

Universal Care Agency Ltd

# Universal Care Agency Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Universal Care Agency is a provider of community home care services providing personal care to eight people aged 65 and over at the time of the inspection. Not everyone who used the service received personal care. 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

When we completed the onsite inspection there was not a registered manager in post since July 2016. Following the inspection, the nominated individual has applied to become the registered manager.

Quality assurance systems had not always been effective in identifying the concerns we found at this inspection or fully addressed concerns from our last inspection.

The provider had not always ensured safe recruitment practices were taking place. Gaps in candidate's employment history had not always been identified or followed up. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with vulnerable people. We made a recommendation about this.

The provider had not updated their Infection control policy to reflect current guidance in relation to COVID-19. We have made a recommendation about this.

The provider had not always reported safeguarding concerns to CQC. This meant we were unable to monitor the service effectively. We have made a recommendation about this.

Systems were in place to seek feedback from people, their relatives. The staff we spoke with felt well supported through training and supervision.

Staff had good access to Personal Protective Equipment (PPE) and understood the current guidance in relation to wearing PPE.

People and their relatives felt there was enough staff for people to be safely supported.

Staff in the service worked well with each other and external professionals to ensure good health outcomes for people.

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

The registered manager demonstrated a willingness to make improvements and during the inspection sent us an action plan of areas they plan to make improvements in.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 27 January 2020) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/sustained, and the provider was still in breach of regulations. This service has been rated requires improvement for the last five consecutive inspections.

Since Universal Care Agency registered with CQC to provide personal care to people in their own homes and ratings inspections started it has not achieved an overall rating of Good or a rating of Good in the Well Led question. Universal Care Agency has had five comprehensive inspections and one focused inspection. This inspection was the second focused inspection. Of the previous six inspections, the service has been rated overall Inadequate once and overall Requires Improvement five times. It has been rated Inadequate in the Well Led question three times and Requires Improvement three times.

#### Why we inspected

We carried out an unannounced focussed inspection of this service on 12 December 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines management.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Safe and Well-led domains.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Infinite Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to risk management, medicines management and good governance at this inspection.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Universal Care Agency Ltd

## 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 team consisted of one inspector on site and one assistant inspector speaking to people and their relatives.

#### Service and service type

The service did not have a manager registered with the Care Quality Commission. There has not been a registered manager in post since July 2016. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. Since the inspection the nominated individual has applied for the registered manager position.

#### Notice of inspection

We gave the service 6 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

#### What we did before the inspection

We reviewed any information we had received from the service since the last inspection. 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 three relatives about their experience of the care provided. We spoke with three members of

staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at two people's medication records. We continued to review a variety of records relating to the management of the service, including policies and procedures.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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.

### Using medicines safely

At our last inspection the provider failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection enough improvement had not been made and the provider remained in breach of this regulation.

- There were no 'as required' medication protocols in place. This meant there was no guidance for staff when to administer 'as required' medicines and people were at risk of not receiving 'as required' medicines when they needed them or being given 'as required' medicines when they were not required. For example, one person was prescribed a medicated gel for joints on an as and when basis. The care plan stated, "Carer to apply/give when required." Records showed this was administered every morning in January, February and March 2021 and had been included on what appeared to be a creams medication administration record listed under the heading, "morning". This meant the person did not have access to additional PRN medicines on days when their pain may be significantly worse because they were being administered their PRN medicine every day. We spoke to the nominated individual about this, they told us, "We will contact the GP to review if these should be regular medicines."
- Medication administration records (MAR) were handwritten; they did not detail what medicines had been administered. For example, under the 'morning' heading of the MAR it stated, 'No. Tablets' indicating staff had to record the number of tablets given. Staff had recorded the number four which meant the person had been given four tablets however, the names of these tablets was not recorded. Where "Cream" was written on the MAR staff had ticked on each day. Topical medicines had a cross or tick to indicate if they had been given.
- NICE guidance had not been followed, for example, nice recommends medicines administration records include formulation and strength of the medicine(s), how often or the time the medicine should be taken, how the medicine is taken or used (route of administration). It was not possible to identify what individual medicines had been given. There was a separate list of medicines however, this did not correspond with the number of tablets administered. The MAR charts we viewed were not fit for purpose and put people at risk of not receiving the correct medicines at the correct time. We made a safeguarding referral about this.
- The separate creams MAR chart detailed creams that were not in the medicines list. This meant people were at risk of receiving creams which had not been prescribed for them.
- One person received support with their morning and lunch time medicines, however, did not receive support with their teatime medicines. Staff reminded them during their lunch time visit to take their teatime



medicine between 5pm and 6pm. On eight days between Jan and April staff did not administer lunch time medicine at lunchtime instead administering the lunchtime medicines at teatime on seven occasions and at night on one occasion. It is not clear who or if the one medicine designated for teatime was administered in addition to the lunch time medicines on these nine occasions. The teatime medicine was a medicine prescribed to support the person with their diabetes. There was a risk this person did not receive medicines required to support their diabetes on nine occasions.

