

## Complete Caring Limited

# Complete Caring Limited

### 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 Caring Ltd is a domiciliary care agency providing personal care to people 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 inspection, the regulated service was supporting 18 people most, but not all of those people, were over 65.

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

Care workers understood how to keep people safe from abuse. Risks to people had been assessed and staff understood how to manage risks to keep people safe. People received their medicines as they were prescribed.

The service carried out a detailed assessment of people's needs before they started using the service. Care workers were well trained and matched to people based on their skills, knowledge and personality. The service was focussed on making sure people were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests. We have made a recommendation about improving record keeping in this area.

People were supported by care workers who were kind and caring and who knew them well. People were asked if they were happy with their care and felt involved in their support plan. The service supported people to be as independent as possible.

Care workers knew people well and could identify when needs changed so the service could respond. People were supported to maintain their hobbies and interests and to be a part of their local community. The service had systems in place to ensure people were treated sensitively and with compassion at the end of their life.

The service was well led. Care workers and people we spoke to were all positive about the managers in the service. The registered manager understood the importance of monitoring the quality of care and was keen to drive improvement where possible. The service worked well with other professionals and organisations to improve outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
The last rating for this service was good (published 16 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

## 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 Caring 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

We gave the service 48 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, a care co ordinator and care workers. We reviewed a range of records. This included five people's care records and medication

records for three people. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 with the care workers.
- Care workers had been trained and understood how to identify signs of abuse and how to report concerns.

Assessing risk, safety monitoring and management

- Care workers demonstrated good knowledge of the risks to individuals when delivering care.
- Risks had been assessed such as skin care and pressure ulcers, moving and handling, mental health and eating and drinking. Care plans contained guidance for care workers.

Staffing and recruitment

- People told us they had regular care workers and they were always told if there would be someone different coming to support them. There was a rolling staff rota and the care co-ordinator ensured cover was found in advance where possible for care worker absence such as annual leave. If cover was required at short notice either the care co-ordinator or the registered manager would provide this.
- There were procedures in place to ensure that care workers were suitable to work in the service.

Using medicines safely

- Care workers received training in how to administer medicines safely and the registered manager regularly observed care workers to ensure they were competent.
- There were procedures in place to ensure that people received their medicines as prescribed. People had medicines support plans to provide guidance, and care workers recorded when they had given medicines on Medicine Administration Records.

Preventing and controlling infection

- People told us, and we observed care workers using gloves and personal protective equipment to prevent and control the spread of infection.
- Care plans contained details of how to dispose of clinical waste in a safe way.

Learning lessons when things go wrong

- Care workers understood how to respond to emergencies. One person said they had fallen, and the care workers had called paramedics to help.
- All incidents and accidents were reported to the registered manager and recorded. The registered manager reviewed these records and we could see appropriate action was taken including updating care plans and referring to other professionals such as the occupational therapist if someone had a fall.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- The registered manager completed a holistic assessment of people's needs before they started receiving a service. This assessment covered areas such as health needs, medicines, moving and handling and specialist equipment, personal care needs, eating and drinking and skin care.
- Care workers understood people's needs resulting in positive outcomes. One relative told us they felt their loved one's health would be much worse without the support they received.

Staff support: induction, training, skills and experience

- The registered manager was keen to ensure care workers accessed as much training as possible. They told us they were currently reviewing the training.
- Care workers told us the training was good and gave them the knowledge and skills they needed to carry out their role. One care worker told us, "Yes I do feel I've had training. I have done quite a bit extra and it is always accessible which I love."

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

- People were supported to eat and drink. Care plans contained information about people's likes and dislikes and allergies if appropriate.
- Care plans contained guidance if people were at risk of choking. A care worker described how they supported someone who had a soft diet, with pureed food.

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

- The service worked well with other professionals. The registered manager had links with specialist nurses who they called for advice and made referrals to other professionals such as the Speech and Language Therapist or Occupational Therapist.
- Some people were supported with visits to their GP. Care workers and the registered manager encouraged people to contact their GP if they felt it was required, for example for reviews of medicines.

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.

We checked whether the service was working within the principles of the MCA.

- Care workers obtained consent for people's care and support and had a good understanding of the principles of the MCA and care plans recorded people's preferences and choices.
- Where people had authorisation to make decisions on behalf of people who lacked capacity this was recorded in the care plan.

