



# Department of Health and Social Care

Registration & Inspection



# Inspection Report 2024-2025

## Complete Care Ltd

Domiciliary Care

Date of Inspection visit: 9 January 2025



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

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 the announced inspection visit on 9 January 2025.

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well-led?

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

In addition, the Care Services Regulations are considered when making regulatory decisions, there are opportunities within these for registered providers to be creative, innovative and dynamic when applying them to their service. Providers should use them as a baseline from which to deliver and develop services to the people who use them.

### **Service and service type**

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.

Complete Care is a domiciliary care provider based in Douglas. The service arranges for others to be provided with personal care or personal support, with or without practical assistance, to those in their own private dwelling on the Isle of Man.

### **Regulatory Action in the last 2 years**

#### **Improvement notices / amendments / change of manager / inspection**

<b>Date</b>	<b>Action</b>	<b>Comments</b>
5 October 2022	Statutory inspection of service	Requirements were made in relation to Regulation 15 – Conduct of Care Service – having when required PRN medication protocols in place where required.
25 January 2024	Statutory inspection of service	Requirements were made in relation to Regulation 14 – Records – ensuring all care plans and risk assessments are updated to contain current information; Regulation 16 – Staffing – management to receive regular supervisions and annual appraisals.

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

- Requirements identified on the previous inspection had been met.
- People said that they felt safe with the staff that came into their home.
- Staff were recruited safely.
- Care records were written in detail and personalised.
- Staff were up to date with training.
- The provider worked with external agencies to meet peoples' needs and to provide joined up care.
- People receiving a service felt well cared for and treated with dignity.
- The provider gave people and staff opportunities to provide feedback.
- Management kept under review the day-to-day culture of the service.

**Background to this inspection**

The last inspection of this service was carried out on 25 January 2024. There were two requirements made. Improvements were subsequently made which are reflected in this report.

**The inspection**

This inspection was part of our annual inspection programme which took place between April 2024 and March 2025.

Inspection activity started on 3 January 2025.

**Inspection team**

The inspection was led by an inspector from the Registration and Inspection team.

**Registered Manager**

This provider is required to have a registered manager to oversee the delivery of care at this service. A registered manager is a person who has registered to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

**Notice of Inspection**

This inspection was announced.

**What we did before the inspection**

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

**Before the inspection**

- We sought feedback from service users / family members.
- We sought feedback from staff.

**During the inspection**

- We spoke with the registered manager and deputy care manager.
- We reviewed a range of records. This included five people's care records. We looked at eight staff files in relation to recruitment and induction. Staff supervision records and annual appraisals were examined.
- We reviewed a variety of records relating to the management of the service, including audits.

**Our findings**

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

The service was safe.

At the last inspection there were no requirements made under safe.

**Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong**

Staff demonstrated they understood what should be reported as a possible safeguarding concern and how to report it.

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

Policies and procedures on safeguarding and whistleblowing were in place. The safeguarding policy included a link to the Isle of Man Managing Allegations Strategy Meeting (MASM) policy. This policy was concerned with managing allegations, which may be made against a staff member working with children and vulnerable adults.

The provider had policies and procedures to protect from discrimination.

All staff had received safeguarding training which was refreshed annually.

Incidents and accidents and near misses were 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 learning had taken place and acted upon following this analysis.

A business continuity plan had been written, addressing any potential disruption to the service.

**Assessing risk, safety monitoring and management**

Risks were identified on a person's initial assessment, including allergies, which then led to the development of more detailed risk assessments if required, including both on the person themselves and their environment. A risk assessment was also completed for all care workers highlighting potential risks when going to a service user.

Staff supported people to make choices which include understanding risks when promoting independence.

The provider had a policy on managing challenging behaviour.

Individual assessments documented use of equipment in a person's home, such as a hoist. When the equipment was last serviced was also recorded.

Care records were being stored securely in the provider's office and paper records kept in peoples' homes.

