

Flexicare Altruistic Solutions Limited

Flexicare at Home (Head Office)

Inspection report

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03 September 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Flexicare at Home is a domiciliary care agency. On the day of our inspection 66 people were receiving care and support from Flexicare at Home.

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

Staff were passionate and really cared about making a difference to the people they supported so that they could lead the best lives possible. Staff were highly motivated and skilled in their role. They had undertaken appropriate generic training and where specific needs were identified, they undertook further training to be able to meet people's individual needs. A staff member told us, "I work here because it's good. Everything we do and everything the manager [referring to the registered manager] does is great. The company actually do care about the clients and that makes a massive difference."

Staff were exceptionally caring. Everyone we spoke with was extremely complimentary about the care provided by staff. People told us they were very happy with the service and had no concerns. There was a strongly embedded culture within the service of treating people with dignity, respect, compassion and love. The service was safe. There were systems and processes in place to protect people from harm. Medicines were safely managed and administered by suitably trained and competent staff. Recruitment processes were of good quality although a reference for one staff member was not sought from their last employer.

The provider had a complaints procedure in place and people were aware of how to make a complaint. People and staff were regularly consulted and asked for feedback about the quality of the service.

The registered manager was clear in their desire to provide person-centred and high-quality care to everyone who used the service. People and staff felt the service was well-managed.

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.

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

Rating at last inspection

The last rating for this service was good (published 19 January 2017).

Why we inspected

This was a planned inspection.

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?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Flexicare at Home (Head 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 an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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

We gave the service notice of the inspection. This was because we needed to be sure there would be someone available in the office to meet with us.

Inspection activity started on 23 July 2019 and ended on 3 September 2019. We spoke to people and relatives of people who used the service on 23 and 24 July 2019 and visited the office location on 28 August and 3 September 2019.

What we did before the inspection

Prior to the inspection we had received information about the service since the last inspection. 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 five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, HR manager, HR assistant, senior care manager, care co-ordinator and care assistants.

We reviewed a range of records. This included three people's care records and two medication records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Overall, safe recruitment procedures were in place. We identified an instance where the service had not sought a reference from a staff member's last employment and an instance where there was no evidence that gaps in a staff member's employment record had been reviewed. We discussed these concerns with the registered manager who assured us they would investigate and take immediate remedial action.
- There were enough staff to keep people safe and meet their needs. The management team told us they would only offer a service if they were sure there were staff available to meet the person's needs.
- People told us they received continuity of care. Comments included, "I have the same pool of carers" and "[Person] has known my carer for four to five years."

Using medicines safely

- Medicines were managed in a safe and appropriate way. Staff received training and had their competency regularly assessed.
- People had care records that included information about any medicines they were prescribed and clear guidance about the support people required from staff. For example, it was identified a person should not consume a certain food product when taking a medicine and we saw this was clearly documented in their care record.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The registered manager understood their responsibilities with regard to safeguarding and staff had been appropriately trained.
- People and their relatives told us they felt safe. Comments included, "[Person] does feel safe with what they do", "[Name] feels very safe" and "Yes, I do feel safe."

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed. These described the potential risks and safeguards in place to reduce the risk.
- Care records also included an environmental risk assessment, where potential risks to the safety of people who used the service or staff could be identified.

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us they had access to aprons, gloves and shoe protectors to use where required.
- Checks were carried out by the registered manager to ensure staff were following the provider's policies

and procedures correctly. This included wearing the correct uniform, having the right equipment and protective clothing whilst carrying out visits to people.

Learning lessons when things go wrong

- Staff knew they should report any accidents and incidents and maintain clear written records.
- Accidents and incidents were recorded and lessons learnt shared with staff. We found the recording of actions taken focused on changes to internal processes and did not record how the person had been supported. We fed back these findings to the registered manager who assured us they would take appropriate action to improve the recording of actions taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Supporting people to live healthier lives, access healthcare services and support

- Staff used creative ways to support people and promote positive wellbeing. A relative told us, "Carers will help [Person] with facials and cosmetics." A staff member described how they put into practice the 'gentle touch' training they had received. This training focuses on the power of touch to connect with people. They told us "I soak [Person's] feet in a bowl of warm water. They like this. I normally wash and stroke their feet. It seems to relax them."
- A relative told us of an occasion where they had rung the service distressed with concerns about a person the service supported. The management team immediately had driven straight away to support the person before the relative had been able to arrive at the person's house. They told us it had been a huge relief and greatly appreciated.
- People's relatives were invited to attend in-house training, along with staff members that was tailored to the individual needs of their relatives to increase their awareness and understanding. The registered manager told us, "Relatives are always invited and encouraged to attend our in-house training. We try to change preconceptions about certain illnesses and attitudes so they can have a full understanding of what is happening to their loved one."

