

Felix Health Ltd

Felix Health

Inspection report

Olympic House 28-42
Clements Road
Ilford
IG1 1BA

Tel: 07885993623

Website: www.felixhealth.co.uk

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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

Felix Health provides personal care to people living in their own homes. At the time of our inspection, the service provided personal care to five people. 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

The provider had completed pre-assessment of needs before people started using the service. Staff regularly reviewed care plans and this provided staff with information how they should support and meet people's needs. Each person had a risk assessment to minimise risks to their health and wellbeing. The service had safeguarding procedures in place.

Good staff recruitment processes were in place to ensure staff were trained, experienced and safe to provide personal care. There were enough staff at the service and the management ensured that staff were supported to deliver effective care. People and relatives felt staff were kind and compassionate. People's preferences such as those in relation to their diet, cultural and communication were detailed in their files and staff understood how to ensure people's privacy and dignity when providing care.

Staff who administered medicines had relevant experience and training. Various aspects of the service such as medicines, incidents, care plans and punctuality were monitored and audited. This ensured that, where shortfalls were identified, the service took remedial actions. Staff worked with other health and social care agencies to ensure people's health, medical and dietary needs were met.

The service was managed well, and the registered manager sought feedback from people, relatives and staff through various means including annual surveys. The service also welcomed complaints.

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 14 October 2019 and this is the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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 ●

Felix Health

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one 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.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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

Inspection activity started on 27 September October 2021 and ended on 13 October 2021. We visited the office location on 6 October 2021.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and a quality assurance officer about how the service was managed. Both provided us with the information we requested as part of the inspection. We reviewed a range of records. This included three people's care records and two medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We spoke by telephone with three people who used the service, two relatives, and three care staff. We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and staff meeting minutes. We reviewed feedback we received from care professionals we had contacted as part of this inspection.

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 for 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 protected from the risk of abuse. One person told us, "I am happy, staff are good." A relative said, "Care workers are very friendly. My [relative] is safe with them."
- The service had a safeguarding policy. This required the provider to report any allegations of abuse to the local authority and the Care Quality Commission (CQC). Staff understood the safeguarding policy and knew how to protect people from abuse. There had not been any allegations of abuse since the service registered with CQC.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments were completed for each person using the service. This helped the provider to put actions in place to minimise possible risks to people.
- People's risk assessments included different areas such as falls, their health conditions and the environment.
- Staff monitored and reviewed risk assessments to ensure they were up-to-date and reflected people's current needs.

Using medicines safely

- Medicines were being managed safely.
- Staff administered medicines for two people and others had their own arrangements to manage their medicines. A relative told us, "[The person] has a blister pack and staff administered medicines on time. I am happy with how staff managed medicines."
- Staff kept records of medicines they administered. We checked samples of medicine administration record sheets and found they were in order.
- The registered manager audited medicines and medicine administration record sheets. This happened through spot checks at people's homes and obtaining the records and checking them at the office.
- Staff who administered medicines had relevant training and had received a competency assessment to check their understanding of managing medicines.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who use the service.
- A relative told us the service had enough staff. They said, "We had no problem with staffing. There were no missed visits." A care professional told us, "Management handled staffing well to ensure there were no gaps

in the service."

- The provider carried out recruitment checks on new staff to help ensure they were suitable to work in a care setting. These included criminal record checks, proof of identification and employment references.

Learning lessons when things go wrong

- There was a system to learn lessons from incidents. This included keeping the records of incidents and taking action to ensure people were safe.
- The registered manager was clear how to manage accidents and incidents. They told us that all incidents and accidents would be investigated to ensure lessons were learnt to minimise risks of re-occurrence. No incidents and accidents had been reported since the service began providing personal care.

Preventing and controlling infection

- Systems were in place to reduce the risk of the spread of infection. There was a policy on infection prevention and control and the registered manager carried out relevant audits related to this. Staff had undertaken training about infection control and the use of protective personal equipment (PPE).
- People were confident they were protected from the risk of the spread of infections. One relative told us, "[Staff] are very aware of infection control, the need for wearing personal protective equipment to protect themselves and people they care for."
- The service had enough supplies of PPE and staff carried out regular testing to ensure they were negative of COVID-19. This helped to minimise the risk of spread of infections.

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.

Staff support: induction, training, skills and experience

- Staff had received training to enable them to provide effective care. A member of staff said, "I had lots of training when I first started work at the service. I had also received refresher courses."
- Certificates of training and the provider's training record (training matrix) confirmed staff had completed training in various areas such as moving and handling, equality and diversity, medicines management and food safety.
- Staff received regular supervision and support from the registered manager. We saw records that staff supervision took place once every three months. The registered manager had a system in place to carry out annual appraisal for staff. This was yet to take place because the provider had not been operational for a year.

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

- There were systems in place to complete the pre-assessment of people's needs before they started using the service. This helped ensure staff had the necessary information to respond to people's needs.
- Regular reviews of people's needs were undertaken with the involvement of people and their representatives. One person told us, "Yes, I get [the] support I need." A relative said, "From time to time we review the needs of [the person]." This meant people's needs were reviewed to ensure they received effective care.

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

- Where required, staff supported people to eat and drink to maintain a balanced diet. A relative said, "[The person using the service] chooses what [they] want to eat; staff prepare for [them]. I have no concerns."
- People's choices and preferences of diets were documented in their care plans, where appropriate.
- Staff received safe food handling training and were aware of people's dietary preferences, such as having a vegetarian diet and any other support people needed. For example, a member of staff described how they supported people with diabetes following advice from healthcare professionals.

