

Universal Complex Care Ltd

Universal Complex Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Universal Complex Care is a domiciliary care agency providing personal care to people living in their own homes. At the time of inspection, six people were using the service.

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

The provider's governance arrangements did not provide assurance the service was well led, and regulatory requirements were being met. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection.

Newly appointed staff had not always been recruited in a safe way as gaps in employment histories had not been checked and suitable references taken up with previous employers. The provider could not provide assurance that checks with the Disclosure and Barring Service (DBS) had been completed prior to staff working at the service.

Where required, people were supported with the administration of medicine, however the systems in place for the safe management of medicines required improvement.

Information relating to people's individual risks were assessed and written guidance in place for staff to follow to keep people safe. However, these did not always contain detailed guidance for staff to follow.

We have made a recommendation the provider review their risk and care recording processes.

Staff had received safeguarding training and knew how to act on any concerns.

There were enough staff to meet people's needs. People were supported by a consistent team of staff who had received relevant training to meet their specific health conditions.

People were complimentary about the kind, caring attitude of staff. People's dignity and privacy was respected, and their independence promoted.

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

Staff enjoyed working at the service and felt valued and supported.

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 us on 19 October 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified three breaches in relation to safe care and treatment, safe recruitment and how the service is led.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Universal Complex Care

Detailed findings

Background to this inspection

The 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 two inspectors.

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. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 25 November 2021 and ended on 14 December 2021. We visited the office location on 8 December 2021.

What we did before the inspection

We reviewed information we had held about the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one person and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, qualified nurses and care workers.

We reviewed a range of records. This included four people's care records. We looked at five staff files in relation to recruitment, training and staff supervision. 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 staff training data and the providers quality assurance records. We reviewed feedback received from three care workers and two professionals.

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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We were not assured staff had been recruited safely.
- The registered manager was unable to provide us with satisfactory evidence of some members of staff's conduct in previous employment in the form of references, and gaps in employment had not been fully explored.
- Although the registered manager assured us checks with the Disclosure and Barring Service (DBS) were completed prior to staff starting work at the service, except for one member of staff, they were unable to access these on the day of our inspection. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- We identified one staff member's file showed a conviction relating to dishonesty offences. No risk assessment was in place to demonstrate this had been discussed and they were safe to work with vulnerable people.
- We requested the registered manager to submit to the Commission a full staff list and evidence a DBS check had been completed for each member of staff before they started working at the service. At the time of writing this report this information had not been received by the Commission.

This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- During our inspection the registered manager shared with us a new system they would be implementing to ensure current guidance is followed regarding the safe recruitment of staff.
- There were enough staff to meet people's needs.
- People were supported by a dedicated team of staff who had received relevant training to meet their specific health conditions.

Using medicines safely

- Where required people were supported with the administration of medicine.
- We could not be assured robust arrangements were in place to ensure the safe management of medicines. This placed people at risk of harm.
- During our visit to the provider's office the registered manager informed us no one was being supported with the administration of their medicines. However, it was evident from people's daily communication records and feedback from staff and relatives that staff were supporting people with the administration of their medicines.

- Care plans contained contradictory information. For example, in one person's care records it had been incorrectly recorded they required no support with medication from staff.
- The service employed two qualified nurses who informed us they checked the provider's electronic system regularly to ensure people received their medicines as prescribed. We requested copies of people's individual Medication Administration Records (MAR) audits. At the time of writing this report this information had not been received by the Commission.

We found no evidence that people had been harmed however we could not be assured medicines were being managed safely. This placed people at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Staff received training and had their competency assessed to ensure they were administering medicines safely.
- Feedback from relatives confirmed they had no concerns regarding the administration of medicines.

Assessing risk, safety monitoring and management

- Risks to people were assessed and written guidance in place for staff to follow to keep people safe. However, we found some assessments lacked detail. For example, in relation to tracheostomy care, where people had cuffed tracheostomy tubes there was no reference to cuff pressure ranges to minimise the risks of both tracheal wall injury and aspiration. A tracheotomy is a surgical incision in the trachea (windpipe). Breathing is done through the tracheostomy tube rather than through the nose or mouth. Risks to people's home environment had also not been formally assessed.

