Flow Healthcare. Ltd

Flow healthcare-Morden

Inspection report

Peel House
London Road
Morden
SM4 5BT

Date of inspection visit:
20 May 2021
27 May 2021

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23 June 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Flow healthcare-Morden is a domiciliary care agency providing personal care to people living in their own homes, the majority of them in the Elmbridge area. At the time of the inspection, there were 43 people 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
People and their relatives were happy with the care and support they received. They had no concerns about their safety. We were assured that the provider was using PPE effectively and safely and was accessing COVID-19 testing for care workers. The provider had robust recruitment procedures in place which meant care workers were safe to work with people using the service. We were assured that the provider managed risks so people were kept safe.

Care workers received appropriate training to help them to support people in the best way possible. People and their relatives told us they were happy with support they received in relation to their ongoing healthcare and eating and drinking needs. Care plans captured these needs which care workers followed.

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.

People's privacy and dignity was respected by care workers. Care was delivered in a way that promoted people's independence.

Care plans captured people's support needs, and these were reviewed on a regular basis. There had been no formal complaints received from people or their relatives, but they were given details of how to do this if needed.

The service was managed well. The registered manager was approachable and encouraged feedback from people and staff. There were quality assurance checks in place to help ensure the service delivered to people was of a good standard. The registered manager was keen to improve the service and there was an action plan that identified any areas that needed addressing which helped to drive this improvement.

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 25 March 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.

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?

Good

The service was well-led.

Details are in our well-led findings below.

Flow healthcare-Morden

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
This inspection was conducted by three inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the CQC. 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2021 and finished on 28 May 2021. We visited the office location on 20 May 2021.

What we did before the inspection
We reviewed information we had received about the service since it had registered with us. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with the registered manager, a member of the office staff responsible for call monitoring and the compliance officer.

We reviewed a range of records. This included four care records, two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection
We spoke with four people using the service and five relatives. We contacted six care staff to find out their experiences of working for this provider. We received feedback from one healthcare professional.

We requested additional evidence to be sent to us after our inspection. This including the service user handbooks and records relating to governance including policies and procedures.

Good

Is the service safe?

Our findings

Our findings - Is the service safe? = Good

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service and their relatives told us they felt safe and care workers treated them respectfully. One person said, "I do feel safe they've been coming for two years now."
- We discussed some safeguarding concerns that had been raised with the registered manager. There was evidence the provider worked with safeguarding teams and other agencies such as the police to investigate and respond to concerns. There was evidence that the provider acted on any recommendations to try and prevent incidents from occurring in future. This included providing additional training for care workers.
- The provider had a safeguarding policy in place which reflected current guidance.
- Care workers were aware of safeguarding procedures and records showed they had received training in safeguarding adults which was current. They told us, "Safeguarding is the process of protecting clients from abuse, like physical, psychological and financial abuse" and "I would try to talk to the client to find out exactly what happened and I would reach out to the supervisor or the police to inform them about the [alleged] abuse."

Staffing and recruitment

- Recruitment procedures were robust, we were assured that staff were recruited in a safe manner.
- Staff files included application forms, cheeks on identity and right to work, health questionnaires and references from previous employers.
- We saw evidence of Disclosure and Barring service (DBS) checks. A DBS is a criminal record check that employers undertake to make safer recruitment decisions. The registered manager told us, "I never take anyone on without meeting them first. We invite them in for an interview, explain about the role, we have to make sure they understand what the role entails."
- People and their relatives told us that care workers were generally punctual. One relative said, "They're [care workers] wonderful we've been with them just over a year now, they come four times a day and are mostly punctual, they let us know if they're going to be late." Another relative said, "They [care workers] sometimes let me know if they're going to be late. I usually have the same carers. There seem to be enough staff."
- Some people and their relatives told us that time keeping was not consistent and sometimes care workers did not stay for their allocated time. We checked call visit times for these people and care workers. These showed, on some occasions, that care workers did not stay for their allocated times although all the care tasks had been completed. We raised this with the registered manager and compliance officer. They also confirmed they were planning on improving their call monitoring systems by introducing Near-Field Communication (NFC) tags to enable care workers to log in and out more accurately. We will follow this up

at the next planned inspection of the service.

