

Complexus Care Ltd

Complexus Care

Inspection report

Timsons Business Centre
Perfecta Works, Bath Road
Kettering
NN16 8NQ

Tel: 07525919018

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24 April 2023

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12 May 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Complexus Care is a domiciliary care agency providing personal care support to people in their own homes. The service provides support to people with a range of complex care needs, including specialised support to people that have sustained a Spinal Cord Injury. At the time of our inspection there were 4 people using the service.

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

People were safe. Staff were recruited safely and were aware of safeguarding procedures. Risk assessments were person centred and developed with the person. Medicines were managed safely. People and their relatives received training to reduce the risk and spread of infection.

People received effective care and support from a skilled staff team. People's needs, preferences and wishes about their care were assessed with them by the provider. Staff received training appropriate to their role. Staff worked diligently to support people to maintain healthy lives. 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 were kind and caring. People were treated with dignity and respect. Staff knew people well and respected people's individuality. People were encouraged and supported to maintain their independence.

Records were detailed, person centred and regularly reviewed. The provider had a clear and detailed audit process and was driven to improve on the service they provided. People were supported to take part in activities they chose and maintain relationships important to them. Complaints were responded to appropriately. The provider sought regular feedback to help them improve the service. Staff told us the registered manager was exceptionally supportive.

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 05 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Complexus 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 April 2023 and ended on 28 April 2023. We visited the location's office on 24 April 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority.

The provider had completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who use the service, 2 relatives, 1 staff member and 1 health care professional by telephone. We also spoke with the registered manager, clinical lead, office manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We emailed requests for feedback to 21 staff and 3 health and social care professionals. We received feedback from 3 staff members and 2 health and social care professionals. We reviewed a range of records concerning the management of the service and looked at 2 peoples care records, including medicines records, and 6 recruitment records.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm because staff knew them well and understood how to protect them from abuse.
- The provider had introduced a "Freedom to Speak Up Guardian" staff could speak to in confidence, when they felt that they were unable to raise concerns in other ways. This promoted a positive culture of speaking up, and meant any concerns or risks to people were acted upon immediately, protecting people from the risk of abuse and keeping people safe.
- Staff received training in safeguarding, understood signs of abuse and how to report any concerns. One staff member told us, "I feel confident in recognising signs of abuse, I would report immediately to the care manager".
- The provider had policies and procedures in place to safeguard people from abuse. The provider had not made any referrals to the local authority but understood their responsibilities if this was required.

Assessing risk, safety monitoring and management

- Care plans were comprehensive, risks associated with people's care were identified and plans were in place to minimise risk. Staff told us care plans were robust. One staff member said, "(There is regular communication to change and update records ensuring current information is available".
- Risk assessments were person centred and reviewed regularly. People's lifestyle choices, hobbies and interests were catered for. For example, we saw risk assessments for holiday trips. This covered areas such as local health contacts, accessibility, and travel arrangements. We also saw risk assessments for complex needs related specifically to spinal cord injury.
- Environmental risks linked to people's homes were considered as part of the assessment process. To further support people's safety, key information was recorded within people's records. For example, whether smoke detectors were installed, the location and accessibility of fire exits together with personal evacuation plans.

Staffing and recruitment

- People who received support were the focal point for all recruitment decisions. When developing a support package for people, the provider first met with the individual to identify what they wanted from their staff team. The provider created person specific adverts to identify suitable candidates. One person told us, "Complexus facilitate a zoom interview for me and the [applicant], if that goes well, I then have a 2nd face to face interview at my house which includes a manager from Complexus so we can all get to know each other a little more. This really helps me make decisions about the people I want to support me".
- Staff were recruited safely. The provider completed pre-employment checks on all staff, this included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including

details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff undertook a period of induction, where they worked alongside an experienced member of staff. Support was provided through supervision and observed practice by the clinical lead. This ensured staff received appropriate support and competence checks to promote people's safety and wellbeing.

