

Complete Community Home Care Limited

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Inspection report

Suite 2
Hubbway House, Bassington Industrial Estate
Cramlington
NE23 8AD

Tel: 01670708287
Website: www.completecommunityhomecare.co.uk

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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 Community Home Care Ltd is a domiciliary care service providing personal care to people living in their own homes within Northumberland. At the time of this inspection, 51 people were using the service.

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

People told us they were cared for by staff who were very kind and caring and had their best interests at heart.

Risks to people and staff had been identified assessed and reviewed to help keep everyone safe.

Personalised care plans provided staff with the information they needed to support people's identified care needs safely. Some records would benefit from further information. We have made a recommendation about this.

Staffing levels had been affected at times due to the COVID-19 pandemic. There was a recruitment process in place and the registered manager was working hard to maintain good staffing levels. When gaps had occurred, due to sickness or holiday, the registered manager had often covered these to ensure all care calls were made.

People were supported by trained and competent staff. Staff told us they felt fully supported by both the registered manager and the office staff.

Medicines were generally managed safely. Following our feedback some improvements to records were made during the inspection to better support staff after feedback given. We have made a recommendation regarding medicines.

People's concerns and complaints were dealt with promptly and consideration was given to how improvements could be made. Feedback was regularly requested from people to ensure the staff who supported them were well-matched with them.

Staff followed good infection control procedures and had supplies of masks, gloves and aprons to help keep people and themselves safe.

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

The provider had quality assurance systems in place to measure and monitor the standard of the service and drive improvement. This was going to be updated after our feedback to further improve the process from suggestions made.

The registered manager was extremely caring and committed to providing a continuously improving and evolving service to people.

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

Rating at last inspection

This service was registered with CQC on 11 February 2020 and this was the service's first inspection.

Why we inspected

This was a planned inspection.

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 Community Home Care Ltd

Detailed findings

Background to this 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 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 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 a short notice of the inspection because we wanted to contact people to gather their views and needed their consent to do that, and also to ensure the registered manager would be in the office when we attended.

Inspection activity started on 12 October and ended on 25 October 2021. We visited the office location on 14 October 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority

commissioning and safeguarding teams, care professionals who worked with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager and contacted all staff working for the organisation for their views. We contacted four care managers and social workers. All responses were used to support the inspection process.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment, training and staff support. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Assessing risk, safety monitoring and management

- Potential risks regarding people or staff were identified, assessed and regularly reviewed. Some risk records were in different format, but this was in the process of being reviewed and updated.
- Care plans contained detailed explanations of any risk control measures for staff to follow to keep people safe.
- People at risk of developing pressure ulcers, malnutrition and self-neglect were monitored. Staff worked with other healthcare professionals and made appropriate referrals to support these people.

Staffing and recruitment

- Enough staff were available to cover all care calls to people. The COVID-19 pandemic has impacted on staffing at times, but the registered manager had made sure that all care calls were covered, including completing some of these themselves. One person said, "The staff come on time, all the time, there are two staff that come each visit. It is a job to park at lunch time, but they do ring to say they are coming." Another person said, "There are regular staff and if there is to be a new person, they always introduce themselves and shadow."
- Travel time between care calls was included and the registered manager tried to maintain consistency of staffing used within individual care packages for people.
- Safe recruitment practices were in place. Staff had received suitable employment checks, including Disclosure and Barring Service (DBS) and right to work in the UK checks.

Preventing and controlling infection

- Infection control systems and processes were in place to protect people and staff. The service's infection prevention and control policy was up to date.
- Staff had received weekly COVID-19 testing and the registered manager monitored this. Staff had participated in the vaccination programme.
- Staff had received training and were regularly reminded of best practices to follow.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "Safe, yes definitely. Always smiling, no long silences nice bunch of girls." Another person said, "Yes very safe, I am not made to feel hurried they come and chat and get on with their job. The staff use a key safe; they open the door, give two rings and call out hello and who they are."
- People were protected from the risk of abuse. Staff had received training in safeguarding people and were confident to speak out should they experience any concerns.
- Safeguarding and whistleblowing policies and processes were in place to support people and the staff

team.