Assessing risk, safety monitoring and management
● Although the provider completed risk assessments to identify and manage risk to people, some of these lacked detail and records were incomplete.
● There was some inconsistency in the assessed risks that had been completed for people. One person using the service had care plans in relation to moving and handling in which it was recorded they were at high risk, however this had not been identified as a risk in the moving and handling assessment.
● We could not find any evidence that people had been harmed as a result of this. However, we raised these inconsistencies with the registered manager on the day of the inspection who agreed to review these.
We recommend the providers reviews its risk management plans to ensure all areas of risk are suitable identified. We will follow these up at the next planned inspection of the service.

Using medicines safely
● The provider had medicines procedures in place which staff followed. This meant that medicines management was safe.
● People and their relatives told us they were happy with the medicines support they received from the provider. One person said, "They give me my medication, I used to do it but now they order them, fetch them and give them to me which is great."
● Where people were being supported to take their medicines, a medicines risk assessment and support plan was in place.
●The provider used electronic medicines administration records (MAR) which staff completed whenever they supported a person to take their medicines. These were completed in a timely manner and provided real time information for the registered manager for quick monitoring.
●Medicines audits took place which were effective in identifying any gaps in MAR charts.
Care workers told us, and records confirmed, they had received training in medicines administration. One care worker said, "I had medicines training and it was really good. It shows you how to administer the medicines, it told us how to count the medicines properly and what to do if there was a problem." Another said, "We follow the medicines as identified on our phone apps. I have had medicines training; I feel confident in administering medicines."

Preventing and controlling infection
● We were assured the provider managed the risks in relation to COVID-19 and Infection prevention and Control (IPC).
● The provider had up to date policies and procedures in place in relation to IPC practice.
● People and their relatives told us that care workers wore the appropriate Personal Protective Equipment (PPE) when delivering care.
● Care workers told us they were given adequate supplies of PPE and records showed they had received up to date training in IPC and COVID-19. One care worker said, "We are given a face mask, aprons, gloves and hand sanitizer. I have had training in donning and doffing (putting on and taking off PPE)" and "I have had infection control and COVID-19 training. The manager makes sure we have PPE; they check with us weekly. The manger will drive to us and drop off more if we are running out."
● Staff were routinely tested for COVID-19.

Learning lessons when things go wrong
● There was evidence that incidents and accidents that occurred were investigated in an open and transparent manner.
● Any improvement actions identified to try and minimise similar incidents from occurring in future were

followed up on.

Good

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience
- We were assured that care workers received appropriate training to carry out their roles effectively.
- People and their relatives told us that care workers were competent in carrying out their duties. Comments included, "There are enough staff and they seem well trained, we know them now" and "They are well trained and we like (care worker) to come."
- The registered manager was a certified trainer in manual handling, basic life support and the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- New staff were given an employee handbook that contained useful information about their roles and responsibilities. All newly inducted care workers were supported to complete the Care Certificate.
- Newly employed care workers completed shadowing and worked under supervision of a senior care whilst they were completing the Care Certificate. One care worker said, "The induction was really good, but I did have previous experience. I shadowed another member of staff and I found this really helpful."
- Care workers received medicines training and were competency assessed and observed administering medicines before being signed off to do so independently.
- Refresher training was delivered on a yearly basis. A care worker told us "I've had infection control, manual handling, safeguarding and medicines training, I have had a lot of training."
- Care workers told us they felt supported by the registered manager and received formal supervision. They told us, "The supervisor speaks with me once or twice a week. Sometimes she will pop in to see us at work and check we are doing things correctly. She will check if we need any help. Once in a while we have a supervision."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider carried out assessments prior to providing support to people. This meant they had the information needed to support people in an effective way.
- The registered manager completed assessments in people's homes when they received an enquiry or a referral .
- Once an assessment had been completed, a care plan was developed. This included details of visit times and the tasks to be completed during each visit such as any personal care, eating and drinking or medicines support. People were given a copy of their care plans.

