

Complete Care Chesterfield Limited

Complete Care Chesterfield

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

About the service

Complete Care Chesterfield is a domiciliary care provider providing personal care to 39 people at the time of the inspection. It provides personal care for people living in their own homes, so they can live as independently as possible.

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.

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

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner, staff knew how to support people safely, including the use of equipment to assist them to move. Staff were supported and trained to ensure they had the skills to support people effectively. They understood how to protect people from harm and were confident any concerns would be reported and investigated by the management team.

Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support when required, in order to liaise with healthcare professionals to ensure they remained well.

People had developed caring relationships with the staff who supported them. People were appreciative and spoke fondly of staff. The provider had developed good working relationships with other health and social care professionals to support the needs of people using the service.

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.

There were systems in place to further monitor and drive improvement through auditing. People were involved in their assessment and care planning and asked for their feedback of the service. This helped to support the development of the service. There was a complaints procedure and any received were investigated and responded to.

This service was registered with us on 17/08/2018 and this is the first inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Complete Care Chesterfield

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 Care Act 2014.

Inspection team

The inspection was carried out by a single inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 6 days' notice of the inspection. This was because some of the people using it could not consent to a home visit or a telephone call from an inspector. This meant we had to arrange for a 'best interests' decision about this.

Inspection activity started on 24 June 2019 and ended on 25 June 2019. We visited the office location on 25 June 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used this information to help plan our inspection. The provider was not asked to complete a provider information return prior to this inspection, however, information was gathered during our inspection. This is included key information about the service, what

the service does well and any improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people and three relatives on the telephone and visited three people with one relative and one staff in their home. At the registered office we spoke with three staff, the director and the registered manager. We received feedback from four health and social care professionals.

We reviewed a range of records which included people's risk assessments and care plans, medicine records and daily log sheets. We also reviewed information which detailed when people had their support visits, quality monitoring and records in relation to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at evidence in relation to supervision and training.

We also spoke with a further relative on the telephone for further feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe using the service. Comments included, "I feel safe when they visit and would trust them in all areas of the house" and, "No complaints over the safety of the care provided."
- Staff knew people well and described how they would recognise potential abuse, or neglect and knew what to do if they had any concerns. Staff told us of the different ways they could raise alerts with senior managers, and with external agencies for safeguarding. One staff said, "I would not hesitate to report an incident, because I have a duty of care to people."

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and the staff ensured people's safety had been maintained when they supported them.
- Environmental risk assessments were carried out in people's homes to ensure people and staff were safe. This considered the external approach such as poor street lighting and any other hazards identified.
- Some people had entry codes, so staff could enter their home if they were unable to let them in, due to mobility issues. Staff knew the importance of keeping this information safe.
- A new electronic care planning system was in place, this indicated if a call was late. The information was immediately available to the office, who could follow up with the staff who were scheduled for the call. One person told us they had received a telephone call recently from the office to inform the carer was delayed by a previous call – and they appreciated being kept informed.

Staffing and recruitment

- In one staff file we found references had not been fully requested, the director assured us this would be addressed immediately. Other safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included references and background checks with the Disclosure and Barring Service (DBS).
- People and their relatives confirmed they had regular and familiar staff to support them and regular replacements also covered periods of absence. One person said, "I have three people to come to me and that works very well, I don't have to keep telling different staff what I want". Another person told us how they had received quick emergency cover for a call with very short notice.
- A range of key policies were provided to the staff on their initial induction, one staff said, "It gave me all the information I needed to support my role".

Using medicines safely

- Staff had received medicines training, and competency assessments were completed to confirm staff understood their responsibilities and had a good understanding of medicines. We saw examples of when staff had discussed concerns they had with people and their medicines, this also included accessing the pharmacy or other healthcare professionals, for advice and guidance.

Preventing and controlling infection

- Care plans indicated any hygiene or infection control measures, which needed to be taken, and had guidance for staff to follow when required.
- Staff had received training in infection control practices and wore a company uniform, they had access to personal protective equipment such as gloves, aprons, face masks and shoe covers if required. Infection control practices were assessed during staff competency checks which were carried out in people's homes.

Learning lessons when things go wrong

- The provider took suitable actions following any incidents and shared these with staff. We saw risk assessments were updated to demonstrate the measures in place were effective, and any changes were made to care plans if required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives confirmed needs were assessed before services commenced. Several people told us they were fully involved in their assessment and in developing their plan of care. The registered manager informed us they fill in a 'this is me' document to get an idea of the background of the person. They told us, "The person or their family, are the best people to give us information on how they want things to be done."
- A copy of people's assessments and care plans were kept in the home. The new electronic system was also being introduced for all people. Staff explained they knew how to use the system and it would help them deliver effective care, as they could record any changes instantly.
- The director and registered manager explained the new system would enable them to be able to monitor given care, and reviews of care more closely, and information was to hand should professionals ring the office for up to date information. With consent, this new system could also be accessed by relatives to evidence what support was being received.

Staff support: induction, training, skills and experience

- New staff completed an induction period at the start of their employment, in place until their competencies in given tasks were assessed. This included how to provide safe care and support for people as well as completing necessary health and safety training.
- Staff told us about their experience of joining the team at Complete Care Chesterfield, one said, "It feels like an extended family, it's a pleasure to come to work."
- Staff spoke positively of the training they had received, this included access through an online system, as well as face to face training. The registered manager told us they were looking to develop the training programme as the service increases.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough if this was part of their agreed care. Food and drinks which were served, or left for later, were recorded. This provided a record so other members of the team could monitor, and alert healthcare professionals should there be a problem.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to be as independent as possible. However, where staff support was required to liaise with others, we found staff knew about the person's health needs and could monitor and recognise changes in behaviours, which may indicate a concern. When changes in condition were observed, staff fed

back to the office, or contacted healthcare professionals directly if this was required, to ensure people's immediate healthcare needs were met. One professional said, "Communication has been excellent."

