Flexi Care and Support Limited

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Inspection report

Barnsley Business And Innovation Centre
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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

This inspection took place on 16 and 17 January 2019 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, adults, young people, people with learning and profound disabilities and people at the end of life. Not everyone using FlexiCare & Support receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection 12 people were receiving personal care from the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection November 2017, the service was rated as requires improvement. Following this inspection, improvements had been made and service was no longer rated as requires improvement.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. They told us they were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to reduce any risks which had been identified. People felt safe with staff and the registered manager knew how to make appropriate referrals to the safeguarding team when necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service worked in partnership with other agencies including health professionals to help ensure people's healthcare needs were met. Medicines were managed safely.

Staff knew about people's dietary needs and preferences.

There was a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager they who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they acted to make improvements.

We found all the fundamental standards were being met. Further information is in the detailed findings below.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed.

Staff understood how to keep people safe and where risks had been identified, action had been taken to reduce those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People's choices and preferences were respected.

We found people using the service were not being restricted of their liberty as part of their care arrangements.

Is the service caring?

Good

The service was caring.

People provided positive feedback about the standards of care, telling us staff treated them with dignity and respect.

Staff knew people and their care and support needs.

People were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and reviewed.

People received calls around the agreed time period. Staff completed required care and support tasks before leaving the calls.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

Flexi Care & Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 January 2019 and was carried out by one adult social care inspector. The inspection was announced. We gave the service 24 hours' notice of the inspection visit because it is small service, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We made telephone calls to people who used the service and staff on the 17 January 2019.

Before the inspection, we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time looking at records, which included two people's care records, four staff recruitment files and records relating to the management of the service.

We spoke with five relatives of people who used the service, three care workers, the registered manager and director.

Good

Is the service safe?

Our findings

At our last inspection in November 2017, we found medicines were not consistently managed in a safe and appropriate way due to recording errors and a lack of auditing. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

Medicines were managed and administered safely. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Some people were prescribed medicines, which had to be taken at a particular time and we saw there were suitable arrangements in place to make this happen. Staff competency to administer medicines was regularly assessed to help monitor and improve the medicines management system.

The administration of topical medicines such as prescribed creams was recorded. MARs contained details of topical medicines, however, records did not contain body maps to indicate where and how topical creams should be applied. Protocols were not in place that clearly described when medicines prescribed for use 'as required' should be administered. We spoke to the registered manager at the time of the visit and this was rectified during the inspection. The director also added this to their improvement plan to check for other people.

People were kept safe from abuse and improper treatment. One family member told us, "I do think my (relative) is safe. I tell you what, when my (relative) sees (staff member), (persons) face lights up and a big smile comes on (persons) face". Another relative told us, "I feel (person) is utterly safe when staff are visiting, (person) likes to do things off the cuff and staff will phone. I feel very safe when staff are there. I feel very reassured, they are always there."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Risks to people's health and safety were assessed, including an assessment of their living environment and any specific risks associated with their care, such as issues related to people's skin integrity, mobility, moving and handling and ability to administer medication. They provided staff with additional guidance.

People were protected from any financial abuse. Records of monies spent whilst supporting people were kept and receipts for any purchases were obtained.

Electronic call monitoring was currently being introduced. This allows real time monitoring of staff activity to help improve the safety of the service. If staff were late for a call or if a call ran over the system would alert the office. The office would contact staff to clarify if there were any concerns.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at four staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

The service was adequately staffed which ensured staff provided a person-centred approach to care delivery. Daily records of care evidenced that calls consistently took place and staff attended at appropriate times each day, indicating there were enough staff deployed. Staff we spoke to said they had sufficient time at each visit to meet people's needs.

Staff told us they received training for infection control. Staff had access to personal protective equipment (PPE), such as gloves and aprons and were using these appropriately.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again. For example, one person was displaying behaviours that challenged. The registered manager reviewed the forms and identified incidents occurred when certain staff were working together. They spoke to the person and identified they wanted only one of the staff members to support. Rota's were amended so the staff worked separately, and the incidents subsequently stopped.

