

BI FLEXI SUPPORT LTD

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Inspection report

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10 November 2023
13 November 2023

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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

BI FLEXI SUPPORT LTD is a domiciliary care agency supporting people with their personal care needs in Leicestershire. At the time of inspection, 2 people were using the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Timely calls were not always in place to provide people with the personal care they needed. This issue was followed up by the registered manager. Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs. Enough staff were employed to meet people's needs. Relatives said safe care was provided, with people protected against abuse, neglect and discrimination.

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.

Relatives were very satisfied with the personal care staff provided. They said their family members were treated with respect and dignity and staff had a caring and friendly approach to them. They said they had very good relationships with staff. Staff respected people's privacy and encouraged them to maintain their independence and do as much for themselves as they wanted to.

Relatives were aware of how to approach the registered manager to raise concerns or complaints. The registered manager understood their responsibilities and worked in an open and transparent way. Quality assurance systems were in place to measure whether people were provided with a quality service.

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

Why we inspected

We inspected this service due to the length of time since the previous inspection.

The overall rating for the service has remained good based on the findings of this inspection.

Rating at last inspection

The last rating for this service was good (published 20 July 2018).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our

reinspection 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 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 

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Detailed findings

Background to this 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

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 homes.

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 2 days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 10 November 2023 and ended 13 November 2023. We visited the office location on 13 November 2023.

What we did before the inspection

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

During the inspection

We were not able to speak with people who used the service about their experience of the care provided though we spoke with 2 relatives about these issues. We spoke with 3 care staff and the registered manager. We reviewed a range of records. This included 2 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from risks to their health.
- Risk assessments covered the potential risks for people and identified potential risks in people's homes. For example, for assisting people to move and protecting their skin from sores. Some risk assessments did not fully detail what action staff should take to reduce risks to people. The registered manager followed up these issues and added this detail.
- Risk assessments helped to ensure any risks to people's personal care and environment were identified, prevented and reduced.

Staffing and recruitment

- Timely calls were not always in place to provide people with the personal care they needed. This issue was followed up by the registered manager
- Sufficient staffing was always in place according to relatives. There were no missed calls reported.
- Recruitment systems protected people from receiving personal care from unsuitable staff members.
- Records showed evidence good character and criminal records checks had been completed for staff before they began working at the service.
- Assessments and support plans identified the number of staff required to deliver care safely.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Relatives told us their family members felt very safe with staff. One relative said, "I have no concerns about this. Staff are very kind and careful."
- Staff members demonstrated they understood how to safeguard people. They were confident the management would take action if they reported any concerns about people's safety.
- The registered manager was aware of how to report safeguarding concerns to the local authority safeguarding team.

Using medicines safely

- Medicine was safely administered or prompted to people.
- Relatives confirmed there had been no problems when staff supplied or prompted medicines.
- A medicine audit system was in place to check medicine had been administered properly. Staff were trained to administer medicines.

Preventing and controlling infection

- People were protected from infections.
- Relatives told us staff had always wore personal protective equipment (PPE) such as aprons and gloves.
- Staff members described relevant infection control measures that were in place to protect people.
- Staff had received training in infection control, including COVID-19. Staff members told us there was always enough PPE available to ensure people were protected from infection.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- The registered manager said there had been no need, to date, to learn any lessons but would supply this information to staff in dealing with any future issues, and discuss this in staff meetings.

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 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

- Peoples' needs were assessed before personal care was provided.
- Details of people's assessments were in place. This information helped to ensure staff were sufficiently trained to provide the care and support people needed.
- Relatives said there had been no problems in the care provided by staff. They were satisfied care plans included all necessary information to provide effective care.

Staff support: induction, training, skills and experience

- Staff were provided with detailed training and had received training and support appropriate to their role.
- However, records showed new staff had been trained in up to 9 care issues on the same induction day. It would have been difficult for staff to have retained this information.

We recommend that staff commencing work are given an extended time to learn new skills.

- Relatives said staff were aware of what care was needed and provided their family members with the care they needed.
- Records showed staff had received induction and relevant training such as infection control, medication and health and safety. Staff members told us this training made them feel confident to meet people's needs.
- Staff confirmed refresher training was provided to ensure they were up to date with the skills they needed to provide effective care to people.

