Annual Inspection Report 2022-2023

Complete Care Limited

Domiciliary Care

5 October 2022

Isle of Man Government

DHSC

SECTION A Overall Summary

An announced inspection was carried out on 5 October 2022. An inspector from the Registration and Inspection Team carried out the inspection.

Service and service type
Complete Care Limited is a domiciliary care agency that arranges for others to be provided with personal care or personal support, with or without practical assistance to those in their own private dwelling.

People's experience of using this service and what we found
To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our key findings
PRN (as required) medication protocols must be written for any client who is unable to communicate that they are experiencing pain / discomfort / anxiety etc.

Systems and processes were in place to protect people from the risk of abuse. People's needs were being appropriately assessed. People felt safe with the staff who came into their home. Staff were being recruited safely.

People said that staff were suitably trained and competent. Refresher training was set at either annually or every two years.

People were very complimentary about the care and support that they received. Care plans were written in such a way as to promote people's independence.

The provider was responsive to people's individual needs / preferences.

The provider actively sought feedback from staff, clients and relatives.

At this inspection we found improvements had been made in response to the previous inspection.

SECTION B The Inspection

About the service
Complete Care Limited is a domiciliary care agency.

Registered manager status
The service has a registered manager. 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 announced inspection was part of our annual inspection programme which took place between April 2022 and March 2023.

Inspection activity started on 29 September 2022. We visited the location's office/service on 5 October 2022.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection
A range of records were reviewed. This included three people's care records examined in detail. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and staff supervisions and appraisals were reviewed.

After the inspection
We spoke to six people who received a service and asked them questions about the care that they received. Written feedback was also provided from four family members / representatives.

We received written feedback from four members of staff who provided their views about the service and their experience of the care provided. Seven staff were spoken to.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:
Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does require an improvement in this area in regards to PRN medication.

This service was found to be safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
Systems and processes were in place to protect people from the risk of abuse. Staff received training in safeguarding. Staff knew the signs of potential abuse and the actions they must take if they felt someone was being harmed or abused. Staff were made aware of the providers safeguarding and whistleblowing policies on induction.

People and their relatives confirmed that they felt safe with the staff who came into their home.

No incidents and accidents had taken place. Staff had access to incident forms in people's homes.

Several of the provider's policy and procedures highlighted the need for staff to raise concerns / report any changes to person's needs and circumstances.

Assessing risk, safety monitoring and management
People's needs were being appropriately assessed prior to the provision of a service. Care plans had been developed and written in such a way as to minimise any risk to people's health and wellbeing. Evidence was seen of client / relative agreement with the care records.

Risks people may face were identified and guidelines / assessments were in place to manage these risks. Spot checks in people's homes enabled the provider to observe any environmental hazards.

Care plans and risk assessments were being reviewed regularly. A new assessment of needs formed part of the review process.

Care records were stored electronically with paper records in people's homes.

A discussion was had with the manager regarding how they ensured safety of equipment, such as hoists, that were used in people's homes. Equipment, once serviced, had the date written on a sticker that was then placed on the equipment. A list of all equipment a person used was recorded along with the servicing / visual inspection history.

Staffing and recruitment
Staff files examined evidenced that all required pre-employment checks were in place.
On their initial assessment, a discussion was had with people as to the type of person they wanted to provide care / assistance to them. The provider said that staff were matched with people based on their skill set, personality and experience.

Using medicines safely
A medication policy covered the obtaining, recording, storing, administering and disposal of medication. Initial assessments identified a person's medication requirements. Care plans on medication documented responsibilities for ordering and collecting medication and the level of support required. Risk and control measures were documented. One person who had PRN medication did not have a PRN protocol / care plan written that detailed how staff would recognise the signs / symptoms which prompted them to then administer the medication.

Staff received medication training. Staff were having their competency to administer medication assessed. A discussion was had with the manager to possibly include more "what if" scenarios in the competency assessment.

Preventing and controlling infection
Systems were in place to manage risk and to prevent the risk of infection. Staff had access to appropriate Personal Protective Equipment (PPE) and were advised to complete regular testing for COVID-19. An infection control policy had been written. Infection control and food hygiene formed part of the provider's training programme. Risk assessments were carried out on a person's home environment. Cleaning requirements were identified in care plans. Safe hygiene was assessed on management spot checks.

Action we require the provider to take

Key areas for improvement:

- PRN protocols must be written for any client who is unable to communicate that they are experiencing pain / discomfort / anxiety etc

Inspection Findings

C2 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. The service does not require any improvements in this area.

This service was found to be effective.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
Initial assessments were undertaken and used to develop care plans and risk assessments.

