Flexible Community Care CIC

Flexible Community Care - Haringey

Inspection report

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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

Flexible Community Care provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible.. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, two people were using the service.

There was a registered manager at the service at the time of our inspection. 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.

The service was safe and people were protected from harm. Care workers were knowledgeable about safeguarding adults from abuse and what to do if they had any concerns and how to report them. Safeguarding training was given to all staff.

Risk assessments were thorough and personalised.

Staffing levels were meeting the needs of the people who used the service and care workers demonstrated they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Newly recruited care workers received an induction. Training was provided on a regular basis and updated when relevant, including specialised training to support people with specific needs.

People were supported with maintaining a balanced diet.

People were supported to have access to healthcare services and receive on-going support. Referrals to healthcare professionals were made appropriately and a multi-disciplinary approach was adopted to support people.

Positive relationships were formed between care workers. People's relatives told us care workers were caring and treated them with respect.

Care plans were detailed and contained relevant information about people who used the service and their needs such as their preferences and communication needs.

Staff felt supported by the registered manager and the culture of the service was open, with regular communication.

Quality assurance practices were robust and taking place regularly.

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. People were protected from harm.

Risk assessments were thorough.

There were sufficient numbers of staff to meet the needs of people using the service.

The provider was proactive in learning from any situations that arose.

Is the service effective?

Good

The service was effective. People's needs were assessed and treatment was delivered in line with current standards.

Care workers had the relevant skills and experience to support people.

Training was provided to all care workers at a high standard.

People were supported to maintain a balanced diet and have access to health professionals when needed.

Consent to care and treatment was sought and reflected in care plans.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about care workers.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

People and their relatives knew how to make a complaint and

there was a complaints policy in place.

Is the service well-led?

Good

The service was well led.

Staff felt supported by management.

Regular audits and spot checks were taking place.

The service networked with other agencies.

Flexible Community Care - Haringey

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 was planned to check 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.

The inspection took place on 15 January 2019 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service first became operational in April 2018. This was the first inspection of the service.

The inspection team consisted of one inspector. Before the inspection we checked the information we held about the service. This included any notifications, such as safeguarding alerts. A notification is information about important events which the service is required to send us by law. Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the registered manager and nominated individual (A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. They should be an employed director, manager or secretary of the organisation). We looked at two care plans, three recruitment files, accidents, incidents, safeguarding records, complaints and policies and procedures. After our inspection we spoke with one care worker and two relatives of people who used the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with the care workers supporting them. One relative said, "[Relative] is definitely safe. If something happens, they always call. My relative trusts the carers and so do we."

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to equality and diversity, fire safety and medicines. Staff told us they felt protected to whistleblow and knew what to do if they had any concerns about a person who used the service. The nominated individual told us, "We have had no safeguarding incidents yet. We will alert the local authority safeguarding team [if we do]. We know what to do from past experience working in the sector. If there is any safeguarding issue, we know the pathway of reporting, including to CQC. We are confident our care workers know how to report safeguarding." One care worker told us, "With safeguarding, the usual protocol is to go straight to the line manager. If it's anything to do with staff or management, I'd whistleblow, go to CQC or the local authority."

People had detailed risk assessments in place to protect them from the risks of harm they may face. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs. For example, one person's risk assessment for falls stated, "Low to medium risk. Red coded alarm cord fitted by the kitchen within easy reach even if having fallen. Also wears an alarm pendant linked to onsite office. Action plan, maintain close observations whilst on call. Report any observed difficulty in moving off and back to [person's] resting places i.e. recliner chair, reading table etc. Watch out for items dropped on the floor whilst manoeuvring around the flat." Other risk assessments for people included medication, moving and load management, cognitive and memory functions, challenging behaviour, nutrition and hydration, access to premises, fire, family and social contacts and skin integrity. A care worker explained, "The care plans are comprehensive, including risk assessments."

The service made sure there were sufficient numbers of suitable and consistent staff to support people and meet their needs and records confirmed this. The registered manager explained, "No missed calls. We don't believe in missed calls. We have a very good relationship with the carers. We talk to them on a daily basis. All of the carers have phones and let us know that they have been to a client. No complaints about lateness. I will work in the field as well if need be. All of the care workers work in close proximity to the service users." A relative explained, "The carers are never late"

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

The service had a medicines policy and procedure which provided guidance to staff about the safe management of medicines, including its administration and recording. At the time of inspection, the service was not supporting anyone with their medicines.

Infection control practices were robust and the registered manager told us, "We provide protective equipment and shoe covers to staff." Staff were provided with infection control training.