We recommend the provider review their risk assessment and care recording processes to ensure a safe and consistent approach to risk management.

- Whilst risk assessments lacked detailed guidance, the risks to people were minimised as people were supported by a consistent team of staff who had worked alongside hospital professionals prior to people being discharged from hospital.
- Staff told us they were kept updated on any changes to people's care and support needs.
- People and their relatives spoke positively about their safety. Feedback included, "Definitely safe. [Staff] are 100% skilled and trained. I would completely trust them even if I wasn't here."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding systems and policies were in place to support staff with reporting any concerns about the people they were supporting.
- Staff had been trained in safeguarding and were aware of their responsibility to report any concerns. One staff member told us, "I would report any concerns immediately to [registered manager] to prevent abuse to our patients. If needed I would go higher to CQC. During my induction, [registered manager] explained they hoped this would never happen but made it very clear to go further and not to wait."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Preventing and controlling infection

- Staff were trained and regularly kept updated with infection control and prevention best practice.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm.

- Staff had access to enough personal protective equipment (PPE). A relative told us, "PPE is worn. The staff wear masks, gloves, apron etc. I have no concerns around PPE. [Staff member] had a cold a couple of weeks ago. [Registered manager] phoned to advise they had a cold. I appreciated that fact as not all agencies do that. They would just turn up."
- Staff undertook regular COVID-19 testing to reduce the risk of infection.

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents since the service had become operational. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned and would share these with staff to reduce the risk of reoccurrence.

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.

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

- People's care and support needs were assessed prior to them using the service to make sure they could be met.
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs, including their cultural and religious needs.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction to the service to support them to understand their role and responsibilities. Staff feedback included, "I received an induction by [registered manager]. They explained to me the responsibilities and duties." And, "I felt confident in starting work after [induction]."
- Staff received a range of training to ensure they were able to meet people's needs effectively and safely. This included shadowing hospital professionals prior to people's discharge from hospital to enable staff to fully understand people's specific care needs and how to use specialist equipment. Although staff completed a skills workbook, the provider had not formally assessed staff's skills and competence.
- Supervisions and observations of staff's practice were used to develop and motivate staff, review practice and address any concerns. However, observations of staff practice had not been formally recorded. We discussed this with the registered manager. They informed us they would ensure all observations were formally recorded in future.
- People and relatives told us they felt staff were well trained. One person said, "[Staff] are very aware and knowledgeable about my condition."

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

- Where required people were supported with their nutritional needs.

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

- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing and achieve good outcomes.
- Staff knew people well and knew when to report concerns to management.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

- The registered manager informed us everyone using the service had capacity to make their own decisions.
- Staff received training on the principles of the MCA and understood the importance of gaining consent from people before providing care and support.

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

- People and their relatives told us staff were kind and caring. Comments included, "[Carers] are absolutely lovely and [name] loves them. We have not experienced carers like this before...their care is lovely, professional, and kind." And, [Name of carer] goes straight to [person] and asks how they are and chats about their day. That is the biggest impact for [name]."
- People received care from a consistent staff team. This promoted consistency and continuity with the level of care people received.
- Staff told us how they supported people and respected their privacy and dignity. One member of staff said, "We knock on doors and present ourselves. We ask people what they would like to have, ask them how they are feeling and if there anything else we can do. I always make sure curtains and doors are closed [during delivery of personal care] to give privacy."
- Importance was placed by staff to encourage people to be as independent as possible. A member of staff told us, "I try and encourage people to do as much as they can for themselves." They went on to describe how they had supported a person's hands whilst enabling them to be able to wash themselves and eat their meals.
- Feedback from a healthcare professional described how the support from staff had been instrumental in supporting a person to make steps towards greater independence.
- Staff respected people's wishes and had received training in equality and diversity.

