

Complete Care Windsor Limited

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Inspection report

Unit A4 Fairacres Industrial Estate
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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 undertook an announced inspection of Complete Care Windsor on 19 December 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our inspection 80 people were being supported by the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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.

We were greeted warmly by staff at the service. The atmosphere was open and friendly.

People told us they benefitted from caring relationships with the staff. There were sufficient staff to meet people's needs and people received their care when they expected. Staffing levels and visit schedules were consistently maintained. The service had safe, robust recruitment processes.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

Staff had a good understanding of the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People were treated as individuals by staff committed to respecting people's individual preferences. The service's diversity policy supported this culture. Care plans were person centred and people had been actively involved in developing their support plans.

People told us they were confident they would be listened to and action would be taken if they raised a

concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Complete Care Windsor

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 was 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 19 December 2018 and was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. In addition, we looked at 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.

We spoke with 19 people, two relatives, four care staff, the training manager, the manager and the registered manager. We looked at six people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. People's comments included; "I have no worries at all, they are absolutely brilliant" and "Oh yes, I do feel safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I have had this training. I'd report to my manager and I can call the local authority as well". The service had systems in place to investigate and report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at high risk of falls. The person's care record gave guidance for staff to ensure that mobility and walking aids were within reach of the person.

Staffing rotas confirmed and people told us there were sufficient staff. People also confirmed staff were punctual and they had not experienced any missed visits. One person told us, "The staff are punctual, they always let me know if they get held up or late".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control. This included; PPE hand washing, safe disposal of sharps and information on infectious diseases.

There were systems in place to monitor accidents and incidents for trends and patterns. All accidents and incidents were recorded and investigated and action taken to mitigate the risk of a reoccurrence.

Is the service effective?

Our findings

People were assessed and supported in line with current best practice and legislation. For example, people's communication needs were assessed in line with the Accessible Information Standards (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand.

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager).

Staff spoke with us about their training and support. Staff comments included; "I learnt a lot, it prepared me for my role", "Training gives you confidence and keeps you up to date", "I get lots of support, there is always someone to ask if I have a question" and "Yes I am supported and I feel listened too. We have our spot checks and any issues are raised in supervisions".

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was meeting these obligations. One staff member said, "I offer choices and respect their [people's] decisions".

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. People also had access to healthcare professionals where necessary.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One staff member said, "We don't really support anyone with eating or drinking, most are independent. It is mainly preparation of meals and prompting and our care plans help us with this".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. Their comments included; "They [staff] work hard, they're kind and caring", "I'm very pleased with my carers, they're more like friends", "I feel I can confide in them" and "She [staff member] makes me laugh so much".

Staff spoke with us about positive relationships at the service. Comments included; "I love my job, to care for people, I just love it", "I love meeting people, I enjoy the work and I care" and "I love my job, I just like meeting my clients".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. One staff member said, "I cover them [people] when providing personal care and try to make them feel respected".

Staff were supported by the service to provide emotional support for people. Daily notes evidenced staff interacted with people beyond physical support. One person told us, "They [staff] always know when I'm feeling down and they cheer me up". One staff member said, "I support a few clients who need emotional support. I sit and listen, it helps".

People were supported to remain independent. Care plans guided staff to encourage people to do what they could for themselves, promoting their independence. One staff member said, "It's important to get clients to do what they can. Independence can so easily be lost".

People were involved in their care and were kept informed. Daily visit schedules and details of support provided were held in people's care plans. Where there were any changes to scheduled visits, people were informed. One person told us, "They always let me know if they get held up or late".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential. This policy had been discussed with staff.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences. For example, one person liked music and reading.

Staff we spoke with were knowledgeable about the person-centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

Care plans were individualised and included information about people that enabled staff to know them well. For example, one person's care plan described the person's difficulty with their eyesight. A staff member who supported this person told us, "I clean his glasses for him and I take great care to explain what we are doing and what the care plan has to say. It keeps him informed".

Care records reflected people's diversity and included people's' religious and cultural needs. Care plans also recognised the impact of people's disabilities on their lives and how care staff should be respectful of these feelings. One person spoke about their confidence in the service and its ability to respond to their needs. They said, "I feel the agency is very approachable, if I needed something else or some more help".

People knew how to complain and were confident any concerns would be dealt with appropriately. One person told us, "I would know to call the agency without hesitation if I ever had any concerns". No complaints had been recorded for 2018. Historical complaints had been dealt with in line with the provider's policy.

At the time of the inspection, no one was receiving end of life care. People's advanced wishes had been recorded and staff told us these would be respected. Some people had stated they did not wish to be resuscitated in the event of a heart attack.

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post. 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 told us they knew the registered manager and had confidence in the service. One person said, "The agency is the first and the only one I've been with, and wouldn't change. I would definitely recommend them".

Staff told us they had confidence in the registered manager and felt well supported. Staff comments included; "[Registered manager] is the boss, she is very fair and extremely helpful. This place is generally well run" and "[Registered manager] is very hands on. She is approachable and our communications within the staff group is very good".

There were systems in place to monitor and improve the quality of the service. A range of audits were conducted that produced action plans to drive continuous improvement. These included; medicine records, care plans, staff supervisions and visit rotas. The registered manager and manager monitored audit results for patterns and trends.

People's opinions were sought through regular surveys and where people raised issues or concerns, action was taken. We saw the results of the latest survey, which was positive with no concerns raised.

The service worked in partnership with GPs, district nurses, social services and the local authority. The registered manager told us how they were working to improve communications with their partners. They said, "We refer to our partners but we often get little in the way of feedback. We've raised a safeguarding about this in the past and I am in contact with the local authority to try to improve matters. Fortunately, because staff know our clients so well this has not impacted on their care but I want things to improve".

There was a whistleblowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.