

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Complete Care Holdings Limited - Telford

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Complete Care Holdings Limited
Registered Manager	Mrs. Gail Marie Wilkins
Overview of the service	Complete Care Holdings Limited provides specialist complex personal and nursing care support to adults and children. In this report the name of the previous registered manager, Rachael Allen, appears who was not in post at the time of the inspection. Their name appears because they were still a registered manager on our register at the time of this inspection.
Type of services	Community health care services - Nurses Agency only Domiciliary care service
Regulated activities	Nursing care Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 November 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

Complete Care Holdings specialise in domiciliary care for clients with acquired brain injury (ABI), traumatic brain injury (TBI), spinal cord injury and other disabling conditions, including cerebral palsy, multiple sclerosis and muscular dystrophy. They are experienced in working with ventilator-dependent clients and paediatric care for children with complex needs.

Due to the complex care needs of most people who used the service we spoke to their relatives. They told us they had enough information about the service and had been involved in making decisions about their care or their loved ones care.

All the people we spoke with were happy with the service and praised the care workers. Comments included, "The staff are trained well." "There is an excellent back up service should we need to contact anyone out of hours." "The staff are very caring".

People told us that staff treated their relatives with respect. People also told us that they felt that the support received from the service met their loved ones needs. Comments included, "I am so pleased and so thankful, when your loved one is at home and you are supported so well it makes a world of difference". "The care is excellent." "Personal assistants are confident and professional".

People told us there was a copy of their care plan in their homes. We looked at the care records of four people who used the service and found that people experienced care, treatment and support that met their needs and protected their rights.

People were supported by staff that had been recruited in a safe manner. Induction and on-going training had been undertaken by staff to ensure they had the appropriate skills to deliver care. One relative said, "I know care workers are trained to a high standard and that staff are equipped with the knowledge they need to do a good job."

The provider sought people's views periodically and completed assessments of risks to assess and monitor the quality of service provision.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we spoke with told us there was a care plan in place for their relative which was developed with their involvement. Care and support was planned and delivered in a way that ensured people's safety and welfare.

Care plans gave detailed instructions to staff about what was required at each visit and the person using the service's preferences. This ensured people's needs were met. The care plan's gave information on the person's physical and mental health needs, including long term illnesses and communication needs. For example it was recorded if they had limited mobility, whether they were in pain and where, and any limitations in speech/hearing/vision, hydration and nutrition requirements. Care plans had been reviewed and updated on a regular basis, to ensure they still met people's needs and preferences.

People we spoke with told us, "The staff are trained well." "There is an excellent back up service should we need to contact anyone out of hours." "The staff are very caring". "Everyone is really good. The office staff are very helpful".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People we spoke with told us that they had choice and control in how their loved ones needs were met, and did not ever feel taken advantage of by anyone in the service.

The service had a safeguarding policy in place. All the staff we spoke with told us that there were clear lines of communication and access to their managers if they had any safeguarding concerns. They understood the appropriate actions to take in response to abuse, allegations of abuse, or neglect. They told us they discussed any concerns with the manager. We saw evidence that staff had completed safeguarding of vulnerable adults training.

The service had responded appropriately to safeguarding alerts that had been raised. The manager provided information for investigations and co-operated fully with investigations.

The provider ensured criminal records checks were undertaken before people started working for the agency. This ensured only suitable people were employed by the agency.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place, which ensured that staff with relevant qualifications, knowledge, skills and experience were employed.

People using the service at Complete Care Holdings were cared for and supported by staff members who were competent and reliable. The provider obtained references from previous employers to verify their skills and experience, and requested information about their full employment history. Appropriate checks were undertaken before staff began work. New members of staff were not allowed to start work before their full Disclosure and Barring Service (DBS) check had been received by the provider.

We spoke with two new staff members who told us a thorough recruitment process had taken place. They confirmed that they did not commence work until all the necessary pre-employment checks had been completed. They told us they had completed a comprehensive induction programme and felt supported by their colleagues.

People spoke well of staff that were caring for them or their relative. They described them as, "Excellent" and "Very good". People told us they did not experience delays or omissions in the care provided to their relative. One person told us, "They are never late and always stay for the time they are meant to". With the exception of one person, everyone confirmed that if the carers were on annual leave or had sickness absence, cover was always arranged and communicated to them so that their care needs continued to be met.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of the service that people receive.

Reasons for our judgement

People who used the service and their representatives told us they were asked for their views about their care and treatment and generally they were acted on. People had various opportunities to express their views during care plan review meetings and at spot check visits.

The provider had risks to people who used the service and staff members identified in people's care plans. People's plans of care included risk assessments which highlighted specific risks and actions taken to minimise or eliminate them. Risk assessments and care plans were reviewed annually for adults and six monthly for children or more frequent if required. The provider had a number of clinical governance audits in place. Examples included an audit of people's care plans which ensured people's care was appropriate.

The provider told us that a recent satisfaction questionnaire had been issued. Responses were in the process of being returned but an analysis of these had not yet been undertaken.

We saw staff meetings regularly took place between heads of departments, senior clinical managers, nurse managers, health and safety committee and personal assistants. Information is relayed to the registered manager on a regular basis through clear lines of reporting.

The provider took account of complaints and comments to improve the service. There was a process in place to record and respond to complaints. People who used the service or their representatives were aware of how to make a complaint. They told us that the manager had responded to any comments they had made about the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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