Using medicines safely

- Medicines were generally managed safely with the level of support required by people assessed and agreed. However, some instructions for creams, ointments and 'as required' medicines were not fully in place. This was addressed by the registered manager immediately.

We recommend the provider ensures the recording of medicines follows best practice guidelines

- Quality audits took place to monitor the whole system and check for any issues arising. Medicine errors or concerns had been reported appropriately and dealt with effectively.
- Staff had received training in medicine management and underwent regular competency checks.

Learning lessons when things go wrong

- The provider had a system for recording and dealing with accidents or incidents. Any issues had been reported to the local authority as appropriate and dealt with in partnership with other healthcare professionals. For example, if someone had fallen, additional help had been sought.
- The registered manager had learnt lessons from a previous inspection they had been involved with and used their experiences to strengthen the service. Feedback during this inspection was acted on immediately.
- Information from lessons learnt was shared with the staff team through meetings or emails.

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.

Staff support: induction, training, skills and experience

- Staff felt supported. They received regular one to one support and yearly appraisals. Staff mental health was very much supported, including signposting to further support mechanisms.
- A full induction programme was in place, which included shadowing more experienced staff and completion of the Care Certificate.
- Staff had been trained in core skills, including moving and handling of people. Additional training had been secured for people with specific health care needs, for example those who had a catheter. One person said, "Yes they are trained to meet my needs. They know what they are doing."

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

- People had been fully assessed before they started using the service to ensure staff could meet their individual care needs.
- People and their relatives were invited to contribute to the assessment process to ensure their views and wishes were considered. One person said, "As soon as I came out of hospital care was discussed."

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

- People were supported with food and drink to maintain a balanced diet, if this was part of their care package. One person said, "One of the girls makes lovely cheese and toast; and sometimes I have soup. I have a choice because I know the food that is in the house and what the family have shopped for me."
- Staff received training in food hygiene and used this knowledge when preparing food for people.

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

- Staff were vigilant about monitoring people's abilities and recognised the importance of identifying and recording these. This ensured timely referrals were made so people received the support they needed as soon as possible. When asked if staff supported them to contact their GP if they were feeling unwell, one person said, "Yes or the nurse, straight away. The staff always ask permission first."
- Staff ensured people's wellbeing was a priority. The registered manager gave us many examples of people whom staff had reported to the office because they were concerned about their general wellbeing. The registered manager said, "We care so much about our service users. We want to give them the best possible care and get them the help they need when its needed."
- Healthcare professionals recognised the effectiveness of the service. One care manager told us, "They worked well with (person), upon their arrival there was big improvements."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA.

- Staff had an awareness of the MCA. No one using the service was subject to any restrictions placed on them by the Court of Protection.
- People told us that staff worked within the principles of the MCA by always seeking consent before supporting them. One staff member said, "I would always ask if they were happy with what I was about to support them with. It's important to ask permission."
- Mental health assessments had been completed to confirm if people had the capacity to make their own decisions. Where required, best interests decisions had been made and recorded with relevant people involved.

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.

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

- People were treated with kindness and compassion by staff. Positive feedback was gathered about the care people received. We were told staff were consistent and friendly. One person said, "There is always a kind word always smiling." One relative said, "The carers are angels without wings. The atmosphere in the house when they are here is lovely."
- Staff knew people and described people's routines and personal preferences. One relative said, "The staff know (person) well."
- Staff spoke in ways which people understood better. One family spoke about the importance for their relative to hear their local childhood dialect and said, "The guys and girls are able to speak in the local dialect and have the accent. The staff will talk about the past and support (person) singing."

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

- People and relatives had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out. One person said, "I can speak up for myself."
- People were asked which gender of staff they preferred. One person told us, "I was asked if I minded male or female staff, I have no trouble if men call to care for me." Another person said, "I am happy with the care and I am happy it is just girls. Just ladies I am pleased."
- Staff rotas were scheduled to ensure staff spent the whole of the allotted time with people and used this to get to know people and gather their views. Records clearly recorded this and showed how care was continuously shaped by these discussions.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One relative said, "Very respectful and speak directly to (person). There was a lovely young person started, so lovely so very young but so careful."
- Staff supported people to retain their independence. One person said, "The staff help me, but I still have my independence."
- Private information was protected by a staff team who knew the importance of maintaining confidentiality. One staff member said, "Would never discuss someone's personal details with others."