Using medicines safely

- Medicines were managed safely. Medicines administration records (MAR) were used accurately, and people's medicines were administered as prescribed.
- People were supported to take their medicines in the way they liked to. For example, 1 person's care plan stated, "I have a 'pill popper' and can now dispense my medication, but my preference is for staff to do this for me, and I will check they are the correct medications before taking them".
- Staff were trained in medicines administration which included a competency assessment.
- As required (PRN) medicines protocols were in place. This included what the medicine was used for and how to identify when the person required it. There was also information about non-drug interventions that could be used alongside the medication to alleviate symptoms, such as ice packs and massage.

Preventing and controlling infection

- Systems and process were in place to protect people from the spread of infection.
- Staff and relatives supporting people were all involved in training about infection control measures, which included the use of personal protective equipment (PPE), such as gloves and aprons. One relative told us, "They are very good at hygiene practices, they constantly remind us about the importance of changing gloves etc, and even provided us with guidance to help me understand".
- The provider recently produced an information pack to support staff, people and their relatives, to understand the importance of good infection control principles.

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 needs, preferences and wishes about their care were assessed with them by the provider. One person told us, "I sat with [nurse's name] when I was getting ready to come home, we sat down and wrote the plan together. Its fluid, they keep it updated".
- We saw people's care plans included their wishes and aspirations for the future. For example, 1 person's care plan said their long term goal was to have their own cake/craft business. The care plan gave staff clear detail to support the person with baking.

Staff support: induction, training, skills and experience

- Staff had the required qualifications, skills, knowledge and experience to meet people's care needs. One person told us, "Any training needs are sorted right away, the staff are very experienced." A staff member told us, "I received a good level of training and am always asked if there are other areas I would like to develop further." The provider's training matrix confirmed this.
- The provider had effective systems in place to support and supervise staff. This included one to one supervision, team meetings, and observations of staff competencies. For example, in the use of equipment to move people, and specialist techniques to support people with bowel care.
- Staff were provided with specialist training in key areas to promote people's health and well-being which enabled them to meet people's needs. For example, spinal cord injury.

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

- People's dietary needs were considered as part of the assessment process. For example, allergies and risk of malnutrition. Care plans provided information to staff on how to manage this.
- No one had specialist dietary needs at the time of inspection. The provider had training in place for staff if people needed support in this area.

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

- One person contracted COVID-19 and spent a period in hospital. They told us, "I have some [specialist needs] and the staff came to the hospital, they helped with my care needs whilst I was there". They went on to tell us, "It's not the same [in the hospital], without my usual staff, they just know me. [Registered manager] put pressure on the hospital to get me home, it was a lifesaver really".
- One person told us how the nominated individual is a pharmacist and worked with them and their hospital team, researching alternatives and methods to help them change to a liquid medicine and to reduce the amount of medicines they were taking.

- Staff worked diligently to support people to live healthier lives. One person told us, "I was really fit before my accident, I try and keep fit the best I can, and the team really help me do that".

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 MCA 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, and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was compliant with the MCA. At the time of the inspection no-one was subject to a Court of Protection authorisation.
- People's ability to make specific decisions and consent to receive care and support was assessed and recorded.
- Staff received training about the MCA and basic principles of consent. Staff were able to describe how they ensured people consented to receive personal care.

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.

- People were well treated and supported by staff. A relative told us, "They are great. Just brilliant!" One person told us, "I don't have to ask for stuff. Simple little things are just done. That's down to the people on the ground. They've known me so long its second nature." And "When you have carers that will put themselves out and do it with you, it's so encouraging!"
- We received positive feedback about the caring nature of the staff team. One person told us, "I have certain things I am looking for in a carer and they help me to find those people. I am looking for enthusiastic people that want to do the job, I want someone to go out with and be inspired to do things with. Complexus has found those people for me."

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

- The provider supported people to express their views. One person told us, "They looked for people that can inspire me to get out and about, they are interested in the same things I am. This makes them enthusiastic to share in my hobbies and interests".
- People and their relatives were encouraged to provide feedback to the registered manager about the care they received. The feedback we saw during the inspection was very positive.

