

Ultimate Complex Care Ltd

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Inspection report

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Date of inspection visit:
25 August 2022

Date of publication:
08 November 2022

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

Ultimate Complex Care Ltd is a domiciliary care agency registered to provide the regulated activities of personal and nursing care. The service had been registered with the CQC since January 2021 however they had recently begun to deliver the regulated activity of personal care in the seven weeks prior to the inspection. The service provides support to older people. At the time of the inspection there were five people using the service

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

People were provided with regular opportunities during initial assessment to express their needs, wishes and preferences regarding how they received care and support. As the service had not long been delivering the regulated activity regular meetings were yet to be arranged.

People's needs were assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures. Staffing was arranged in a flexible way to respond to people's individual needs.

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines.

The service maintained daily records of how people's support needs were met and this included information about medical appointments.

Staff respected people's privacy and staff worked with people in a kind way that responded to their needs.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service had taken time to understand people's individual way of communicating in order that the service's staff could respond appropriately to people.

The provider had quality monitoring systems in place these were going to be used to bring about improvements to the service as the service developed.

Rating at last inspection

This service was registered with us on 6 January 2021 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.

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

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 safe.

Details are in our safe findings below.

Good 

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 well-led.

Details are in our well-led findings below.

Good 

Ultimate Complex Care 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 Health and Social Care Act 2008.

Inspection team

One inspector carried out this inspection.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 24 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 25 August 2022. We visited the location's office on that date.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service.

A provider information return (PIR) is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 22 August 2022 to help plan the inspection and inform our judgements

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and five relatives of the people about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff.

We reviewed a range of records. This included two people's care plans and medicines records. We looked at recruitment checks and training records of six staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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

- The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training on safeguarding people from abuse. Staff we spoke with knew how to report incidents and relatives told us they felt people were safe. A member of staff said, "I would report any concerns because safeguarding is the main thing about our job, if there is anything to do with safeguarding there are no second thoughts about it. We have the information we need in the staff handbook."
- There had been no safeguarding concerns since the service started supporting people.

Assessing risk, safety monitoring and management

- There were risk assessments in place to provide guidance for staff about how to keep people safe. Staff knew how to raise any concerns around changes of people's needs and told us they had sufficient time to read risk assessment guidance. Staff said; "The care plans and risk assessments are quite clear and the [Provider] say if you do not understand anything, they say, contact us and we will explain and sometimes you need a bit of clarification."
- Environmental risks were assessed, with measures put in place to remove or reduce the risks.
- People had personal emergency evacuation plans (PEEPS) in place to ensure that any emergency evacuation was person centred to people's needs.

Staffing and recruitment

- There was a robust employment procedure for staff. Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. The recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.
- Staffing levels had been assessed and rostered to meet people's person-centred needs. The registered manager explained that each person had a group of familiar staff that were assigned to meet their needs. Staff said; "I feel we have got enough staff and we do not work under pressure," and "I think the number of staff is quite enough... the time is quite enough to support [People] and have a chat with them." A relative said, "The carers usually turn up on time, sometimes it is changed but they're usually here when they are meant to be, and we are given plenty of notice when times do change" and "What they have done well in particular is they have put together a team of four people [Staff] and they have got to know us well."

Using medicines safely

- People's medicines were managed safely. Medicines records (MAR) were complete and topical medicine

MAR had related body maps to ensure prescribed creams were applied appropriately.

- PRN (as required) medicine protocols were in place to ensure that staff had appropriate guidance when administering PRN medicines.
- Regular stock checks were carried out on people's medicines to ensure they were in continuous supply.

Preventing and controlling infection

- The service had appropriate policies and procedures in place to manage and reduce the spread of infection including a policy and risk assessment around COVID19.
- Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them.

Learning lessons when things go wrong

- The service had not experienced any incidents or accidents. We were assured by the registered manager that there were systems in place in the event of any such occurrence. We were told that learning would be undertaken to prevent recurrence and any risk assessments updated to reflect this.

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.

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 were able to make most day to day decisions about their care and support, as long as they were given the right information, in the right format at the right time.
- There were limited restrictions placed on people. Where there were restrictions, people's capacity had been considered and mental capacity assessments had been completed.