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 and, if appropriate, their next of kin were given the opportunity to read and agree to the care plans in place.
● Signed agreement forms were in place which included consent to care and support. Care plans were signed by people or those with authority to sign in their behalf, indicating their consent.
● People and their relatives told us their choices were respected by care workers who always asked for their permission before supporting them. One relative told us, "They [care workers] always ask before providing care. He does have choices."
● Care workers told us how they supported people with everyday decisions, with one of them telling us, "I ask what they would like to eat or how to dress, we never do our job without asking." Another staff member said, "Depending on the client, we always respect their decisions but also support them if needed. We assume people have capacity and we respect their decisions and if no capacity, we help them accordingly."
● Care workers had received training in the MCA and knew what it meant. One care worker said, "It means that all clients have different mental capacity. Some can tell you where things are and some can't, so we have to do our best for them. We need to respect their decisions at all times."

Supporting people to eat and drink enough to maintain a balanced diet
● People and their relatives told us care workers supported them eat and drink, either through making meals for them or following guidance from professionals.
● Care plans contained details about people's support needs in relation to eating and drinking.
● Care workers told us about the ways they supported people to eat and drink. Comments included, "Some clients that don't have any relatives to help them, we then prepare the food for them. I always ask the client what it is they fancy eating and they will let me know" and "I do make food for my clients, most of them I do this. Some you need to cook their food and others you just need to microwave it. I ask them what they would like to eat and how they want it cooked."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported in relation to their ongoing health needs by care workers.
● Comments from people and their relatives included, "They [care workers] look after him very well they have good pressure area care and moisturise him really well" and "The district nurse comes for his leg ulcers, the GP organised that for us." Another relative said, "They inform me if they think he's unwell and advise if he needs the GP or an ambulance."
● Care plans contained details of community and other healthcare professionals that were involved in people's care such as community nursing teams, the GP and dispensing pharmacy.
● Care workers said, "If the client is not feeling well, I call the office and the supervisor will advise. However, if it's an emergency I would call the ambulance and the relatives."

Good

Is the service caring?

Our findings

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

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

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

- People and their relatives told us care workers were respectful and treated them with compassion. Comments included, "The nice carers you can just be normal with and it eases my life for a while", "They're very kind and caring, they chat and talk to him they know him well" and "The staff are kind and caring."
- Care workers told us they treated people equally with respect and did not discriminate. They explained how they did so, respecting people's wishes and personal preferences. One care worker said, "We always talk to the clients, letting them know what we are doing and how we are going to carry support."
- There was consistency in terms of care workers who were allocated to support people. This meant that care workers were familiar with people's individual needs.
- Care records included reference to cultural or religious preferences and people's likes and dislikes. They contained person centred information which helped care workers to appreciate and understand their backgrounds in order to support them in a way that suited them. One relative said, "[The care worker] knows him well and they get on well."
- Staff had enough time to meet people's care needs. One staff member said, "We have time to talk to people which is good as some are alone in their homes and need time to talk."

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

- Relatives told us they were involved in care planning and their views were sought. Comments included, "I am involved in his care and the staff ask me what needs to be done."
- Care plans were completed in line with people's wishes and it was evident their views were sought and included in care plans. Records included details of how people wanted their personal care to be delivered, their preferences and habits in relation to their eating and drinking and how care workers could best support them with medicines. One relative said, "[The care worker] knows him well and looks after him well he even does his hair how he likes it."
- Care workers gave us examples of how they supported people to make their own decisions. They said, "I encourage my clients to make their own decisions. I try to motivate my clients by giving them the thumbs up [and praise] when they do things for themselves."