Good

Is the service effective?

Our findings

We saw people's needs were assessed prior to commencement of the service to ensure the service could fulfil these needs. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

The service was proactive in keeping updated with best practice guidance. For example, the registered manager attended provider meetings and training delivered by and in conjunction with the local authority.

Staff were well trained and supported to carry out their roles effectively. Staff we spoke with told us, "The training is very good, it was face to face. It's a lot better done face to face, made me sit up and pay attention. I really enjoyed the training." "I have supervision with my line manager and we have team supervisions. During the first couple of weeks my (line manager) or (registered manager) would phone me every night to see how I got on and to see whether I had any concerns and to talk through things, the support is great."

A training matrix was in place which showed training staff had completed and when refresher training was required. The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care.

The training matrix showed staff were up to date with training which included infection control, medicines, first aid, food hygiene, moving and handling and safeguarding. We saw staff had also received specialist training in topics such as tracheostomy care, buccal midazolam and PEG feeding. The provider was working with different organisations to source specific training to meet complex health needs.

Relatives we spoke with felt staff were adequately trained. One person told us, "The staff always know what they are doing. If there is a new staff member, they always come with another staff member who shows them what to do."

Staff were provided with regular supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. These were provided individually and as a team. Staff we spoke with told us they felt supported and said they could go to the registered manager at any time for advice or support. A plan was in place for annual appraisals to take place over the next few months.

People's nutrition and hydration needs were met. People who had been assessed as being nutritionally at risk had support plans and risk assessments in place. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered food and drink in line with their care plans.

People's healthcare needs were being met. In the two care files we looked at we saw people had been seen by a range of healthcare professionals, for example, GPs, nurse practitioner, district nurses, dietician and speech and language therapists and opticians. Where people had medical appointments, the service would

rearrange support times to support people to attend.

One person had recently been admitted to hospital out of area. The service continued to support the person in the hospital to ensure the persons needs continued to be met due to complex health difficulties.

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. In the case of Domiciliary Care, applications must be made to the Court of Protection. We found people using the service were not being restricted of their liberty as part of their care arrangements.

People's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, relatives had been involved in decisions as part of a best interest process.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect. One relative told us, "When staff visit they always knock before coming in. Staff always treat both me and my (relative) with respect. Another relative told us, "When staff take my (relative) out, they always treat them with respect, at times they have to be firm in relation with what (person) can and can't do. They do this in such a good way."

We looked at daily records of care, which showed people had a core group of care workers; this helped ensure good relationships developed between them. Relatives we spoke with confirmed this. One person told us, "We have three staff that visit, but 90 per cent of the time, it's just one. It's reassuring to know there are other people who are familiar with my (relative) for when (regular staff member) is off. Another person told us, "(Relative) likes the same staff and he does get the same staff. When different people go in, (relative) is pre-warned. New staff are never sent on their own, they always go with someone who knows (relative).

Care plans were person centred and showed the service had sought information on people's past life histories, interests and hobbies to help better understand them and the care they needed.

People who used the service were supported to be as independent as possible. Care plans focused on improving and/or maintaining their independence, highlighting the tasks they could do for themselves. Relatives told us, "The staff are very good, they always promote (relative) independence. He often wants to do things that wouldn't help him. Staff are firm with him, they stick to the plan which helps him. Sometimes (relative) won't listen, they explain the consequences, but at the end of day it's (relatives) decision, they must live with the consequences." Another relative told us, "When staff take (relative) out for a walk they always let them take the lead. (Relative) has dementia but (relative) remembers walking routes. When they get to a point, staff stand back and let him remember which way to go.

