

Universal Complex Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Universal Complex Care Ltd is a domiciliary care agency providing personal care for people living in their own houses and flats in the community. At the time of inspection, 7 people were using the service.

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

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs. Risks associated with people's care were assessed with appropriate guidance in place to inform staff. People's medicines were managed safely.

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 received an induction when starting in their role and were provided with appropriate training to support their knowledge. People's nutritional needs were met.

Care plans were reviewed and updated to reflect people's needs. No-one at the service was receiving end of life care. People and relatives told us the staff were kind and caring in their support.

People, staff and relatives were positive about the registered manager. The processes for monitoring the quality and safety of the service were effective.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update and update

The last rating for the service under the previous premises was requires improvement, published (13 January 2022).

The overall rating for the service has changed from requires improvement to good based on the findings of this 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.

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 Health and Social Care Act 2008.

Inspection team

This 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 03 May 2023 and ended on 05 May 2023. We visited the location's office/service on 03 May 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection.

We used all this information to plan our inspection. The provider was not asked to complete 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.

During the inspection

We spoke with 3 people who use the service and 2 relatives about their experience of the care provided. We spoke with members 7 of staff, including the registered manager and the care coordinator. We also received feedback from 1 professional about the service. We reviewed a range of records, these included 4 people's care records, 3 staff files and 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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection 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. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Using medicines safely

- Medicines were managed safely.
- The service used an electronic medicines system to record administration of medicines. When we checked medicine administration records there were some gaps. However, the registered manager produced paper records which staff had recorded on when they had any issues with the electronic system.
- Only 2 people were supported with medicines. A relative told us, "When [family member] came out of hospital, I had trouble with the medicines they prescribed, I was able to speak with [staff member] who is a nurse and they explained it all to me."
- Senior staff carried out staff competency assessments and undertook audits to help ensure people's medicines were managed safely.

At our last inspection suitable arrangements were not in place to ensure recruitment procedures were operated effectively and safely. This was a breach of Regulation 19 [Fit and proper persons employed] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Staffing and recruitment

- Staff were recruited safely. Checks were carried out prior to staff being employed by the provider. This included a DBS. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager involved people when allocating staff to packages of care. One person told us, "The carer I had has just left who was great. I am involved in finding new staff and we are currently in the process of finding someone else. I used to ask for staff profiles, but it does not tell me enough, now I talk to potential staff by phone or facetime."
- People told us there had been no missed care visits and a person said, "There are enough staff and if from time to time someone cannot come the agency sorts this out. They always talk to me about new staff that might be coming."

Systems and processes to safeguard people from the risk of abuse

- People told said they felt safe with the staff supporting them. One relative told us, "I do think [family member] is safe with the carer."
- Staff had been trained in safeguarding and were aware of their responsibility to report any concerns. One staff member told us, "I always talk to the registered manager, and we take care of our clients. If I was concerned, I am aware of how to whistle blow and go to CQC."
- The registered manager had oversight of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider reviewed their risk assessment and care recording processes to ensure a safe and consistent approach to risk management. We found improvements had been made.

- People were protected from risks associated with their care, and care records now included greater detail as to? how potential risks could be reduced to promote people's safety. One person told us, "New staff have everything explained to them, so they understand all the risks. They understand how careful they need to be when moving me. They totally know what to do and I do feel safe with them."
- Risks related to people's health conditions were assessed and included guidance for staff on how to respond. For example, in relation to a person's complex care needs, detailed guidance was now in place.
- Risk assessments were regularly monitored and reviewed by senior staff, to ensure staff had the most up to information so actions were taken to reduce the risks identified.
- People were supported by staff who were familiar to them, who understood their needs and could respond quickly when people's risks and needs changed.

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date.
- Staff were trained in infection control and their skills and knowledge was updated regularly.
- Personal Protective Equipment (PPE) was available, as necessary. Management spot checks were carried out to observe staff were following infection control procedures.

Learning lessons when things go wrong

- There was a system for the reporting and recording of any accident or incident so any patterns or themes could be identified, and action taken 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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 were assessed prior to using the service to ensure their care needs could be met in line with current guidance and best practice.
- Information from assessments was used to develop care plans which were shared with staff to help them understand people's needs. Staff were able to access care plans on their phones.

Staff support: induction, training, skills, and experience

- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. A staff member told us, "I was shadowing the whole of January and February 2023. The training was good and during the shadowing I saw what the client I work with needed."
- People were supported by staff who had the appropriate training and skills. This included training for specific areas related to people's care. For example, where people's dietary intake was administered via a PEG feed, (receiving nutrition directly through the stomach via a tube).
- Staff told us they received supervision and support from senior staff. One staff member said, "We do have supervision and meetings with [registered manager]. They are very supportive."

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

- People's care plans contained information about their dietary needs and preferences. One person said, "They do prepare my food, either breakfast or snacks and they do ask what I want."