Respecting and promoting people's privacy, dignity and independence

- Care plans included details of people's level of independence and their abilities in relation to their support needs. This meant care workers could support them in a way that promoted their independence as much as possible.
- Care workers gave examples of how they respected people's privacy and maintained their dignity when delivering personal care. They told us, "Everything that happens I keep confidential unless they are at risk

and then I would share it with the manager. When giving personal care we make sure we maintain their privacy, we shut the curtains", "We don't rush them and give privacy in the toilet" and "I don't share information about clients with other people or colleagues."

Good

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; Meeting people's communication needs

- The provider had an electronic care planning system in place which meant that changes to people's care could be reviewed and updated in a timely manner. Care workers had access to care records on mobile phones in line with data protection. This meant that they were able to access the most up to date information in relation to people's support needs.
- People and next of kin were able to access their care records which included the daily notes that care workers completed at every visit. This meant they were kept informed about the care and support that had been delivered.
- Care records covered a number of areas that were relevant to peoples support needs and included outcomes that people wished to achieve.

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.

- Where people had some communication needs, these were captured in their care plans. This included any support needed, how they gave consent and how best to communicate with them. One care worker said, ""I will always ask the client how they want to be communicated with. They will always tell me and that's how I do it. For example, speaking very calmly or with a louder voice by changing my tone of voice."

Improving care quality in response to complaints or concerns

- Relatives told us, "If I had a complaint I would call Flow care and discuss it with whoever answered", "I have no complaints, they [care workers} come on time", "We talk to [registered manager] with any problems she's very apologetic and sorts things out for us" and "The rota was changed so [care worker] didn't come, I complained to senior management and he's back with us again now."
- People and their relatives were given information in the service user handbook .about how they could make a complaint if they were not happy
- There had been no formal complaints received. However, informal complaints were identified during quality assurance checks and acted upon.

Good

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear staffing structure in place. The service shared some staff, including a compliance officer with another service. Other staff worked such as supervisors and monitoring teams worked from home. A care worker said, "The office always pick up the phone and will give us the help we need when there's an emergency or an issue."
- There was a system of quality assurance checks that took place to monitor the quality of service. This included unannounced spot checks to see if care workers were attending on time and carrying out their roles to a good standard and telephone monitoring checks where people and/or their relatives were asked about the care delivered. One relative said, "They do spot checks over the phone." A care worker said, "The supervisor speaks with me once or twice a week. Sometimes she will pop in to see us at work and check we are doing things correctly. She will check if we need any help."
- Medicines audits were carried out; these checked the medicines records to see if they were being completed correctly and if people were receiving their prescribed medicines. Other audits included Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE) audits, incident and accident monitoring and safeguarding monitoring audits. This meant there was good management oversight into any issues.
- Records showed that the provider submitted statutory notifications to the CQC when it was made aware of any incidents, accidents or safeguarding concerns. The registered manager was familiar with the types of incidents she needed to notify CQC about.
- The registered manager demonstrated a commitment to improvement and had developed an action plan to improve the service. This included areas that had been identified during quality assurance audits such as more accurate time keeping, improving communication and strengthening the office staff team.

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

- We received good feedback from people and their relatives about the quality of service. Comments included, "I think they're well managed. I'd change nothing", "I think they're great" and "I think the company is well run."
- Feedback received pointed to an open culture, with people and staff telling us the registered manager was approachable. Care workers said, "She's a team player and has the best interests of the team. She is always available whenever I call and have any issues and will advise me on what to do" and "She is very supportive and is kind. She will keep us updated with the latest information. I can talk to her and she will respond as

soon as she can."

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 was aware of her responsibilities under duty of candour, although there had not been a need to act under this.

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

● Due to the short length of time the provider had been operating, no feedback surveys had been completed. However, records showed regular engagement with people and relatives took place through reviews and monitoring checks. Feedback received included, "I think it is run well. I have had a questionnaire fairly recently" and "A supervisor did a questionnaire recently."

● Care workers said, "The manager does ask for my opinion. I work directly with the client so she will ask my opinion of what's best for the client."

Working in partnership with others

● There was evidence that the provider worked in partnership with community teams to provide consistent care to people. This included district nurses, safeguarding teams and social workers.