We saw people's views and opinions were listened to by the service. Daily records of care showed people were given a choice, such as what they wanted to eat during care visits. We saw evidence of people being involved in decisions about their care. For example, we saw people/relatives were involved in planning and reviewing plans of care. The service supported people to feel listened to and air their views in relation to their care and support through care plan reviews and questionnaires.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Good

Is the service responsive?

Our findings

People's needs were assessed, and care plans formulated to meet these needs. These included detailed information about the care and support staff were to provide at each visit.

A person-centred approach to care and support was evident. Care plans contained information about people's preferences, how they wanted their care to be delivered and information about people's parents and family. For example, one person's plan said, "I like quiet background music and a relaxing atmosphere. I must be involved and given the opportunity to participate in all activities." Another person's plan said, "I am able to make choices on who I like and don't like supporting me and what activities I like to participate in."

Care records were reviewed with changes made where required. We saw people were asked if they were satisfied with the care and support they received. Records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making. One relative told us, "They always involve me. Before they started providing care we all met at (relatives) house to discuss what support they needed. Afterwards we had some telephone calls as you don't always want to say things in from of (relative) as it could cause upset. They understood this. I read all the plans before they used them." Another family member told us, "We have a support plan, I met with Flexicare and gave them all the information they needed. They then brought the plan and I read through it."

Following recent changes where a person's behaviours had become more challenging, the service was using a positive behaviour support (PBS) approach. PBS is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. PBS care plans detail the support for the person, their family, friends and staff to help the person lead a meaningful life without any unnecessary restrictions. Plans included clear explanations of what could trigger behaviours and what staff needed to do.

The service had a complaints policy. The service had received one complaint which had been well managed. People we spoke with told us they knew who to complain to. Responses from people about the concerns and complaints process were positive. One person told us, "I would go to the manager, they will always follow through with what they say will do." Another person told us, "I know who to complain to, I have all the information on who to contact."

The registered manager informed us they were not currently providing care for people at the end of life. However, they have cared for people at the end of life and worked alongside other professionals to meet people's needs and wishes.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

One person's plan also said they liked to be involved with recruitment of new staff. Their plan said, "I like to be involved in recruiting new team members to my support team and get to know team members." The registered manager explained the person had been involved in the recruitment of some of their staff team and their family member had helped the person put sentences into the talker that the person could ask questions during the interview. One staff member told us, "When I was interviewed, people who receive support were on the panel."

We saw people received service and support information in easy read format, other people used other types of communication aids. Staff told us they explained everyday tasks, support and activities clearly and simply. One staff member told us, "I look for signals such as body language and eye contact."

Good

Is the service well-led?

Our findings

At our last inspections in November 2017, we found there was a lack of auditing systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was no longer in breach.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, health and safety audits and environmental audits. Where shortfalls in the service were found, action had been taken to address these issues. For example, a medication audit highlighted a missed signature on a medication administration record. The audit included details of actions to be taken.

On the day of inspection, the registered manager was present at the office base along with the director. The registered manager was open to ideas for improvements to the service during our inspection. It was clear both the registered manager and director knew the care and support needs of the people who used the service.

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving good outcomes for people using the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support from and as a place to work. It was evident the culture within the service was open and positive and people who used the service came first. One staff member told us, "The managers here are very approachable, I feel like I'm not just a number. The managers are here to help you do your job correctly, which in turns make sure people get good care."

Staff we spoke with all told us they would recommend the service if someone they knew required care and as a place to work.

Staff received spot checks on their practice. This looked at a range of areas, including how they interacted with people, whether they completed care and support tasks correctly and whether people who received the service were happy. This helped ensure staff worked consistently.

Team meetings were held regularly. One staff member told us, "We meet regularly with the teams of people we work with, we also have group supervisions. These are helpful."

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager told us they attended local provider meetings to keep updated and share best practice. They informed us they work in partnership with Barnsley contract teams and the NHS. The registered manager and staff worked in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the registered manager with a wide network of

people they could contact for advice.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.