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

- People and relatives were involved in making decisions about their care and support. One relative said, "[Registered manager] visits and asks us how we are. [Name] and I are involved in the care plan which gets reviewed."
- The registered manager told us they visited people at least once a month; they said, "I take the time to do this, it's important to speak with people. If they are unhappy about anything, we will review it."

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

- Support was tailored to people's individual needs.
- A pre-assessment was undertaken prior to people receiving the service to ensure their care and support needs could be met.
- Most people had been referred to the service by clinical commissioning groups [CCGs]. The registered manager told us, "[CCGs] email us the clients' needs and we go out and do an assessment. We check the information and see what training needs are needed and liaise with the hospital [to receive training]. We wait until staff have received the training before we can provide the care."
- Care plans were reviewed regularly to ensure they continued to meet the needs of people. Staff were notified of any changes in people's care and support needs.
- People benefitted from having regular care staff to promote continuity of care
- People and relatives told us they were happy with the care they received from staff and told us they did not have any concerns.

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 assessed and recorded.
- The registered manager told us no one would be discriminated from accessing the service. They told us information would be made available in appropriate formats to ensure people received information in a way they can understand.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and policy to follow should the need arise to respond to complaints.
- People were given information about the service and how to raise a complaint when they first started to receive support from the service.
- Relatives told us they knew how to raise concerns and felt confident they would be listened to.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems to monitor the quality and safety of the service were not robust and required improvement.
- Although people and relatives considered the service to be well run, the inconsistency of responses by the registered manager throughout our inspection did not provide assurance they had clear oversight of the service or understood regulatory requirements. For example, we received inconsistent information regarding whether people were being supported with the administration of their prescribed medicine and were not able to view people's MAR charts, and some people's risk assessments lacked detailed guidance for staff. Furthermore, despite repeated requests, the registered manager has been unable to demonstrate disclosure and barring checks had been completed prior to staff starting their employment with the provider.

We found no evidence that people had been harmed, however we could not be assured the provider's systems were robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff enjoyed working at the service and told us they were clear on their roles and responsibilities and spoke highly of the registered manager. One member of staff said, "When I started work, I received an induction by my manager, and they explained to me the responsibilities and duties and reporting procedures."
- During our inspection, the registered manager informed us they were looking to centralise their systems and processes to one central electronic system to enable them to have better oversight of the service.

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

- The registered manager promoted person centred care and was committed to providing good quality care.
- Staff were motivated and caring. People, relatives and staff told us the registered manager was approachable and they would have no hesitation in raising concerns or making suggestions. One member of staff told us, "Management are very approachable and supportive any time during the day and night, even after work hours." Another said, "We do care from our hearts that is the motto for our company and my

manager. We try to understand our clients and how they feel. We are taught to respect each individual client and staff. I have never worked in a company where the manager comes and works with you as a carer and who visits clients all the time. I'm proud to work and to be part of Universal Complex Care."

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

- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm. They told us, "Our values are we have to be open, honest and to be caring and passionate. If things happen, we need to get better and let people know and apologise."

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

- People, and where appropriate their relatives, were involved in the planning and ongoing review of their care.
- People were given the opportunity to provide feedback on the quality of care and support they received; for example, at their reviews and through questionnaires. We noted questionnaire responses received by the provider had been positive.
- Care plans considered people's equality characteristics.
- Staff meetings were held to share information and give staff the opportunity to raise any issues.
- Without exception, staff told us they felt supported by management.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked closely with health and social care professionals to help facilitate people to receive effective care and support. One healthcare professional told us, "All my correspondence with [registered manager] has been good with clear communication and effective results."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Improvements required to ensure medicines are managed safely in line with current best practice.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective arrangements were not in place to assess, monitor and improve the quality and safety of the service provided.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Suitable arrangements were not in place to ensure recruitment procedures were operated effectively and safely.