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

- People's assessment of need was individualised leading to exceptionally well-planned care and outcomes for people. The service recognised that care provision meant more than completing tasks to ensure people's basic needs were met. The registered manager undertook an assessment of their needs, prior to acceptance of a new care package, considering the views of the person and how they liked to be supported.
- The registered manager kept up to date with any changes in the health and social care field. Their knowledge of policies and legislation was passed on to staff who were able to support people in line with best practice.
- People and where appropriate their relatives, were involved in discussing and planning all their care. Everyone we spoke with confirmed they were regularly involved in care plan reviews and discussing changing needs. A relative told us, "We had a review a week or so back, nothing to amend or change."

Staff support: induction, training, skills and experience

- New staff completed an extremely comprehensive classroom-based induction programme. A staff member told us, "The training was really good. We have small groups of new staff being trained altogether. It's also building a great staff team."
- People were supported by staff who had ongoing person-centred training which was all up to date. People

told us they thought staff were well trained and skilled. The service had an extensively equipped training room and utilised life size anatomical models to demonstrate care training techniques. Staff were exceptionally positive about the high-quality training they received. A staff member said, "It brought the training alive as I could observe and ask questions along the way." Another staff member told us, "Training is brilliant. Really thorough. Every year we get a refresher."

- Additional specific specialised training was provided for staff depending on people's individual needs, such as, catheter care. A 'specialist care' form was completed and signed off by a care manager once the staff member felt confident and was deemed as competent.
- Staff told us they felt fully supported in their role and received regular field-based spot checks, supervisions and an annual appraisal. A member of staff told us, "I feel it's an opportunity for a manager to see we are doing things properly."

Staff working with other agencies to provide consistent, effective, timely care;

- Staff took appropriate action when people were unwell, referred people for specialist help, for example, doctors and district nurses.
- People were supported by staff to attend hospital appointments.

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.

- People's rights were very well protected. Staff at all levels were well trained and aware of the MCA guidelines. The service provided staff and where appropriate family members, with a pocket-sized MCA leaflet which detailed what the Act meant in practice.
- The service was acting within the legal framework of the Act. People's consent to care was accurately recorded. Where people were unable to consent, the appropriate permission was sought.

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

- Some people were supported with their dietary needs. Dietary requirements were completed for each person that documented people's individual needs and preferences and whether they had any allergies. For example, a staff member told us a person followed a specific life style diet and disliked certain foods. They said they made sure the person's shopping items reflected the person's individual choice. We saw these details were clearly documented in their care record.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were supported by staff who were kind and considerate. A person told us, "There really lovely carers." A relative said, "All the carers are absolutely brilliant."
- People told us staff went out of their way to provide additional support. A person commented staff would always ask if there was anything they wanted and would get it for them. Another person said, "[Name of staff] gets me fish and chips." A relative told us, "They bring [Person] little treats and pick up things they need from the supermarket."
- The registered manager described how the service had adapted to provide 24-hour care to support a person who was at the end of their life and who had wished to remain at home. They had personally provided overnight care and support to the person who was frightened by people who were unfamiliar to them. They had even spoken at the person's funeral at the request of family members.
- The service held a variety of social events for people to join in with throughout the year. For example, a plant growing competition was held this summer. People and their relatives had been given the choice of growing a tomato plant, chilli plant or pepper plant and were asked to submit a photograph of their plant for judging. Small prizes were awarded to the winners of the competition at the person's home which was presented by the registered manager. Staff told us people were delighted to show how their plants were growing during their care support visits. The manager told us feedback from people and staff had been exceptionally positive.
- People received Christmas presents and birthday cards organised by the service and special parties were arranged for age milestones where people no longer had family members.
- People were actively encouraged to make social visits to the offices, use the office computers and to meet and chat to the wider staff team. For example, we observed a person who visited the office wanted to show staff how delighted they were with their new haircut. We saw staff take time to move away from their desks to greet the person, chat and engage in friendly banter.
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People and their relatives told us they had been involved in making decisions about their care and support needs. Comments included, "I feel listened to", "I've seen my care plan" and "They do know how to care for me, they've gone and got me the [product] that I needed."