## **Staffing and recruitment**

There were arrangements in place to ensure there were sufficiently skilled and suitable staff working with people.

The process for recruiting staff was clear. Staff recruitment records were well maintained, and all contained the required documentation.

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

Observations of staff practice was taking place in people's homes.

## **Using medicines safely**

Policies and procedures for the safe management of medicines were in place and all staff were up to date with their training.

Medication competency assessments for all staff had been completed.

Assessments / support plans detailed a person's medication requirements. Medication was listed, including details of the use for each medication, strength, and frequency. The level of support required to take medication was detailed in care records.

Medication risk assessments were in place, and a conversation was had with the manager to include greater detail on any potential side effects / contraindications of medication, risk of not having the medication and potential storage issues.

## **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). An infection control policy was in place, which included a section on food hygiene.

Staff were trained in infection control and food hygiene. Cleaning requirements were identified in care plans where required. Infection control and food hygiene was assessed on management observations of staff in the workplace.

**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 was effective.

At the last inspection there were two requirements made in relation to care plans and risk assessments and management supervisions and appraisals. Improvements had been made in these areas.

**Assessing people’s needs and choices; Delivering care in line with regulations, guidance and the law**

People received a full assessment of their needs prior to receiving a service.

Care records examined were written in detail appropriate to the support being provided. People’s independence was supported and promoted.

Assessment, care planning and risk assessment documentation used by the provider were seen to be underpinned by person centred, human rights and equality act principles.

**Staff support; Induction, training, skills and experience**

The registered manager was suitably qualified and experienced. The manager was supported by a deputy care manager who was working towards an RQF Level 5 in Leadership and Management in Health and Social Care.

Staff had completed mandatory and refresher training relevant to the people they were providing care to. Staff confirmed that they had received training to meet the needs of people. Specialist training to meet the specific needs of individuals was arranged when required.

Service users and family members said that staff were well trained.

Staff were offered the opportunity to attain relevant qualifications.

New staff received a formal induction and undertook shadow shifts as part of the process. Staff were provided with a raft of policies and procedures as part of their induction.

There was a formal system in place to complete direct observations of staff annually.

Staff were receiving regular supervisions and annual appraisals, including the management team.

Regular staff meetings were taking place for staff to discuss service users and the support provided.

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

Dietary requirements and preferences were identified on peoples' initial assessment and further detail provided in support plans.

Care records detailed any support required with shopping, eating, and drinking. Food and fluid was recorded where staff provided this support.

Records evidenced involvement of specialist services such as the Speech and Language Therapy Service (SALT).

**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 external agencies to meet people's needs and to provide joined up care.

Where required, health guidance from external professionals was incorporated into support plans.

People's health needs were recorded in assessments and care plans as required.

Management were in regular communication with professionals and attended multidisciplinary meetings as required.

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

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area.

Peoples' capacity was recorded on their initial assessment and revisited if there had been any suspected change, such as the ability to administer their own medication. Best interest decisions were recorded.



**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 was caring.

At the last inspection there were no requirements made under caring.

**Ensuring people are well treated and supported: Respecting equality and diversity**

Expectations as to how people should be treated were set out by the provider through its policies, service user guide, staff induction, supervision and staff meetings and direct observations of practice.

The provider's mission statement in the statement of purpose said, "we recognise people as individuals and offer choice and opportunity to enable them to live safely, fulfilled and as independently as possible. We value individuals and work in partnership with relatives, regular carers, and other agencies to help enable people to take as much control over their lives as possible, helping them to retain dignity and lifestyle choice. Our objective is to enhance the quality of life and relieve the stresses experienced by those who have care needs as a result of age, illness, or disability."

Comments made by service users / family members included, "they look after me so well," "I'm very happy with the service" and "It has gone better than I hoped for, (name) living in the community that he grew up in."

Religious and cultural needs were identified when developing care plans.

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

People and relatives were involved in the development of care plans and the review process. People said they felt staff listened to them and knew what was important to them, relatives also said their views were also considered.