We recommend the provider consider reviewing records in relation to mental capacity to make guidance clearer for care workers where people lack capacity.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were well treated and supported. One relative told us they had, "Two of the best carers anyone could possibly have, both naturals, caring is part of their personality, they are both dedicated." One person told us they were, "Very happy with them [care workers]. We have a good laugh."
- Care workers respected equality and diversity. One care worker told us they, "Know people can be left out and overlooked, so try not to do that as I know how unfair it is."

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

- People told us they were involved in their care. One person told us they had read their care plan and everybody we spoke with told us the registered manager came regularly to meet them talk to them about their care plan.
- Care workers told us they always talked to people when they were delivering care to make sure people knew what they were doing and were happy with the support.

Respecting and promoting people's privacy, dignity and independence

- Care workers understood how to promote people's privacy and dignity. One care worker told us, "Always make sure people are comfortable with what you are doing. Talk to them all the time. Make sure they know what is going on. If having [personal care] keep some body parts covered so they don't feel vulnerable."
- People told us they felt the care workers supported them with independence. One person told us their condition had improved since they started using the service and they felt this was partly as a result of the care they received. A relative told us they felt strongly the care had helped maintain their loved one's independence, so they were still able to use a stand aid and didn't have to rely on a hoist. They told us, "They make [them] as independent as possible. It would be easy for them to take over."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans contained support plans and risk assessments reflective of people's individual needs. Care plans included details of people preferences and choices in relation to their care. The service was currently updating the plans with a 'My life' section which gave a summary of people's life history which included where people grew up and details about their adult life, career and interests.
- The care co-ordinator told us, "On an assessment we try and make sure match right carer to the client, two (care workers) as regular and one floats for sickness and holiday. We try not to put more than three carers in for one person. We like to have continuity of care and don't like to put different people in as it can upset the clients."

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.

- Care plans included information about people's communication needs and whether they had any impairments or sensory loss. For example, one care plan noted, "Carers need to listen carefully and give plenty of time to respond."

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

- People were supported to access the community. One care workers told us they regularly supported people to go out. They went to the supermarket or garden centre and would sometimes have a meal. The registered manager told us they supported one person to visit their partner's grave as this was important to them.
- Care workers described how they supported people with hobbies and interests. A care worker described how they supported someone who enjoyed painting to mix their paints, so they could continue with their hobby.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure and there was a copy in people's care plans in their homes. People and relatives told us they knew who they should speak to if they needed to complain.
- Complaints were investigated and dealt with in an open and transparent way.

## End of life care and support

- The service supported people at the end of their life. All care workers had received training in providing end of life care. Some staff took a lead in this area.
- The registered manager told us as well as considering care needs they, "Find the little things to make people as comfortable as possible." This included reading to people, sitting with people and holding their hands, and providing support to families as well.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- There was a very positive person-centred open culture within the service. The registered manager told us, "I haven't got any carers here I would trust with my own parents."
- Staff, people and relatives told us the registered manager was easy to talk to, listened and acted on their concerns. One care worker told us, "I've never had a manager I can talk to and am happy to talk to, like I have here. Because [registered manager] is always about on the phone or in the office so you always feel can go to [them]. We are a small team and work closely."

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

- Staff understood their roles. Care workers attended regular supervision which they told us provided them with the supported they needed. There was an on-call system, so they could get support in an emergency.
- There were systems in place to monitor the quality of the care provided and the registered manager regularly reviewed files, and people's record of care. The care co ordinator was also being trained to take on some of this responsibility.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the people and their relatives we spoke with told us the registered manager came to see them regularly. These visits were used to review care plans, but also a time when people could provide feedback on the service.
- The service was very focussed on understanding people's individual needs and adapting the service for them. For example, being aware of people's religious beliefs which the registered manager told us could be particularly important when supporting people at the end of their life.
- The service had strong links with the local community. Some people were supported to go into the community for daily living tasks as well as to socialise. The registered manager told us, "The town is very good for supporting people with dementia, singing groups, café and the library."

Continuous learning and improving care

- There was an ethos of working to constantly improve the care.
- The registered manager had an action plan in place which identified areas for improvement based on feedback from staff and people, as well as their own audits.

- The registered manager encouraged all staff to engage with continual learning and was constantly looking to enhance staff training and professional development.

#### Working in partnership with others

- The service worked with other professionals and organisations to improve outcomes for people. The registered manager had good links with community nurses.
- The service worked in partnership with organisations such as the dementia café and a local day centre.