Accident and incident policies were in place, however there had been no incidents to investigate by the service. The nominated individual told us about lessons learnt since registering the service and providing care and explained, "For example one service user who is currently in hospital started to behave out of character, we were encouraging [person] to see [their] GP and [they] were refusing, but we knew [person's] behaviour wasn't normal and completely out of character. [Person] loves [their] food and suddenly was refusing food. So eventually we called an ambulance, they found that [person's] oxygen levels were very low. Turns out, [person] had a history of COPD (Chronic Obstructive Pulmonary Disease), which is something that wasn't ever declared by the supported living warden." This meant the service was proactive in responding to changes in people's behaviours and needs, in order to support people in a safe way.

Good

Is the service effective?

Our findings

Care plans contained detailed information about people's care needs and the information was captured in an assessment form that had been completed prior to support being provided. Information included details about the person's accommodation, cognition, daily living needs, communication needs, personal care and support needs, mobility, tissue viability, continence management, family and social contacts, activities and lifestyle, nutrition and diet, cultural and faith needs. The registered manager told us they also reassessed people that had been in hospital, "We have one person in hospital at the moment who we have visited a number of times and we will definitely reassess them before discharge and update their risk assessments as well."

Records showed that all staff had completed an induction upon commencement of employment and also shadowing. One care worker said, "I had an induction, it was good. Showed me the ropes and also shadowing." In addition, records confirmed that all staff had received mandatory training and this was updated annually. Training included mental health and dementia, infection control and prevention, Care Certificate induction training, safe administration of medicines, safeguarding, health and safety awareness, equality and diversity, moving and handling and dignity and respect for vulnerable adults. One care worker said, "All the training is very good." The nominated individual advised, "The Care Certificate is mandatory on arrival." The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager told us, "We encourage our care workers to enhance their skills and we support them with training. For example, one of our care workers wants to do level five [in Health and Social Care] and we will put her in the right environment to support her studying and development." Records showed that all staff were receiving supervision and appraisals. One care worker told us, "We have supervision and also spot checks and that gives me confidence."

People were supported to eat and drink enough to maintain a balanced diet and care plans contained detailed information about people's dietary needs, preferences and any risk factors. Nutrition and dehydration assessments were also carried out. One person's care plan stated, "I eat quite well, and I tend to eat my food very fast. When serving, I prefer my food chopped into pieces and mixed up so that I can use a spoon to scoop and eat it. I have an apron which I like to wear at meal times to avoid spilling food on myself. In the evenings before the carer leaves, I will tell/instruct the carer to prepare my breakfast, usually a mix of yoghurt, fruits, cereal and honey." Another person's care plan stated, "My family does most of my cooking. You only have to warm it and I like it hot. I have cereal for breakfast." This meant that care workers had the information they needed about people's dietary preferences and were able to adhere to them.

People had access to health professionals and records confirmed this. The nominated individual explained, "With [person], we have contact with [their] mental health advocate from the community mental health team. We have all the contact details for this team to reach out for support." In addition, the nominated individual explained, "If we have any concerns about skin integrity for example, we will contact the district nurse. If the person is not mobile enough, the risk begins to grow. We will usually re-negotiate the package

and liaise with the local authority or CCG."

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. One care worker told us how they put the MCA into practice whilst delivering care, "I always ask consent before doing anything. Sometimes someone might need gentle encouragement and I'll also speak to their family too if they're around. I'd never force anybody."

We found the service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. Consent to care and treatment forms in care plans were signed by people who used the service.

Good

Is the service caring?

Our findings

People's relatives spoke positively about the service and the care that was being provided. One relative said, "The carers are very good, my [relative] is very happy. They care for [relative] like [relative] is their family. They are very caring and they also speak the same language." Another relative said, "The carers are all wonderful, [particular care worker] is a wonderful kind man. I have nothing but praise, ten out of ten."

People were supported with personal care and independence was promoted by care workers. One person's care plan said, "[Person] needs help with showering after toilet use. Washes hair every Friday. Please allow [person] independence to wash own hair." A care worker told us, "I always ask the person if they need support. For example [person] is independent with aspects of care, it's about promoting that independence."

People were treated with dignity and respect and relatives confirmed this. One relative said, "It's very dignified. My [relative] is very private. We are very happy with the carers, they are loving and caring." Another relative said, "They adhere to [relative's] preferences. We all think the carers are wonderful." One care worker told us, "I always adopt a person centred approach, I am caring." The nominated individual explained, "We are very confident in our care workers being caring."

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences. The nominated individual explained, "We do not discriminate." The registered manager also said, "For us we take everybody as they come. We respect everyone and support them."

