

# Inspection Report

## 2023-2024

## Complete Care Ltd

Domiciliary Care

25 January 2024

**Under the Regulation of Care Act 2013 and  
Regulation of Care (Care Services) Regulations 2013**



Isle of Man  
Government  
*Kelleys Eilan Vannin*

**DHSC**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 25 January 2024. The inspection was led by an inspector from the Registration and Inspection team.

### **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**

Areas for improvement are required in relation to care records and the management team supervisions and appraisals.

Systems were in place to protect people from the risk of abuse. Staff were aware of their responsibilities to raise concerns and report changes to peoples' needs.

Detailed care plans and risk assessments were completed following an initial assessment. Staff members undertook numerous mandatory training courses, which was refreshed regularly.

Records confirmed that people / their representative were involved in the care review process. Each year, people / their representative were given a quality assurance questionnaire to complete.

Staff were familiar with people's needs and preferences. The provider was involving people in the wider community, including activities and introductions to day centres.

Systems were in place for the review of the quality of care and experience of the people using and working in the service.

Improvements had been made in relation to an area of improvement made on the last inspection.

**About the service**

Complete Care Limited is a domiciliary care agency based in Onchan.

**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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

Inspection activity started on 12 January 2024. We visited the location's office on 25 January 2024.

**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.

Staff members were contacted for feedback via email and eight staff responded. One staff member was contacted via the telephone. Nine service users /family members were spoken to by telephone.

**During the inspection**

We spoke with the registered manager and the deputy manager. We reviewed a range of records, including peoples' care records and staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints, staff training and staff supervisions and appraisals were reviewed.

**Our findings:**

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service does not require any improvements in this area.

This service was found to be safe.

**How do systems, processes and practices safeguard people from abuse**

Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding policy as well as a whistleblowing policy – both of which were emailed to staff new to the role. Staff had received safeguarding training, which was refreshed annually. Feedback confirmed that staff were clear on what should be reported as a safeguarding concern. No safeguarding concerns had been raised by the provider.

Incidents and accidents and near misses were being recorded and notifications submitted to the regulator. We were informed that management were able to identify any trends following any incident or missed call by scrutinizing daily notes and incident reports. The provider could evidence how they acted upon events following this analysis.

People said that they felt safe with the staff who came into their home.

**Assessing risk, safety monitoring and management**

Staff were made aware of their responsibilities to raise concerns and report changes to peoples' needs and circumstances through the induction process and in team meetings.

Risks were identified on a person's initial assessment, which then led to the development of more detailed risk assessments, including both on the person themselves and their environment. A risk assessment was also completed for all care workers.

Policies and procedures on risk management had been written.

The provider was recording when equipment in a person's home had been serviced / maintained.

Care records were written and stored electronically. Paper copies were kept in peoples' homes.

**Staffing and recruitment**

The recruitment files of eight staff who had started at Complete Care since the last inspection were examined. These evidenced that the provider had recruited safely.

All staff Disclosure and Barring Service (DBS) checks were up to date.

**Learning lessons when things go wrong**

Management had oversight of all incidents, accidents and missed calls and could evidence that they acted accordingly following a review of an incident 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 require 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 pre-service assessments had been completed on people and their needs assessed. These were then used to develop more detailed care plans and risk assessments where required. One person’s specific care plan and risk assessment had not been updated / reviewed and contained out of date information. All other care records had been regularly reviewed.

Policies and procedures concerned with anti-discriminatory practice had been written.

The manager and deputy manager both had knowledge and understanding of the specialisms of the people using the service.

#### **How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support?**

Staff members undertook numerous mandatory training courses, which were refreshed regularly. Staff confirmed that they had received relevant training to meet the needs of the people to whom they provided care / support. One staff member commented, ‘I feel the training covers all we need and if we were to have a client with additional needs we would be trained accordingly’. Additional specialist training was provided to meet the needs of individuals.

New staff undertook a formal and recorded induction process, carried out, as a minimum, over the first twelve weeks of employment. Shadowing experienced colleagues formed part of the process.

Service users / family members confirmed that staff were only placed with them following a shadowing process. They were also very complimentary about the staff that came into their home.

