

Flamelilly Care Limited

Flamelilly Care OFFICE

Inspection report

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17 June 2019
18 June 2019
25 June 2019
11 July 2019
16 July 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Flamelilly Care Office is a family run domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people aged 18 upwards, including people with physical disability and people living with dementia. At the time of the inspection 21 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

The registered manager worked a lot of their time providing care and support. This had impacted on them fulfilling their management responsibilities effectively and having good oversight of the service's administration systems. The provider was taking action to address this by appointing a staff member to support the registered manager in these areas.

Staff supported people to keep safe, and ensure they received their medicines as prescribed. We have recommended the registered manager uses a reputable source to support them in developing their medicines management records to reflect a domiciliary setting.

People were supported by management and staff who enjoyed their work and were highly motivated in developing and providing a quality service.

Relatives praised the level of care and support their family members received. Their comments included, "We feel we have fallen on our feet with Flamelilly," and, "Although a business they bring in the human side."

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 monitored people's health and welfare and where applicable, liaised with external health and social care professionals. They encouraged people to eat healthy and drink enough fluids to ensure their wellbeing.

Relatives told us there had been no missed visits and people were supported by the same core staff who were skilled, kind, patient and compassionate. Staff knew people well and had developed good relationships with people.

People were consulted over their care and support needs and actively encouraged to make decisions for themselves. Care plans were person centred. Staff were responsive in identifying and reviewing changes to

support good physical and mental health.

The new service was developing a good reputation within the community, with new people accessing it on the recommendation of others.

Relatives described the registered manager as approachable, who actively sought their views of the service to support them in driving continuous improvements.

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 14/05/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on a new service.

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?

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Flamelilly Care OFFICE

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. The registered manager was also one of the directors of the company.

Notice of inspection

We gave the service four days' 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 17 June 2019 and ended on 16 July 2019. We visited the office location on 17, 18 June 2019 and 11 July 2019.

What we did before the inspection

We reviewed information we had received about the service since they registered with the CQC. 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 spent two and half days at the location's office. We looked at records relating to three people's care, incident reports, medicines management records, policies and procedures, recruitment procedures, and training records. We also looked at audits and systems in place to check on the quality of service provided and listened in to one of the daily 'safety huddle calls'.

We spent time with the registered manager and the deputy manager, who is also a director and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During feedback we also met the staff member who had been appointed to oversee the management of the office.

We contacted three relatives, three care workers and a care professional to hear their views of the quality of care and management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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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 told us they received safe care and trusted the staff entering their homes.
- One relative told us they were, "Quite happy to leave them [staff]," alone with their family member. Another said with this provider, they had, "Somebody that [family member] trusts."
- Staff had received training in safeguarding and knew how to recognise and protect people from the risk of abuse.
- A staff member said they would take action straight away if they found any signs which could indicate a person was at risk. Such as unaccounted for bruising or changes in the person's behaviour, they said they would, "Document it and contact the office."
- Management were aware of their responsibility in reporting any concerns and knew how to contact the local safeguarding authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff supported people to keep safe, whilst promoting their independence. A relative told us how staff, "Have given [their family member] the feeling of independence, confidence and safety."
- Personalised risk assessments in people's care plans provided staff with guidance on providing safe care. This included risks associated with people's mobility and environment.
- Staff were aware of what action they should take if the person had an accident, or suddenly became unwell. A staff member confirmed as part of their induction they were told what action to take and shown us the records they would need to complete, "In case there's an emergency."
- There were systems in place to ensure the provider had oversight of any incidents, so they could be reviewed to see if any further action could be taken to reduce the risk of it happening again.

Staffing and recruitment

- People told us staff were reliable and never missed a visit.
- Consistency of care was provided by the same group of staff, who people told us stayed the full time for their care visits and always had time to chat. One relative said they knew all the staff who supported their family member, "Met the lot...they are all nice."
- There were sufficient staff to cover visits. Arrangements were in place to cover absences by their own staff, to ensure it did not impact on people's continuity of care.
- Staff had been recruited safely to ensure they were suitable to work with people.
- Winter contingency plans included the use of a four wheeled vehicle to support staff during snowy periods to carry out their visits.

Using medicines safely

- People were supported to take their medicines as prescribed by trained staff.
- A relative said although their family member self-medicated, staff, "Always check they have taken it." This supported the person to retain their independence, but also offered the relative reassurance that staff were monitoring to ensure they had taken it.
- The registered manager provided an example where they had used their nursing knowledge of medicines, to take appropriate to action where they felt a new drug prescribed may not be suitable for the person.
- The service had produced their own individual medicines administration records (MAR) based on their nursing knowledge. Where staff had given but signed in the wrong area on one person's MAR, we raised with the registered manager, they could use a more simplified format. They agreed, and said they were looking to review them.