Respecting and promoting people's privacy, dignity and independence

- Staff knew the importance of maintaining people's privacy and dignity. One relative told us, "I requested staff give us some space when I am here [with my relative], they really respected our need for time alone together".
- People were asked in their initial assessments whether they had preferences regarding the gender of their allocated care workers. Assessments also recorded any needs people had in relation to their religion, culture and sexuality.
- Staff encouraged people to become more independent. This including supporting people to complete tasks they previously did before their injury. This helped people maintain and strengthen their abilities, skills and independence.

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

- People received care and support which was personalised to them and took into consideration their needs and preferences.
- Information about people's health needs was recorded and how this impacted upon them. This helped staff understand people's conditions and provide care to meet their needs. Staff told us the care plans provided enough information to provide people with good support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the Accessible Information Standard. Staff received training and support in communication and worked with people and other professionals to ensure information was communicated in their preferred way.
- One person was hearing impaired and used a form of sign language to communicate. The provider was working closely with the person's interpreter to ensure that complex terminology around the person's clinical needs could be communicated effectively. This meant people received information in their preferred way and they were empowered in their decision making.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to take part in activities they chose and maintain relationships important to them. One relative of a person using the service had worked with the provider so they could support their family member and share time together, without the need for a support worker being present.
- The provider enabled people to choose their staff team. One person told us they wanted to remain active and were supported to find staff with similar interests to share these experiences with them. They told us, "They do help me achieve my goals!".

Improving care quality in response to complaints or concerns

- Complaints were responded to promptly and appropriately. There was a complaints policy in place for people to access. The complaints policy encouraged people to complain.
- People, relatives and staff told us they were confident to raise concerns, with some giving examples of

when their concerns had been addressed. A relative told us, "I feel Complexus is quite on board, they are proactive."

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- The provider held discussions with people to discuss their end of life wishes as part of the initial assessment and ongoing care plan review process.
- Staff received training in end-of-life care so that people could be supported to have compassionate, high quality care during this time of life if it was required.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about staff and told us they were happy with the service they received. One person said, "[Staff] are there if you need them. Quick to work on any issues and sort them out. They're easy to speak to. They made it so easy for us, this was the first time of using a care service." Another said, "They promote clear channels of communication for the benefit of myself as an employee as well as the service user".
- Staff told us they had regular contact with the registered manager and office team. They found them to be exceptionally supportive. One staff member told us, "The support I receive from Complexus Care is above and beyond my expectations and that of any other company I have worked for, especially [nominated individual] and [registered manager], who have put a lot of time and effort in to helping. A relative told us, "[Registered manager] is very responsive and quick to accommodate any changes."
- Staff felt respected, supported, and valued which supported a positive and improvement driven culture. There was regular communication between staff members to help ensure consistency in care and the smooth running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 was knowledgeable about their role, knew people well and was aware of their legal responsibilities.
- There was a framework of governance underpinning the service to check people received a good standard of care. The management team were from a range of clinical backgrounds, including an occupational therapist, pharmacist, and nurses.
- There were systems in place to monitor the quality and safety of the service. These included audits and reviews of people's care plans and files, reviewing daily care notes and regular competency assessments of staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider issued questionnaires to people, their relatives, staff and stakeholders, to gather feedback about the service. We saw the results from the questionnaire completed in November 2022 and found that feedback was developed into an action plan to drive improvement of the service.

- The provider, registered manager and staff team were passionate about the support they provided across their service, for the benefit of people and their relatives.
- The registered manager had in depth oversight of the service and how it was operating. This included a wide range of audits to help ensure that the quality of care was maintained and improved.

Working in partnership with others

- The provider worked closely with other health and social care professionals involved in people's treatment and support. We saw many examples where the provider met with other professionals such as physiotherapists to further develop agreed ways of working together with the people they supported.
- We received positive feedback about effective working relationships with other agencies. One professional said, "I think they go over and above. Communication is great, they always keep me up to date."