Good

Is the service responsive?

Our findings

Care plans were detailed and contained personalised information about each person. Each care plan contained a front sheet with information such as important telephone numbers, next of kin details, GP, medical information as well as preferences and likes and dislikes.
One person's care plan stated, "Assist me to wash, change clothes, apply cream. [I can] feed myself, make a cup of coffee, walk about using my walker, organise my finances including budgeting. I need help with oral care and dentures."

People's communication needs were detailed within care plans. For example, one person's care plan stated, "I speak very little English and can communicate my needs. I prefer to have someone who speaks [specific language]." The registered manager told us, "The carers that go to [person] all speak [specific language] which [person] really likes." A relative told us, "The care plan is always up to date and everything is recorded."

Care plans also contained goals for people to set and work towards. For example, one person's goals included "To live independently in my flat as much as possible. To be able to do things I enjoy. To minimise unplanned hospital visits."

The nominated individual told us how they were continuing to support a person who was currently in hospital, "[Person] has been in hospital for over a week and we have been visiting [them] every day. We are not charging [person] for this, but [person] has wanted us to visit for companionship and support so we have been doing this. We go and have a chat, it puts a smile on [person's] face. A relative of this person said, "They're a fantastic team visiting [relative] in hospital. [Relative] is very happy, it's been a lifeline."

Daily records of care were detailed and reflected people's needs and preferences in line with care plans.

The service had a complaints procedure in place which included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. The registered manager told us, "We have not had any complaints." A relative explained, "No complaints, I'd know who to contact, management are very responsive."

The registered manager told us that currently no one using the service was being supported at the end of their life. However, the service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death. The nominated individual explained, "We do provide training for end of life for care workers. We have to give people a good life. We will work in conjunction with palliative nurses, for example with pain management."

Good

Is the service well-led?

Our findings

The service had quality assurance practices in place that included management and administration audits that were completed for each person who used the service. The most recent audit was completed in December 2018 and included areas such as information systems, complaints and concerns, log sheets, time sheets, risk assessments, fire safety, first aid, COSHH assessments, accident book and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013).

Spot checks were being carried out on care workers to ensure they were adhering to the service's policies and practices. Spot checks looked at aspects of care such as punctuality and appearance of care workers, compliance with the care plan, people's communication needs being respected, use of protective equipment, consent and confidentiality. A care worker explained, "After a spot check, management give me feedback."

The nominated individual explained that they had not sent out any surveys or questionnaires yet, "We haven't had enough time with the service users but we plan to send survey's to clients between January and March 2019. And we will do this with professionals as well. We will reflect on the feedback we get, positive and negative." The registered manager stated, "Any negative feedback will be a learning lesson on how we can better ourselves, do some action planning on how we can address issues."

The service liaised with other agencies and the nominated individual told us, "We are a member of 'Skills for Care' (Skills for Care is the strategic body for workforce development in adult social care in England) and we liaise with other providers and attend networking events. We also attend the local authority's provider's forum." The registered manager told us, "We offered to give a presentation to the local hospital discharge team as well as the local authority brokerage teams and CCG as our plans for the future are to access the public service sector, we think there is much more to learn working with them and through them."

Team meetings were taking place regularly and records confirmed this. The nominated individual said, "There have been more informal management meetings but we have also had team meetings with care workers in attendance too. Discussions include punctuality, promoting independence, training, we share with them about training events, fundamental standards and what to expect from an inspection."

The service kept any compliments they received from people who used the service. They had recently received a Christmas card from a person who used the service that said, "I want to wish you a very happy Christmas and a healthy new year. Thank you for all your wonderful care and devotion and for your many skills…thanks for providing such an excellent carer as [named care worker] and for all your other professional help and kindness."

The registered manager told us about their management style and stated, "I think my carers will tell you that I am approachable. They can call me at any time, send me a text message or email, and they do send me messages all the time." One care worker told us about the management structure of the service and said, "I've got a very good working relationship with the nominated individual and registered manager. I speak to

them every day. It's a nice organisation to work for. I feel supported. The registered manager is amazing, I'm grateful for that."

Policies and procedures were up to date and available for all staff to access. The registered manager told us, "Every training module is accompanied by a summarised version of the policy, we take them through the typical procedures and what the policy implies. Every month we have a policy of the month, again depending on the issues that are coming out of the field, for example challenging behaviour. There is a much better response than just asking staff to look at the policy and sign it. I will always highlight the points that they need to understand."

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when someone has a serious injury. The registered manager had a good understanding of when they needed to notify us.