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

- People's needs were assessed prior to them being supported by the service. These assessments ensured that people were supported to live the life they choose, with the same choices and rights as other people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and an effective induction into their role. The induction programme included a period of shadowing a more experienced member of staff. Staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. The provider's essential training included areas such as medicines training, safeguarding, fire safety and first aid. Staff also had access to some other training focused on the specific needs of people using the service, such as epilepsy. A staff member said, "I have done the TVM [Tissue viability management] training as part of the care certificate as well and we have done online and practical PBM [Positive behaviour management] and manual handling as well. When I initially started, I did shadow shifts and then as we got more comfortable, they were sending me out with the same staff."
- Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The provider supervision policy was for formal supervision at two monthly intervals. As the service provision was new staff had recently received their first supervision. A staff member said, "Get regular supervisions and I get to talk to my supervisor whenever I want to, and they have given me a lot of support."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier

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

- Care plans set out each person's likes, dislikes and dietary needs.
- Staff were aware of people's guidelines where they required specific foods and drink to enable a healthy diet.
- People were supported with their healthcare needs as described in their care plan.
- Care plans demonstrated that advice had been sought from health professionals as required

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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity;

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

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured. We saw daily notes that described how a staff member had recognised a person was in an unhappy mood. The staff member engaged in a conversation about the person's hobbies to lift their mood. A staff member said, "It is about treating people how you would want to be treated and ensuring you are treating everyone fairly and just being nice."
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.
- People and relatives were involved in making decisions about their care. Family members told us staff were thoughtful. A relative said "They have gotten to know [Person] and [Their] needs and another one of the good things is, they put forward things we can do differently which is really helpful."
- Staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff. A staff member said; "Getting to know [People] is about talking and listening to them and reading their care plans and try as much as I can to engage with them and let them know I am here, and I can do what they want and can be of assistance to them."
- Staff told us the registered manager promoted the importance of spending time chatting with people and understanding how the day was going for them.
- People's independence was promoted through a set of goals towards independence which they were supported to achieve. Staff told us an important part of their job was to support people to be as independent as possible. One staff member said, "There are some people who have some sort of independence and we encourage people to keep as independent as possible, and sometimes when I am doing personal care people will say I will do it myself, so we encourage this."

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; End of life care and support

- The provider used electronic care plans; these were accessible on care staff handheld devices. People's care was personalised and well-planned. People's individual wishes, goals and preferences were included in their care plans.
- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed and emphasised where people could be independent as well as where they needed support.
- Staff had received end of life care training. At the time of the inspection no one was receiving end of life care or expected to be receiving this care in the imminent future. The registered manager told us they would develop this area of care plans as they got to know people.

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.

- People's communication needs were addressed in their care plans. Staff knew how to communicate with people and were aware of any specific needs of people, for example when people needed time to process information.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people, families and friends to use and compliments could also be recorded. At the time of the inspection no complaints had been made.

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

- There was a positive and person-centred culture within the service. Staff spoke positively and passionately about their work and the people they supported. Staff said "When we are caring for people, we try to help them as much as we can, and we do promote as much independence as possible. Sometimes I find people are not doing things themselves because they are not getting the right encouragement and you need to say, you can do this."
- Relatives and people were involved in decisions about care but had not yet been asked for feedback about their care due to the short time the service had been delivering personal care. The registered manager told us they would ensure that they would formalise a process for recording informal and formal feedback.

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

- As the service had only recently started to deliver the regulated activity of personal care there had not yet been comprehensive quality assurance checks in relation to all functions of the service.
- Regular audits had taken place to monitor service provision and to ensure the safety of people who used the service. This included a series of spot checks observing care and support.
- The provider had a duty of candour policy in place but had not had reason to use it. The registered manager was aware of how they should respond if there was a relevant incident. Staff knew they had to report concerns to the manager and were confident that these would be acted upon. One staff member said, "If I witnessed anything or if I had any concerns I would call my supervisor right away and I would refer back to my policies to see what other action to take."

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

- Staff meetings were held for staff to discuss any current concerns and share information. Staff felt listened to and able to raise their views. One staff member said; "I think [Registered manager] is managing the service very well and he looks after his [Staff]. He normally checks in with you to see if you are ok and if you are coping and he communicates well."
- The registered manager had plans in place to gather feedback from people and relatives and implement regular reviews; these had not yet been implemented due to the short length of time since service provision had begun.

Working in partnership with others; Continuous learning and improving care

- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice.
- The provider regularly engaged with staff via supervisions and welfare checks. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care. One staff member said, " I think it is well managed because we are always advised if there is anything that has happened or it is not right and they are always checking in on us."
- There was a programme of staff training to ensure staff were skilled and competent, staff were also encouraged to complete additional qualifications such as NVQs.