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

- Staff worked with other agencies to provide effective care.
- Information about health care professionals involved in people's care, and their contact details were contained within people's care plans. A professional told us, "I am aware that person's carers have been proactive in making relevant referrals and liaising with health professionals involved."
- Staff we spoke with were very knowledgeable about the people they supported.

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.

- People using the service had capacity to make their own decisions. However, the registered manager was aware of how to apply the principles of the MCA when deemed necessary.
- Staff received training in relation to the MCA and had a good understanding of its principles. One staff member told us, "The MCAs is where some people are not able to make a decision, so it needs to be made in their best interests."

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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 and relatives were complimentary about the staff who provided support. One person told us, "I find them very reliable, and they are very patient with me." Another person said, "I find it good; staff are very pleasant."
- The service had systems in place which ensured staff were monitored to make sure their practice was kind and caring.
- Staff had received training in equality and diversity. A staff member told us, "My clients have a different religion to me and when I am there, I respect their views and I try to understand any aspects of their religion important to them and I respect this."
- People's equality characteristics such as their ethnicity, religious beliefs and cultural needs were recorded in their care plans for staff to be aware of.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives were involved in making decisions about their care and were included in their care planning. One person told us, "I do have a care plan, but I can also communicate so I am able to tell carers what I want. They do follow what I want."
- People's privacy, dignity and independence were being promoted. A person told us, "My privacy is important, things like knocking on doors, not interrupting my calls, but they [staff] do stick to this." A staff member said, "We have a curtain to close, and I always cover [person] with a towel."
- Care plans detailed what people were able to do independently and what support they might need from staff. A staff member said, "We do get time with people, when we talk to people and get to know them, we can build trust and encourage them to be as independent as they can."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 responsive to their needs. One person told us, "I am quite complex and I lead a very different lifestyle to people staff usually care for. So, carers need to go with the flow, I do not always eat breakfast at the same time or lunch so finding the right staff can be difficult. This agency follows what I want."
- People were introduced to staff at the start of the service to ensure they felt comfortable. This meant they could explain what is important to them to staff. A staff member said, "I get to meet the person first and get to know the person well as I work with them."
- A monthly meeting was held with the team supporting them to discuss individual people. A staff member said, "We meet every month and go through everything about the person we work with."
- A person told us, "We do have reviews and I am able to facetime [registered manager] and we talk on zoom. This is one of the better agencies."

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.

- Care plans recorded each person's communication needs and preferences to help inform staff. One care plan recorded, "Speaks with eye gaze. [Family member] will sign documents as [person] cannot physically sign, has full capacity."
- If required information could be provided in alternative formats to meet people's requirements.

Improving care quality in response to complaints or concerns

- Systems and processes were in place to respond to people's concerns and complaints.
- People and their relatives told us they knew who to contact if they had a concern. One person told us, "I am very up front in telling the management if things are not working and they do sort things out." A relative said, "They are responsive if I have a query or any concerns."
- The registered manager told us they were in the process of scheduling a multidisciplinary meeting to try to resolve a concern with a person they were supporting.

End of life care and support

- At the time of the inspection no one using the service was receiving of end-of-life care.

- Staff were provided with training in end-of-life care, so they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives if required.
- Care plans documented people's wishes and preferences in relation to end of life support.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the previous inspection 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. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

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

- The service had made the necessary improvements since the previous inspection. The management team now used quality assurance systems effectively.
- They carried out regular quality checks of areas such as, audits of care records, medicines and carried out spot checks to ensure people received the care and support in line with their individual needs. Where issues were identified, actions had been taken to make improvements.

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

- People, relatives, and staff were complimentary of the registered manager and senior team and how the service was run. A staff member said, "It is managed well, and they do their upmost to support clients and staff. They do listen to what we have to say." Another staff member said, "I was very happy to work for this company as when I started it was very small, [registered manager] is not only a manager but is like a mother to me. They have been very supportive."
- A person told us, "I do not have any problems or concerns they manage everything very well. A relative said, "I do have a fair bit of contact with the registered manager, they have worked in care a long time and I do find them knowledgeable. I would recommend this service."
- People's equality characteristics, such as their cultural needs and disabilities, were considered and recorded in their care plans.

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 ensured any notifiable incidents were reported to the Care Quality commission in a timely and appropriate fashion. They understood their responsibilities under the duty of candour.

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

characteristics

- The registered manager gathered people's, relatives, and staff views through surveys. In addition, they held meetings with people and relatives to discuss their care and support and to get their feedback.
- Staff told us said support and advice was always available. One member of staff told us, "I am very happy working for this company. They are one of the best companies I have worked for, and they do listen to us, and I can ring at any time even if it is late."

Working in partnership with others; Continuous learning and improving care

- The service worked with health and social care professionals to help maintain people's health and wellbeing. A professional told us, "I feel [registered manager] is easily contactable. They have also been present during things such as Decision Support Tool Meetings and home visits to complete adult social care assessments which has been incredibly helpful."
- The registered manager used meetings to share good practice to promote continuous learning with staff.