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

- Staff worked well with other social and health care agencies. A care professional told us, "Staff are very quick to respond to [changes to people's needs] and general queries."
- Staff supported people to access health services to ensure they maintained good health.
- Contact details of healthcare professionals such as GP's were recorded in people's care files. This was useful for staff when they needed to contact health professionals.

- Staff knew what to do when people needed urgent support with a specific medical condition. One member of staff told us, "If people needed emergency medical care, I will call an ambulance."

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 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.

- Records showed people had consented to their care and treatment. Where people lacked capacity, their relatives or representatives supported them to make decisions.
- Staff had received training on the MCA and were aware of the principles of the act. A member of staff said, "Yes, I have attended training in MCA. I always ask people for consent and explain to [them] what I am doing."

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 and their relatives were happy with the way staff supported them. A person told us, "I am very happy with my carers." A relative said, "Staff are very passionate and respectful. They are compassionate and make [person] feel like they are [their] friends."
- People's equality and diversity needs were included in their care plans. This ensured staff knew and promoted people's equality and diversity needs.
- Staff were clear about their responsibility to ensure to uphold people's rights and to ensure people were not discriminated against. A member of staff said, "We do not discriminate here." Records confirmed that staff had received training in equality and diversity.

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

- People and relatives were involved in decisions about their care. Care plans showed people made decisions about how and when they wanted to be supported with personal care.
- Staff knew their responsibility to support people to make their own decisions. One member of staff told us, "We give people choices, and they decide their care, for example, what kind of meal to have and how they wanted to be supported with personal care."
- People were supported to express their views. A relative told us, "[Staff] are professional and committed. They listen to us."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A member of staff described how they ensured people's privacy and dignity. They said, "I knock on the door before entering a bedroom, I close the doors when providing personal [care]."
- Staff understood that personal information should not be shared with others to maintain privacy.
- Care plans advised staff to promote independence. For example, one person's care plan stated, "It is important you assist me with living independently." Another person's care plan noted, "I am able to independently do most things on my own; therefore, I need assistance with other tasks such as washing and light housework and occasionally I need assistance with hair washing."

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 had care plans which detailed their needs and how they wanted staff to support them. One person said, "I am happy with the service." A relative told us, "I am extremely satisfied with the care they provide."
- Care plans were personalised. Each care plan was written from the person's point explaining what is important to them and how staff should support them. This ensured that people received person-centred care.
- Staff reviewed care plans regularly to ensure any changes to people's needs were identified and responded to by the service. A relative said, "Yes, we regularly meet with the manager and review care plan."
- Care plans contained 'my one-page profile', which provided background information about people. This helped staff know people's life story including their equality and diversity needs.

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.

- Relatives were positive about how staff communicated with people. One relative told us, "[Staff] know how to communicate with [the person]." The registered manager said they always matched staff with people. They gave an example of a care worker who they matched with a person based on the language they spoke.
- Assessments of people's needs, and their care plans detailed their preferred ways of communication. This helped to ensure that staff knew how to communicate with people.

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

- Where required, staff supported people to avoid social isolation. For example, the service had referred people at risk of social isolation to social services so that they could access day activities.
- Care plans contained details of people's social, cultural and spiritual needs. This ensured people's needs were recorded so that they could receive support suitable to them.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us they would feel free to speak with staff. One person said, "I know how to complain." A relative told us, "I am aware of the complaint's procedure. I had no need to make a complaint."

- There had been no complaints to the service since they began providing personal care. The registered manager said, "We do welcome complaints, it is the way we can improve our service."

End of life care and support

- The service did not provide end of life care at the time of this inspection. The registered manager said, "If we were to provide end of life care, we would make sure that staff were trained well in this area."
- The registered manager was aware of how a good end of life care would be co-ordinated by health and social care professionals and relatives.

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 an open and inclusive culture in the service. A relative told us staff were open and they could talk to them when they wanted. A care professional said, "The service is very good. I would be happy to use them regularly."
- The assessments of people's needs and review of care plans ensured that people received person-centred care that reflected and met their needs.
- Staff were happy working at the service. A member of staff said, "I enjoy working at the service. The manager is approachable, helpful and easy to talk to."

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

- There was a clear management structure in place. The registered manager was supported by a quality officer. Staff knew their roles and responsibilities to provide effective care.
- The registered manager understood their regulatory requirements. The registered manager submitted PIR and notifications as required.
- Regular monthly audits of aspects of the service such as medicines, care plans and policies were undertaken. These helped ensure that the service was safe and effective to meet people's needs.
- Annual surveys were used to get feedback from people and relatives. The last survey was carried out in July 2021 and only one person completed and returned the form. Where issues were identified in the surveys, the registered manager had a plan of action to improve the quality of the service.
- The registered manager told us they were implementing an electronic system for recording, sharing and monitoring aspects of the service such as care plans, punctuality and completion of tasks. After the inspection we were informed that the system had been implemented.

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

- People, relatives and staff spoke positively about the manager. A person said, "I know the manager." A relative told us, "The manager is accessible." A member of staff said, "Manager is nice, I can talk to her."
- The service used quarterly newsletters to share information with people, relatives and staff.
- Regular staff meetings took place. Minutes from the meeting that took place in July 2021 showed staff had discussed items that included COVID-19 testing, use of the electronic monitoring system, confidentiality, PPE and training.

- The registered manager worked effectively with health and social care professionals. This helped people receive effective and timely care.

Continuous learning and improving care; working in partnership with others

- The registered manager used audits, spot checks, telephone monitoring systems as a tool for learning and improving care. They told us, "We audit the service and monitor incidents. This help us learn and improve. We welcome complaints."
- The registered manager continued to attend care management training and providers' meetings organised by local authority and social care providers. This helped the service to be update with current social care policies and practices.