We recommended that the registered manager use research from a reputable source, to support them in developing their medicines management records to reflect a domiciliary setting.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading. This included the use of personal protective equipment (PPE) such as disposable aprons and gloves where needed.
- Relatives told us that staff worked in a clean and tidy way, reflecting the feedback given in the provider's quality assurance surveys. This included, 'The company have a high standard of cleanliness and my [family member's] house is always kept tidy and clean by staff.'

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. This enabled the manager to check if they were able to meet the person's needs, expectations and support good outcomes for people.
- The assessment was completed in partnership with the person, involving relatives, health and social care professionals where appropriate.
- One relative described how the pre-assessment had left them with a positive experience. "Brilliant...came to the hospital ward, spent an hour by [family member's] bed chatting...When discharged home the staff were waiting," to greet them.
- The registered manager said it also helped them assess if any further support was needed, once they had returned to their home environment.
- A professional told us where they had been involved in the placement they routinely checked with people after they had started using the agency about their views. They said, "Received good feedback every time."

Staff support: induction, training, skills and experience

- Relatives told us they felt staff were skilled and trained to carry out their role. One relative said the provider was, "Very thorough in their training."
- The registered manager, when assessing a person, said they would ensure the staff had the required skills to meet their needs, before accepting the care package.
- All new staff were required to complete an induction programme which included watching a three-hour presentation and shadowing their colleagues during care visits.
- Staff new to care were supported to complete their Care Certificate. The Care Certificate is a national approach to ensure staff receive thorough training related to a career in care.
- A staff member said they had received the right level of ongoing support, training and guidance to give them the confidence to carry out their role effectively. Training was delivered through a mix of E-learning and face to face.

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

- There was a strong emphasis on encouraging / supporting people to eat healthily and have enough to drink.
- A relative said they had been supported to, "Keep a fluid chart" for their family member and encourage fluids, "Has a jug and knows has to drink each day." They provided examples of the positive impact it had on the person's health and wellbeing.

- Where staff assisted and prepared people's meals, they were familiar with their likes and dislikes, and any food intolerances so they could adapt meals accordingly.

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

- Staff knew people well and assisted people in monitoring their health and well-being to ensure they maintained good health and identified any problems.
- A professional spoke about the good working relationship when moving between providers, "Time is usually of the essence... They are usually very quick to assess patients and they have excellent geographical coverage."
- Relatives reported that staff would always raise any concerns to them in people's well-being and health and assisted them to be referred to external health care services when required. A relative commented, "Any concerns and they will call me."
- People benefited from having qualified nurses as part of the staff team to support them in identifying their health needs, which they may not have thought of themselves. One relative said where staff had noted their family member's walking aid was the wrong size, they took immediate action to speak with health professionals who, "Exchanged it for the right size."
- A staff member described how they were always vigilant in monitoring people's welfare. This included the daily 'safety huddle call' where staff called in to discuss the people they had supported that day, including any changes to health and wellbeing, and actions taken.
- We sat in on one of the calls and saw that it was a good forum to promote open communication where staff discussed concerns and any involvement of health professionals and outcomes.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager said no authorisations had been made. They understood their responsibilities to apply for an Order from the Court of Protection as needed.
- Records showed that people consented to their care and support plans.
- Staff supported people to make choices about their daily personal care needs and respected their decisions.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.
- Management and staff were aware of the MCA and how it reflected to practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were being supported by kind and compassionate staff. A relative commented that the provider was, "Very fussy who they have on their staff." Another described staff as, "Very caring people, very professional."
- One relative described how their family member looked forward to the staff arriving, "Face lights up whenever," they saw them.
- Management and staff spoke about people they supported in a compassionate, caring way, saying the best part of their job was being with the people they supported. This was reflected in the feedback we received from relatives including, "Staff seem to love their job...I am very happy with them."
- Relatives told us staff took a genuine interest in the person they were supporting, and those who were significant in their lives. One relative said staff, "Spend time talking...Conversation is important to [family member]."
- Another relative described how staff chatted with their family member, taking the time to learn, "About them and their family." They said this gave their family member, "Another person to talk to."
- A professional who regularly worked with the service told us they always, "Found them to be very professional, reliable and caring."

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

- People were fully involved in making decisions about their care and support needs.
- People, or where applicable their relative, had signed to agree the contents of their care plan.
- A staff member told us although people had care plans, they still liked to check with them if they would like support with anything else; and act on what they are told.
- The registered manager said following the person's initial assessment, they used the first month of the person using the service to 'fine tune' their care plan. Checking with them, and where applicable their relative, to ensure it reflected the care and support they wanted; making any alterations as required.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Relatives told us staff were respectful of their family member's property and possessions.
- Staff were aware of issues which could impact on a person's privacy and dignity and acted to reduce it happening.
- People were supported to regain / maintain their independence. A relative told us how staff, by identifying different strategies their family member could try to assist them in independently dressing/undressing. This

had led to regaining their confidence and independence leading to a reduction in the number of visits they required.