Other opportunities were provided for people and relatives to share their views through the completion of an annual feedback questionnaire.

Staff confirmed that they had enough time to provide quality care to people. This included travel time to people and the time spent in their home. One staff member commented, "I always have time to do what I need to do to support any service users' needs and provide the care they deserve." People confirmed that staff usually arrived and left on time.

**Respecting and promoting people's privacy, dignity and independence**

People confirmed that they were treated with care and dignity.

Care records were written in such a way as to promote dignity, respect, and independence.

Records were kept secure and confidential. Staff were given information on confidentiality and data protection as part of the induction process. People were given a copy of the provider's service user guide and statement of purpose at the start of receiving a service. These documents contained information on how personal information was handled.

**Our findings**

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

This service was responsive.

At the last inspection there were no requirements made under responsive.

**Planning personalised care to ensure people have choice and control to meet their needs and preferences**

Care records were personalised and captured people's individual needs and preferences. The support plans demonstrated how independence was promoted, and quality of life was considered.

Care records were reviewed regularly with a six-monthly review held with families and the person to ensure they were reflective of current needs. A new assessment of need was completed.

People confirmed that staff supported them in a way which met their needs and preferences. This included being supported to attend activities in the community and to follow any hobbies and interests.

Detailed support plans were written for people with communication needs.

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

The provider had a complaints policy and procedure. Information on complaints formed part of the service user guide and statement of purpose. People were informed of the complaints procedure at the start of a service being provided.

People's concerns and complaints were listened to, responded to, and used to improve the quality of care. A question on the provider’s annual service user questionnaire asked if people were aware of how to make a complaint.

People we spoke with said they would speak to the manager if they had any concerns and were confident they would be listened to.

The provider maintained a log of complaints, and this was viewed. Two complaints had been made since the last inspection. These were recorded in detail and seen to be dealt with appropriately.

**End of life care and support**

The provider was not currently providing any end-of-life care.

Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place which was recorded in their care records. A copy of the DNACPR was kept on people’s individual files.

### **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 was well-led.

At the last inspection there were no requirements made under well-led.

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

The statement of purpose set out the philosophy and values of the service.

Management kept under review the day-to-day culture of the service by having regular contact with staff and service users.

Staff felt supported by management. Comments made by staff members included, "I feel very supported and the morale is good", "Complete Care are very supportive, can always pop up to the office and made to feel very welcome and listened to", and "I feel very supported by the management team throughout my employment, including being bank staff as I currently have a day job and they always stay in touch".

Regular staff meetings were taking place, giving staff the opportunity to contribute to the running of the service. Staff were asked to complete an annual questionnaire as part of the provider's quality assurance process.

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

The registered manager had attained a QCF Level 5 Diploma in Leadership for Health and Social Care. Management were clear on their responsibilities and had submitted notifications for events affecting the wellbeing of people receiving a service.

Staff received feedback via regular 1:1 supervisions, annual appraisals, and observations of their practice by management. Management kept in regular contact with staff.

Appropriate insurance cover was in place.

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

There was a positive and open culture at the service. The provider had systems to provide person centred care that achieved good outcomes for people.

Staff said communication with management was good. Management kept in regular contact with staff and regular team meetings and 1:1 supervision gave staff the opportunity to express their views.

Staff actively supported people and their families to be fully involved in their care and support.

People were given the statement of purpose and service user guide at the beginning of receiving a service.

### **How does the service continuously learn, improve, innovate and ensure sustainability**

The two requirements made following the last inspection had been met.

The provider was continually striving to develop and improve the quality of service provided.

Learning and improvements were taking place following any incidents and audits to drive quality.

Audits were taking place and evidence provided. The manager said that they were developing an audit tool to better evidence outcomes.

An annual report had been written by the responsible person in June 2024. This included reports on service user and family feedback, complaints and a development and improvement plan.

### **Working with partner agencies**

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