

Complete Care 4 U Limited

# Complete Care 4 U Limited

## Inspection report

Office 7  
Farah House, Cannon Street  
Bolton  
BL3 5BH

Tel: 01204937136  
Website: [www.completecare4u.co.uk](http://www.completecare4u.co.uk)

Date of inspection visit:  
22 March 2023  
18 April 2023

Date of publication:  
05 June 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Complete Care 4 U Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection the service was supporting 46 people with the regulated activity of personal care.

### People's experience of using this service and what we found

We found improvements were needed in some aspects of governance of the service. Staff recruitment processes were not always robust and there were shortfalls in medicines documentation and auditing. The registered manager took action following our inspection to address these issues.

The people we spoke with could not praise the agency highly enough. They told us carers were kind, caring and respectful. People said they valued their carers' reliability and professionalism.

People and their relatives told us they felt safe using the service. There were enough staff available to meet people's needs at their requested time and we received no complaints about staff being late or not staying for the correct length of time. Staff were up to date with their required training. Staff followed correct infection control practices when providing care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 4 November 2022).

### Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about recruitment processes. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with recruitment processes, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Complete Care 4 U on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to recruitment processes.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Complete Care 4 U Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to follow up on a concern we had about recruitment practices.

#### Inspection team

The inspection was carried out by an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2023 and ended on 3 May 2023. We visited the location's office on 22 March and 18 April 2023.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We gathered feedback from the local authority and reviewed the previous inspection report. We used all this information to plan our inspection.

### During the inspection

During the inspection we looked at a variety of records, including 3 care files and 6 staff recruitment files. We also looked at records relating to the management of the service, including audits and staff training records. We talked to the registered manager and 2 care assistants. We spoke with 1 person who used the service and 4 family members on the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The recruitment process did not always guarantee thorough pre-employment checks had been completed.
- Application forms did not provide an assurance that any gaps in employment history had been explored and a satisfactory explanation received.
- Some application forms contained very little information or detail to show a candidate's suitability for the role for which they were applying.
- Adequate references had not always been obtained. For example, references were not always obtained from a candidate's most recent employer. Some candidates had submitted character references rather than employer references, even when they were currently working for another care organisation. There was no indication these discrepancies had been explored.
- There was no record that references had been followed up to validate the information provided.
- The correct procedure for obtaining Disclosure and Barring Service (DBS) checks had not always been followed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate steps to rectify the recruitment issues we found. We will review this at our next inspection.
- The training matrix showed that staff were up to date with their mandatory training.

### Using medicines safely

- Some medicine administration records (MARs) completed by care staff showed that people may not always have received their medicines as prescribed. For example, one person was prescribed paracetamol for pain relief. We found on several occasions the time gap between doses had been recorded as less than the recommended 4-6 hours.
- Regular quality assurance checks of the MARs had not been carried out. This meant the incorrect administration of paracetamol had not been identified.
- Following our inspection, the registered manager made changes to documentation so that the time medicines were given could be recorded accurately. They also implemented a system for closer monitoring

of medicines records. We will review these changes at our next inspection.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Everyone told us they were happy with the care staff and felt safe with them. One person said, "They are reliable, massively caring, kind and nothing is too much for them. They are very professional, and I am extremely impressed by their standard."
- Staff had completed annual training in 'safeguarding and protection of adults'. Staff we spoke with knew how to recognise signs of abuse or neglect and who they should speak to if they had any safeguarding concerns.
- There was a system in place to document and monitor safeguarding concerns, accidents, incidents or complaints.
- A recent safeguarding matter had been dealt with appropriately by the service. Actions had been taken to learn from the incident and prevent future reoccurrence.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments and support plans which covered their personal and health care needs. These provided staff with guidance on the actions they needed to take to keep people safe.
- Environmental risks in people's homes had been checked to ensure staff were safe to work there.

Preventing and controlling infection

- Staff had completed training in infection control.
- All staff used personal protective equipment (PPE) when carrying out personal care. People we spoke with confirmed staff wore gloves, aprons and masks when required.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance systems had not identified shortfalls in recruitment processes and medicines documentation.
- The registered manager took prompt action following our inspection to implement new systems to monitor both of these areas and ensure improvements are made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback we received about the service from people and relatives was very positive. Comments included, "I can't praise them highly enough" and "They are very professional and punctual. They are very polite in the way they speak."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were complimentary about the way the service kept in touch with them and asked for their feedback. One person said, "I have had a chat over the phone with the manager on two occasions. The manager got in touch and asked if anything could be improved. They are really good." Another said, "After six weeks of starting the service, someone rang from the office and asked for feedback. We had a long conversation. It has happened twice more since then."
- People told us they knew how to make a complaint but had never had cause to do so. One person said, "When I first started, the first thing I was told was that I should get in touch straight away so that it (the complaint) could be sorted out and nipped in the bud." Another told us, "I have got a daytime contact number and another one for out of hours, but I've never had to complain."
- Staff were provided with a monthly newsletter, which kept them up to date with any changes to working practices, policies or other managerial matters.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was meeting the requirements of the duty of candour.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider did not have robust recruitment processes in place.