- We asked staff if they received medicines competency checks. One staff member said, "not currently, not on the medication," and a second staff member told us, "We just do it together [give medicines] so we know, actually is always in the nomad so all you've got to do is give what is in the nomad to the client." A NOMAD is pre-packed medications that are delivered weekly by the chemist. There was a risk staff who had not been competency checked may not be competent to administer medicines. Staff were unable to check the MAR chart against the medicines contained in the NOMAD because medicines were not clearly identified on the MAR chart.

The failure to ensure the proper and safe management of medicines was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our concerns and following the inspection sent us improved template documents which they told us, "We are now using to record medication." They told us they would put medication protocols in place for all 'as required' medicines.

#### Assessing risk, safety monitoring and management

- Care plans and risk assessments were not always clear, some risks had been identified however, we found where risks had been identified, there was not always guidance to identify actions staff should take in the event of the risk occurring. For example, a person was at risk of blood clots with prolonged immobility and the risk assessment was completed however, it did not identify what the signs of a blood clot were or what to do if a blood clot was suspected. This meant the person may be at risk if the staff did not know the procedure to follow.

- Care plans did not contain enough information about people's specific medical conditions. Three people whose documents we checked had several medical conditions which were listed in their care plans however, there was no detail about how some of these conditions affected them. Examples of some of these conditions are, medical left sided nephrectomy, hypertension, cellulitis, thyroid problems, "diagnosed mental condition" and history of cancer. There was no guidance for staff to follow should these people have an incident associated with their medical conditions while being supported. This meant staff would not know the correct procedure to follow to get people the right support.

- When asked about specific risks to people, one staff member talked about, "pressure ulcers" and "choking." Another staff member talked about pressure ulcers however, told us, "No, no choking [risk]." Staff did not talk about any other risks with associated medical conditions. One staff member also told us monitoring charts were not used for diabetes. This meant staff did not have enough information to guide them to support people safely. Where care plans and risk assessments did not contain this information people were at risk of not receiving safe, effective care.

- One person was an insulin dependent diabetic however, their care plan did not identify the difference between hyperglycaemic and hypoglycaemic attacks and did not describe the action staff should take if this occurred. Hypoglycaemia is when blood glucose drops too low. Hyperglycaemia is when blood glucose rises too high. There was a risk staff would not know when to call for medical attention if they were unable to spot the warning signs.

- A second person's care plan stated, "handling equipment". However, there was no detail about what the handling equipment was or how to use it. The same person had a catheter but there was no care plan or risk

assessment to guide staff how to use it. This meant new or unfamiliar staff may not know how to manage this person's catheter safely or how to spot any catheter related concerns.

- A third person had a risk assessment for continence. The highlighted risk was impacted stool. The actions were to carry out a continence assessment, "review methods to omit/reduce episodes of constipation through diet and medication. Include input from clients GP." There was no detail to guide staff on the action to take should this person become constipated. This meant people were at risk of not receiving the appropriate care and treatment if they became constipated.

The provider failed to assess the risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's routines were described in good detail in each person's care plan.

### Staffing and recruitment

- Safe recruitment practices were not always followed. For example, gaps in the employment history of staff were not always followed up to ensure there was a satisfactory written explanation for this. This meant the provider was not always able to consider whether the applicant's background impacted on their suitability to work with people who were vulnerable.

We recommend the provider seeks reputable guidance on the safe recruitment and employment of staff and updates their practice accordingly.

- However, all other employment checks had been carried out and documented including Disclosure and Barring Service (DBS) checks for all staff prior to commencing employment. A DBS check enables employers to check the criminal records of current and potential employees to ascertain whether they are suitable to work with vulnerable adults and children.

- We spoke to the nominated individual about this, they were responsive and told us they would address the gaps in employment history.

- A relative told us, "They're very good, when [relative] first came out of hospital she was meant to get there in the afternoon but didn't end up until the evening, he [manager] was so good, she got home and they were there within five minutes." Relatives we spoke to told us there were always enough staff and staff arrived on time for their care calls.

### Preventing and controlling infection

- The infection control policy had not been updated to take into consideration COVID-19. We spoke to the nominated individual about this who told us by email, "We do not have an updated policy to include COVID-19 apart from the instructions linked to the Business Continuity Plan. I will update it today."

- Staff told us they had access to the appropriate PPE and were able to describe wearing, aprons, gloves and masks when visiting people.