Staff support: induction, training, skills and experience
Staff undertook mandatory training and the training programme made provision for refresher training. In the Isle of Man Domiciliary Care Agencies Minimum Standards, the frequency for refreshing safeguarding training was set at every three years. The provider had set the frequency at yearly and some staff had gone past the date when they should have updated this training. Some staff had also gone past the date when they should have updated other training courses, based on the provider's frequency. Refresher training frequency was set at either yearly or every two years. Evidence was seen of the provider reminding staff of their responsibility to complete training. Staff received training to meet people's specific needs. Staff confirmed that they received training that enabled them to meet people's needs.

New staff completed a formal and recorded induction process which was carried out, as a minimum, over three days. Shadowing experienced colleagues formed part of the process. Staff feedback confirmed that the induction process was thorough. Staff were asked to sign off the induction process when they felt confident to proceed to the next stage of the induction.

The provider was supporting staff to attain relevant qualifications.

The manager and deputy were trained in carrying out supervisions and appraisals. Staff supervisions were taking place every three months with monthly supervisions for staff on induction / probation.

People said that the staff who came into their home were suitably trained and competent.

Supporting people to eat and drink enough to maintain a balanced diet
Assessments and care plans detailed people's dietary, nutritional needs where required.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
The provider worked with other health professionals to ensure that people received consistent, person centred care.

Ensuring consent to care and treatment in line with law and guidance
Capacity was recorded on individual care plans. People were asked consent for staff direct observations / spot checks to take place, as well as for contacting a person's GP. One contract had been signed by the person's family member, even though they had capacity.
A discussion was had with the manager regarding people with capacity signing their own contracts, and how to evidence if they do not want to sign.

Inspection Findings

C3 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. The service does not require any improvements in this area.

This service was found to be caring.

Ensuring people are well treated and supported; respecting equality and diversity
Feedback confirmed that staff were kind, respectful and compassionate when providing care, support. Comments included, "staff go above and beyond what is expected in their care and support. They are reliable, trustworthy, caring and use a lot of common sense" and "the staff have always been very caring and attentive to my mother's needs".

Religious and cultural needs were recorded.

Supporting people to express their views and be involved in making decisions about their care
Feedback confirmed that staff generally arrived on time and left at the end of their allocated time. People were assured that if they were unhappy with a staff member the provider would arrange for another person to come in. People said that generally they had consistent staff coming into their homes. Records evidenced that people / relatives were involved in the reviewing of care plans.

Respecting and promoting people's privacy, dignity and independence
Care plans were written in such a way to promote independence. One relative commented, "they (staff) support but do not take over, always encouraging independence".

Personal information was kept secure and confidential. Staff were informed about the importance of confidentiality on induction. People were informed about how information about them was handled.

Inspection Findings

C4 Is the service responsive?

Our findings:
Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

This service was found to be responsive.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
Care records identified people's needs and provided guidance on how to meet these needs.

People confirmed that staff supported them in a way which met their needs and preferences. Evidence was seen on inspection of the provider being responsive to people's individual requests. The service user guide contained a section on personal preferences e.g. choosing the gender of staff.

Meeting people's communication needs
Where required, care plans on communication were written. The statement of purpose was available in a different format / alternative languages upon request.

Improving care quality in response to complaints or concerns
The service user guide detailed the provider's complaints policy. A copy of the complaints policy was kept with a person's care plan in their home. Four complaints / concerns had been raised and recorded in detail, including the outcome.

Feedback confirmed that people would raise any concerns they had with either the staff member on duty or contact the provider's office.

Complaints recording formed part of the provider's annual report.

End of life care and support
Advanced care plans and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were discussed on initial assessments and in care plan reviews. The manager said that they currently did not have any people on end of life care.

Inspection Findings

C5 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. The service does not require any improvements in this area.

This service was found to be well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
People were complimentary about the service that they were receiving. People were asked their opinions on the levels of communication with the provider. Some comments made were, "communication is fantastic and everything they do is transparent. The office / management are incredibly hands on and organised" and "(communication) not as good as it could be".

There were some mixed responses from staff when asked if they felt supported by management. The majority of staff said that they felt supported but some staff said that issues they raised were not addressed.

As part of the provider's quality assurance process, questionnaires were sent out to clients and staff once a year. The results of which formed part of the annual report.

The manager had an appropriate qualification with the deputy manager about to be enrolled on a level 5 training course.

Staff / carer meetings were not currently taking place in person in order to reduce possible spread of COVID-19 amongst the workforce and to help maintain safe staffing levels. Management collated topics of discussion, including asking staff in supervisions, and met together to discuss. Minutes taken from these meetings were emailed out to staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
Staff received feedback via supervisions and appraisals.

Management carried out spot checks / direct observations of staff in people's homes.

Management were clear on their responsibilities and obligations of being a regulated service.

Evidence was seen of management reminding staff of their responsibility to complete training.

Appropriate insurance cover was in place.

How does the service continuously learn, improve, innovate an ensure sustainability?
Regular care plan review meetings were taking place. Management examined people's daily notes on spot checks and when returned to the provider's office.

Oversight of any incidents / accidents was taking place.

Working in partnership with others
The provider worked with other care agencies and health professionals.