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

- Care provided was person centred. One person told us, "The staff can't do better for me. One relative said, "The staff talk to family and know (person's) likes and dislikes." The provider and their staff knew a lot of information about people; however, this had not always been captured in the records. Some records would benefit from further individual detail to ensure people's personal preferences were fully documented.

We recommend the provider ensures best practice guidance is followed in relation to the personalisation of people's records.

- People were cared for as much as possible by a consistent team of staff. This promoted continuity of care and ensured as far as possible people had support from staff who knew and understood their needs and preferences.
- People confirmed they had choice in day to day decisions about how they were cared for and supported. One person said, "They always offer to make the bed (not part of their plan of care)."

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.

- People's communication needs were considered at the initial assessment stage.
- Care plans were developed to guide staff on people's preferred ways of communicating. This included information about people who were hard of hearing or had other sensory deficits.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to. One person said, "We will speak to registered manager (if we have a complaint), but we have no concerns or complaints." Another person said, "Staff would help if I was worried about anything." One staff member said, "I am aware of a missed call in the past. I reported it back to the office. The deputy manager did a home visit for a chat and gave an apology."
- A complaints policy and process was in place which could be provided in different formats when required. Any complaints had been recorded and dealt with in line with company policy.
- The registered manager told us they learnt from any concerns to improve quality, by sharing learning with the staff team.

End of life care and support

- The service had no one on end of life care.
- The provider knew what support to offer should someone reach the end of their life. The registered manager told us, "If anyone did become end of life, we would work with other healthcare professionals to make sure they were receiving the care they needed."
- Staff had supported people who had lost loved ones, including comforting people and their relatives through this sad time.

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.

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

- The registered manager was clear about their role and responsibilities. They took every opportunity to ensure they kept updated on best practice and told us they were going to enrol on the Local Authorities 'Excellence in Care' course. Staff were supported to understand their roles through clear job descriptions and regular supervision and competency checks.
- Systems were in place to monitor the standard of care for people and the efficiency of the service. The registered manager had implemented various quality assurance processes which were completed on a regular basis.

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

- People spoke positively about the registered manager and said how nice they were. Some people had reported being supported with their care needs by them. People and relatives were keen to inform us how much they valued the staff supporting them/their loved one. One relative said, "We are grateful these people are here to support (person)."
- People and their relatives received service guides which gave very full and detailed information about the service and how staff could assist them to achieve good outcomes.
- Some people compared the service much more favourably to other providers they had used. One person said, "They can't do better, no rushing me. Very caring. It is so good in the world today to speak about something so good (the service). I would recommend the service."
- The registered manager supported the inspection process fully, as did their staff team and acted on feedback given immediately.
- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.

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

- The registered manager made themselves available so people, their relatives and staff could speak with them at any time. Staff told us the registered manager was approachable and available if they needed help.
- A monthly staff newsletter was produced to keep staff up to date, which included employee of the month details and any relevant updates on practice or general information. This had included more recently,

regular reminders regarding PPE.

- People's views had been sought through regular contact and quality monitoring. One person said, "They phone and ask if I am happy, and I am." A family member said, "There has been a survey for us to fill in."
- Staff felt well supported and valued by the organisation. They reported communication with the office was good. One staff member said, "This is the best company I have worked for; they are kind and very considerate." Another staff member said, "The support you get from management is very good. The staff in the office are also very good if you need something." The registered manager said, "Last Christmas we gave all staff £100.00 bonus to show we really do appreciate their hard work and dedication."

Working in partnership with others

- Staff at the service worked alongside other healthcare professionals to ensure good outcomes for people. This included district nurses, occupational therapists and GPs.
- Staff had a good working relationship with external professionals. One care manager said, "They responded to my request related to my client, even at short notice" and "If I ever required them on a personal level, I would surely seek them out."
- Staff supported other agencies by helping them raise money via charity work, including completing a charity run for a cancer charity which raised £340.