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

- People did not currently need assistance with food and fluids.
- Relatives said their family members could help themselves to a drink. This meant they were protected from potential dehydration.

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

- Relatives said staff had recommended involvement from other health care professionals such as GPs and nurses when necessary.
- Staff were aware of what to do should someone need medical assistance. They described how they had contacted the ambulance when a person had been unwell.

- People's assessments and care plans covered their health care needs.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Mental capacity assessments had been completed. People were able to decide their day-to-day choices.
- Staff members understood the principles of the MCA and supported people to make choices.
- Staff confirmed they always asked for consent before providing 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.

At our last inspection we rated this key question good. At this inspection the rating 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 were well treated and supported.
- People and relatives said staff were very friendly and caring. A relative said, "Staff are really kind and caring."
- Staff members had a good knowledge of the people being supported. They were positive about providing quality care to meet people's needs. Relatives said staff respected the way their family members wanted to live their lives.
- The registered manager and staff members fully understood respecting people and their diversity. This information was highlighted in the charter of rights for people.

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

- People were supported to be involved in making decisions about their care.
- Relatives said their family members were involved in their care reviews and in surveys so they could express their views of the care provided.
- Staff members were aware of how people liked to receive their care. For example, people were supplied with choices of what clothes they wanted to wear and what food they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People were respected and their privacy, dignity and independence was encouraged. Staff members said they always encouraged people to be independent such as being able to wash themselves. Staff said they would only provide support when this was needed.
- Relatives said staff respected their family members privacy and dignity when providing care. Staff members gave good examples of how they would do this such as closing curtains and doors and covering people when providing personal care.
- Staff members were aware of keeping information safe and confidential. This was supported by the provider's policy on confidentiality which stressed the importance of doing this.

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 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's care was personalised. They had choice and control over the way their care was provided.
- Care plans detailed some of people's personal history such as family but on 1 care plan did not fully include important information such as past employment and hobbies. The registered manager took action to add more personalised information. This will help staff understand people's preferences and needs at an early stage.
- Relatives said their family members enjoyed the company of staff as staff were always friendly and treated them as individuals.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of putting systems in place to provide information when needed by supplying accessible information by large print and pictures.
- There was evidence in people's care plans reflecting people's communication needs.
- The registered manager was aware of the need to meet people's preferred communication styles.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place so complaints could be recorded and dealt with formally. The procedure implied the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The registered manager amended this policy accordingly.
- To date, no complaints had been made.
- Relatives told us if they had concerns, they would have no hesitation about discussing this with the registered manager. This is because they found management had always been responsive to their views.

End of life care and support

- At the time of the inspection, end of life care was not delivered by the agency.
- The registered manager was aware of the need to respect people's end-of-life preferences to include respecting people's religious and cultural wishes.
- Relatives said any relevant information would be supplied when their family members were ready to do so.

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- People were protected by quality assurance and governance systems.
- Systems measured the quality of the care provided by the service.
- This included checking people's care was still relevant to their needs and quality care was being provided.
- The registered manager had not, to date, needed to submit statutory notifications to keep CQC informed of relevant information such as serious incidents and deaths of people using the service, but was aware of this requirement.
- Staff said training was good and covered all elements of care. Refresher training was provided to ensure they could always meet people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager engaged with people and their relatives.
- There were records showing engagement with people using the service or relatives. For example, when carrying out spot checks on staff and supplying surveys to people and relatives.
- The culture of the service valued people's individuality. Relatives said staff asked their family members how they wanted their care to be provided. One relative said, "Staff give really good care. My [family member] is very happy with all the carers."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- There had not been any incidents which had met the duty of candour threshold.
- Staff knew how to raise concerns and told us they would report to a relevant agency if they felt their concerns were not acted on.

Working in partnership with others

- People's records evidenced contact with health and social care professionals. For example, referral to GPs

and district nurses to seek health support for people's conditions.

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met.
- Staff understood they needed to inform the management and people's families if people were ill or had an accident.