- Where people had equipment to support their needs, staff had received the necessary training to give safe support.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People using the service generally had the capacity to make decisions and choices about how they received their care, staff asked for their consent before delivery of required support. One staff said, "Just because someone has a diagnosis of dementia, it doesn't mean they haven't got capacity to make their own decisions, we don't ever presume they can't make choices."
- Where concerns were raised, the registered manager knew assessments were required to establish the person's level of capacity and to decide if a best interest decision was needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were very complimentary about the staff and told us they felt their privacy and dignity was always respected. One person said, "They respect both me and my home which is important."
- People were encouraged to be as independent as they wanted to be, people told us they were never rushed, and staff took time to ensure things were right before leaving at the end of the call. One person explained the staff, "Are always on time, they are so kind and helpful, nothing is too much trouble."
- Staff were highly motivated and keen to support people, who in turn valued the relationship they had with them. One staff member said, "People don't realise sometimes how lonely they are, we may be the only person they see that day."
- Staff had access to online training in dignity awareness. Spot checks were completed to observe staff engagement with people, and we saw demonstrations of respectful and caring attitudes.

Ensuring people are well treated and supported; respecting equality and diversity

- People had regular staff which helped them develop supportive and meaningful relationships. The provider told us they plan to have photographs of the core care staff in people's files, so people know who is coming to provide their care.
- People and their relatives spoke positively about the kind and caring nature of the staff team. Comments included, "They are lovely girls, you can chat with them like friends" and, "They are helpful and kind, and always ask if there is anything else they can do before they leave."
- Staff had established friendly, positive relationships with people. People repeatedly told us they saw their staff more like 'family or friends than paid carers'.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were involved in making decisions about care and support and how they wanted this to be provided was incorporated into their plans.
- The management team told us they would signpost people to organisations who could provide advocates if they needed support in making decisions (an advocate is someone who supports people to help express their views and wishes).

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People had agreed at assessment how they wanted to be supported and this was detailed in their care plan. Some people expressed how they appreciated the time the director and registered manager took on initial assessment, to ensure their needs were individually documented. The director told us they felt it was very important to maintain a personal approach and will continue to do this as a priority as they develop as a company.
- People told us they received their care at a time of their choosing, and staff stayed the agreed time to complete their tasks. The new live monitoring system alerted the office if a call from a carer was not logged and was late. If a call was expected to be late, the registered manager advised they would ring and let the person know. This also supported the provider's lone working policy, as meant they could make checks with the staff member to ensure their safety.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The electronic system had been introduced, however, the provider recognised some people will continue to prefer paper records in their home. With the new system, when people need their records in a different format this could be developed for them. We also saw email correspondence was in place for relatives who lived away, or who were supporting their relatives by completing online shopping and staff could update information as required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- If it was part of the agreed care, the provider supported and encouraged people to access the local community to follow their interests. A relative told us how staff come at a set time to provide social support and they always offer a choice of activity.

Improving care quality in response to complaints or concerns

- People told us were aware of the procedure for making complaints and a copy of the complaint's procedure was in each person's file in their house. One person told us, "If there was anything serious I would ring the office, they always respond and are quick to reply if I have rung them with a query."
- We saw when a complaint had been raised, the provider firstly responded and acknowledged the

complaint, then investigated the allegations, before detailing any outcome or improvement they would make.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. However, they had done so previously and informed us of their links with palliative teams and GP's. Where people had expressed views or wishes regarding the care they wanted at the time, this was recorded. Where people did not want to receive active treatment, or be resuscitated, a copy of this record was held in their care file and on the electronic system to ensure their wishes were acted on.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The director and registered manager both had a clear presence and led by example.
- Staff felt very supported by the management team. One staff member said, "It's a pleasure to come to work now, we work together as a whole team." A relative spoke about their experience of the service and said, "Support is there 100% I cannot speak more highly of it."

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

- There was a registered manager in post. We saw open and honest leadership from both the director and the registered manager. Staff we spoke with said the management were very approachable and they felt they were listened to.
- There was a clear management structure in place and an on-call provision which gave clear lines of responsibility and accountability. Staff told us they could always access support.
- The registered manager was aware of the responsibility of reporting significant events to us and other outside agencies.

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

- Staff meetings had not been held officially, the management team had encouraged staff to contribute their views on an ongoing basis, through informal or formal discussions. It is intended formal staff meetings will be taking place in the future.
- Recent questionnaires had been completed from people and staff, and the management team were going to audit these and consider any feedback to help improve.
- Partnerships had been developed with professionals and local organisations. We spoke with professionals who had knowledge of the provider and comments were very positive. One responder said; "Nothing but very good reports about them, from my service users and their families."

Continuous learning and improving care

- Staff we spoke to were determined to provide a good service. They were aware spot checks were in place, to assess the quality of care and support given, and felt this was beneficial to all to drive improvement.
- The management team were further developing quality monitoring systems, to better assess and monitor

care provision through their auditing processes.

- The management team were clear about what made a good quality service and were determined to grow the company slowly, to ensure this was not compromised. One relative told us, "The standard of care provided by Complete Care Chesterfield far exceeds that which I have experienced with other providers, on every level".
- Systems were in place to monitor and identify whether people received their call on time, and if people received the allocated length of support time. The electronic system identified when staff arrived and left the visit to ensure this matched the care they had agreed to.
- Staff kept records of the care provided during each visit. The new electronic system also recorded the support and care staff provided. Staff explained this meant they could see in real time what has been done or missed, and any omissions could be acted on straight away.