the service. However, they said the managers were available to support them at any time. One care worker said, "[The managers] are always on call and they always answer if we call them."

Managers and care workers continuously learnt, improved and innovated to ensure the sustainability of the service. Managers and care workers attended training events and discussed good practice at their staff meetings which were well-attended. They kept up to date with changes in legislation where necessary, for example one of the managers had completed GDPR (General Data Protection Regulation) training so they could use the knowledge gained to ensure the service was compliant with the new regulation.

The managers and staff worked in partnership with other agencies to help ensure people received consistent care. For example, they worked jointly with staff from health and social services to ensure people's needs were met and they had the care and support they needed.

The provider understood their responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way. The service's last inspection report was displayed at the office location and available on request from the managers as well as on the CQC website.