We recommend the provider seeks reputable guidance to review and update the infection control policy to include up to date guidance for staff in relation to COVID-19.

- We were assured that the provider was using PPE effectively and safely. Staff and the nominated individual told us they had access to gloves, aprons, masks and hand gel. The provider told us if they were visiting anyone who was COVID-19 positive they had face shields and full clothing protectors available.

- We were assured that the provider was accessing weekly PCR testing for staff.

Systems and processes to safeguard people from the risk of abuse

- Documents demonstrated staff had received training in safeguarding. Staff we spoke with told us they had received safeguarding training. However, not all of them were able to tell us what indications of abuse they would look out for.
- One staff member told us, ""If I for example, see some bruises to one of my clients and had any fall or anything I would be worried a bit." A second staff member was able to describe different kinds of abuse and all staff said they would raise any concerns with the manager who they were confident would act.
- Safeguarding incidents had been shared with the local authority and responded to appropriately.
- Relatives told us they were happy with the service and felt their relatives were safeguarded appropriately. One relative told us, "We're happy, we're fine - we're very happy with it, the girls [staff] are lovely."

Learning lessons when things go wrong

- The registered provider had a system to record accidents and incidents and reviewed these on a regular basis to monitor for themes.
- Risk assessments and care plans were reviewed following incidents.
- The nominated individual described an incident that had occurred. They told us they had updated the business continuity plan following this incident and documents confirmed this. The nominated individual told us, "We told the staff about the changes."

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- A condition of the registration of Universal Care Agency Ltd is to have a registered manager in post. A registered manager had not been in post since July 2016. Although attempts had been made to recruit a registered manager these had been unsuccessful. Following the inspection, the nominated individual made their application to register with CQC as the registered manager. We will monitor the progress of this application to check this condition of registration is met. Following the inspection, the nominated individual applied to become the registered manager.
- The provider had put some systems in place to monitor and assess the quality of the service and to drive improvements, however; some quality assurance audits were not in place for example to check the quality and accuracy of care plans, risk assessments and staff files. Those which were in place had not identified all the areas of concern we found during the inspection. This included risk management, medicines management and maintaining accurate records in relation to recruitment. We have reported on this in more detail in the Safe domain of this report.
- Communication was not always effective between the management and staff. Staff commented in supervision that communication had been a concern for them. We spoke to the nominated individual about this who told us they were trying to make themselves more accessible to staff.
- There was no clear procedure in place for staff to handover to the next staff member any information of importance. The nominated individual told us they would put a handover procedure in place.
- The failure to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity and the failure to maintain accurate records in respect of each person was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activity) Regulations 2014.
- The provider has a legal responsibility to notify CQC of significant events. We identified two occasions where CQC had not been notified of a safeguarding concern. The provider had investigated the concerns, reported them to the local authority safeguarding team and taken the appropriate action.

We recommend the provider reviews current requirements in relation to their legal requirement to notify CQC of incidents.

- The provider was responsive to our feedback and told us about some of the changes they were going to

implement following the inspection.

- Providers are required to display their CQC rating at their premises and on their website if they have one and we saw this was prominently displayed.

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

- Relatives told us staff were, "very good" and staff are, "lovely and approachable."
- The nominated individual and staff we spoke with told us they were committed to providing person centred care. A staff member told us, "I try and get to know them [clients] when I first meet them. I have a couple of religious people that we support, you have to be mindful of their views."
- Staff told us they felt valued and supported. One staff member told us "We have supervisions and appraisals. I think we had them [appraisals] at the beginning of the year and supervisions since, they're very useful, I feel the management are approachable."

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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider told us people and their family members were sent surveys to enable them to express their views on the service provided. At the time of the inspection the provider told us they had just sent surveys out and were waiting for responses. They told us of their plans to implement these surveys for staff. However, one relative told us, "No I don't think I've ever done anything like that [relative surveys/given feedback]."
- A second relative told us, "I want it put down that I think they're all incredible, all so lovely with [relative]. Since she's been home, she's been getting better and better and seeing those three familiar faces has really helped her mental health."
- The service worked in partnership with other professionals to ensure people received effective, joined up care. The nominated individual told us, "There are a lot of people involved in care. We work with social workers, GP's, district nurses and families as well as other professionals when needed."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The failure to ensure the proper and safe management of medicines was a repeat breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and, the provider failed to assess the risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

### The enforcement action we took:

We issued a Warning Notice for the provider to be compliant with this regulation by 14 July 2021

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity and the failure to maintain accurate records in respect of each person and the was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activity) Regulations 2014.</p>

### The enforcement action we took:

We issued a Warning Notice for the provider to be compliant with this regulation by 14 July 2021