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, and where applicable, their relatives, said they were fully involved in saying how they wanted to be supported; which was recorded in their care plan and kept under regular review.
- One relative told us during ongoing review of care, "We talk about everything." Another said, they had, "Looked at all the paperwork [care plan] everything is covered," and described where it had been updated to reflect changing needs.
- Staff were responsive in monitoring people's needs and reporting any changes to the management, who acted on the information given. Any changes were agreed with the person and recorded in their care plan.

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 service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan.
- Staff demonstrated they had read and understood this information by providing examples of the range of support they gave, linked to the person's identified needs.
- A relative provided examples of how staff positively engaged /communicated with their family member, "Gets down to their level ...chatting and asking how's your day been."
- As part of assessing people's communication needs, the provider confirmed that they could produce information in larger print if required.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a formal complaint but hadn't needed to as they felt comfortable to raise any concerns at an early stage. This enabled concerns to be dealt with, so they did not escalate into a formal complaint.
- Where a relative said they had raised a concern it was, "Fixed straight away." This gave them confidence that if they had further concerns, they would be listened to, and dealt with in the same way.
- The registered manager said although they had not received any complaints, they took the view that any feedback, that identified areas they could improve in were welcomed. These would be used to drive improvements.

End of life care and support

- There was no one receiving end of life care at the time of our visit. The manager said when the need occurred, they would work alongside / seek guidance from local palliative care professionals

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 requires improvement. This meant the service management and leadership was inconsistent. The organisation structure and quality assurance systems did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance systems and organisational structure in place did not always support the registered manager in consistently having effective oversight.
- This included not picking up where a staff member had not received an effective induction in line with their policy and procedures or had proper access to the new software system.
- Improvements were needed to ensure there was consistent clear organisational structure and management accountability. One staff member commented, "Too many people seem to be making decisions," resulting in no clear action being taken.
- The registered manager and the deputy manager, who was also the nominated individual, spent a lot of their time providing 'hands on' care. Relatives told us this was a good way of them monitoring the quality of care provided.
- However, this had impacted on them driving continuous improvements and checking that they were working to their own policies and procedures; as it limited the time spent in the office undertaking their managerial duties.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us as a new service, whilst slowly building up their client list, and providing care themselves, had impacted on them developing their office systems. Further work was required to ensure where they delegated management tasks to others, they kept better oversight. This would also support them in not being dependant on others to provide information requested during the inspection.
- The registered manager had already acted prior to our inspection to use feedback from external professionals to drive continuous improvements. This included upgrading their care planning / quality assurance software systems, which they were in the process of doing; but still needed embedding.
- To address our concerns during the inspection about the oversight and organisational structure, a staff member was appointed, who had the required skills, to review and improve the office systems.
- The staff member demonstrated their knowledge of the new software system and being able to analyse information and produce reports for the registered manager. This included providing the information we had requested earlier in the inspection, on staffing hours.
- The service worked in partnership with other agencies such as health and social care professionals to ensure the service met people's individual support requirements.

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

- Relatives praised the quality of the care and management of the service. One described the registered manager as, "Absolutely lovely, a sticker for getting things right." If there were any problems whatsoever, "Will sort it out."
- Two relatives said they would happily recommend the service to others, on the proviso that as the service grew, it did not impact on the quality of care. One told us, "Only concern I have when it gets known how good they are they can get inundated... Wouldn't want them to take on more clients than they can provide quality care for."
- The registered manager was committed to providing a high-quality service. They had been engaging with other providers rated outstanding, as well as reading 'outstanding reports'. They were using this information to gain an insight into what high quality care looked like and set it as their bench mark.
- One staff member told us, as a new company they felt they were, "Doing very well," and would if needed, "Definitely," recommend to the service to friends and family.

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

- There was an open and caring culture which led to good outcomes for people.
- Relatives and staff spoke highly of the registered manager and told us they were always available and supportive.
- The registered manager understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- Care reviews, care visits, surveys, and spot checks, were all used as an opportunity to gain people's views and experiences of the care they received. The registered manager acted on any information, as part of striving to continually improve.
- This included sending photographs to all staff, showing the correct light setting in a person's home, as feedback they received showed staff were not always getting it right.
- Relatives told us they were actively encouraged to share their views. One relative said they had been asked many times by the management if, "There is anything you're not happy with," to let them know as they, "Want to improve."
- Another relative told us following a change of care staff member, the registered manager contacted them to check their family member, "Felt comfortable with the new person."
- Staff meetings, supervisions, and the daily 'safety huddle call' provided opportunities for staff to voice their views.