- A staff member described an instance where a person had been taken into hospital. The staff rota was changed to enable companion visits to be made to ensure the person was not lonely during their hospital stay.
- Care needs were reviewed by the service four times a year or when people's needs changed with people or where appropriate their representative, either by telephone or face to face. People's views were incorporated into their care records so that they were involved in decisions about the way their care was provided. A person said, "I signed a care agreement that was amended to put [product] on."
- People's preferences and choices were respected. Staff could tell us how people preferred to be supported and how they had acted on people's preferences to promote positive outcomes. Our review of records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was truly respected. Comments included, "No one has made me feel uncomfortable", and "They treat me very well, absolutely perfect."
- Staff we spoke with gave good examples of how they promoted people's privacy and dignity.
- We asked staff how they enabled people to retain their independence and self-worth. A staff member told us, "By asking people if they wish to do things themselves. It's really easy to overtake and we need to let people do things themselves." A person told us, "They [referring to staff] chit chat with me, encourage independence."
- The registered manager told us the staff training focused on what a person could do and concentrated on the positive rather than what the person could no longer do. For example, participating in quizzes or reading magazines with support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care records were person centred and contained sufficient information for care workers to be able to meet people's assessed need. For example, we saw one care record detailed staff needed to reassure and encourage a person with their personal care rather than do this for the person. This meant staff had clear information on the person's individual preferences.
- Records included important information about the person, such as contact details, personal history and living arrangements.
- People told us they received a copy of the staff rota and support calls at consistent times each day which helped ensure they received appropriate care and support. A person told us, "Every Friday morning I receive the rota via email."
- Staff were knowledgeable about people's likes and dislikes, for example, suggesting certain foods they thought the person might like to eat. A staff member told us, "I show pictures of different foods and ask 'do you fancy this'."

Meeting people's communication needs

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

- The registered manager understood the AIS. They told us whilst they did not currently support anyone with specific communication needs they were able to provide care records in different formats. For example, audible, braille and larger print format to make these accessible to people should this be required.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint should the need arise. Comments included, "If ever there was any issues [Name] referring to the registered manager, is more than approachable" and "If there was a problem I would be able to take it up with [Name]."
- Systems were in place to ensure complaints were acknowledged, investigated and responded to. The registered manager acted on feedback from other agencies to improve the service. For example, we saw action was taken to review and amend internal processes following specific feedback.
- The service had received a number of very positive compliments. For example, a thank you card from a family stated, 'Thank you so much. Words fail us to how much we have appreciated your kindness and dedication of care to [Person]. [Family] will be forever grateful'.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was receiving end of life care.
- There was a policy in place to support people at the end of their lives, their families and each other in the event of a death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was also the registered provider. They were involved on a daily basis in the management of the service.
- Staff received their own copy of the 'Homecare worker's handbook', the 'Code of conduct for social care workers' and 'What is the Mental Capacity Act' at induction.
- Systems to check and audit the service were in place. Audits identified areas for improvement which were fed back to staff to help ensure continuous improvement of the service. The audit process had not picked up our findings regarding the limited person-centred recording of actions taken following an accident or incident as mentioned earlier in our report. However, we found there was no impact on people.
- It is a requirement that the provider displays the rating from the last CQC inspection. We found the rating was displayed at the office location. However, the rating and link to the latest report was not displayed in a prominent position on the provider's website and was difficult to find. We discussed this with the registered manager and saw it was rectified during our inspection.

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

- People and their relatives told us they felt the service was well-led and had built good relationships with the registered manager. Everyone we spoke with knew who the registered manager was and was positive about the quality of care provided for people.
- Staff told us they felt comfortable raising any concern and the registered manager was approachable. Comments included, "[The registered manager] is brilliant and really on the ball" and "[The registered manager's] amazing. I just know if I've got problems they are always there to help."
- The registered manager and other members of the management team had a good understanding of the people they were supporting, their needs and requirements.

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

- The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and in line with requirements.

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

- Surveys were completed to gain the views of people and relatives. We saw the latest survey results were exceptionally positive, the results of which had been shared with the whole staff team.
- Staff meetings were held regularly. Meetings were used to provide information, such as caring, training and the importance of using personal protection equipment when providing personal care. The registered manager told us discussions from the staff meetings were not minuted, however, records evidenced and staff confirmed they attended staff meetings.

Continuous learning and improving care

- The registered manager was committed to the continuous improvement of the service, learning from incidents, audits and new guidance/best practice to help improve the service and improve outcomes for people who used the service.

Working in partnership with others

- The registered manager and staff worked closely with other health and social care services so that people's assessed needs were appropriately met, and their health and well-being was maintained.