Observations of staff practice – ‘spot checks’ – were being carried out by management. Staff were having their competency to administer medication assessed annually.

Staff were being supported to attain relevant qualifications.

Care staff were receiving regular supervisions and an annual appraisal from management, but the registered manager was not receiving regular supervisions or having an annual appraisal. The deputy manager had received an annual appraisal but not regular supervisions. We were informed that the communication and support amongst the management team was very good, but formalised support must be provided for the manager and deputy.

Quarterly staff / carers meetings were taking place. Attendance varied at these meetings but all staff were invited to add to the agenda and were provided with the minutes.

### **Action we require the provider to take**

Key areas for improvement:

- Action must be taken to ensure that all care plans / risk assessments are updated so they contain current information.  
This improvement is required in line with Regulation 14 of the Care Services Regulations 2013 – Records.
- Action must be taken for both managers to receive regular supervisions and an annual appraisal.  
This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 – Staffing

## 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**

Service users / family members confirmed that staff were familiar with their needs and preferences and were consistent with the care they provided. Feedback also confirmed that staff had enough time to provide care and support in a compassionate and personal way to individuals. One person commented, 'staff take their time with me and also go the extra mile'.

Records confirmed that the provider was making referrals to other services for wider help, advice and training.

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

Where people lacked capacity to make decisions, there was evidence that the provider was recording this and involving family members and other relevant health professionals in the decision making process.

People were provided with a Complete Care brochure as well as the statement of purpose and service user guide at the commencement of a service.

Each year, people / their representative were given a quality assurance questionnaire to complete. These questionnaires were evaluated and formed part of the providers' annual report.

Records confirmed that people / representative were involved in the care review process. Feedback from service users or family member also confirmed that they were fully involved in the planning of the care.

#### **How are people's privacy, dignity and independence respected and promoted?**

People confirmed that they were treated with care, dignity and respect. Person-centred care formed part of the staff training programme. Staff were clear on how peoples' privacy, dignity and independence was respected and promoted. One staff member commented, 'I always ask the people I support if they are ready for their personal care. I always ensure the door is closed when doing this. I allow them time to do the bits they can do for themselves'. Staff were given a copy of the provider's code of conduct.

Policies and procedures had been written on equality, diversity and anti-discriminatory practice.

Care plans were written in such a way as to promote independence.

People were informed of how information about them was handled through information contained in the statement of purpose. A confidentiality policy was also given to people.

Records were stored securely in the provider's office in either lockable cabinets or on the computerised care record system.



## 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 to meet their needs and preferences**

Staff were familiar with people’s needs and preferences. Care records identified people’s needs and provided guidance for staff on how those needs were to be met. Generally care records were updated when required / regularly and there was evidence of service user / family involvement in the planning of their care and review process.

The provider was involving people in the wider community, such as introductions to day centres, live at home schemes and daily activities.

#### **Improving care quality in response to complaints and concerns**

The provider had a complaints policy and procedure which formed part of people’s care records kept in their home. Information on the complaints process formed part of the statement of purpose and service user guide given to people.

An annual questionnaire given to people asked if they were aware of how to make a complaint. Feedback from service users confirmed that they would feel comfortable in making a complaint if required.

No complaints had been made or recorded.

## 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.

#### **Does the governance framework ensure that responsibilities are clear and that quality performance and risks and regulatory requirements are understood and managed?**

Systems were in place for the review of the quality of care and experience of the people using and working in the service. This included management oversight of the written daily records, spot checks, incidents and accidents, reviewing of care records and an annual questionnaire given to people and their families and staff members.

Care staff were receiving regular supervisions and appraisals. Staff were clear on their roles and responsibilities and delegation was being carried out in order to develop skills and expertise across the team.

Staff feedback confirmed that the management were supportive and approachable.

Appropriate insurance cover was in place.

#### **How does the service work in partnership with other agencies?**

There was evidence that the provider worked in partnership with other organisations and health professionals.

The manager was aware of their responsibilities of being a manager of a registered service. This included regular contact with the regulator, submission of notifications and referrals to the safeguarding team.

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.