

Flexi Direct Ltd

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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

About the service

Flexi Direct Limited is a domiciliary care service providing care to people in their own homes for adults over and under the age of 65, people with dementia, learning disabilities and physical disabilities. At the time of our inspection there were 10 people who were receiving the regulated activity of personal care from the service.

People's experience of using this service and what we found

People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems to report and investigate concerns. Care plans identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans. There were enough staff to keep people safe and meet their needs. Robust recruitment processes aimed to ensure only suitable staff were selected to work with people.

People told us they were supported in a kind and caring way by staff that knew them well. They were happy with the support they received from staff. People's privacy and dignity was considered and maintained, and people were encouraged to make choices. People's preferences, including their likes and dislikes, were considered, and they received support based on these needs.

Each staff member had received induction, training and shadowing which enabled them to meet people's needs effectively. We saw that supervision/spot check meetings for staff were held regularly and staff felt supported by the management to perform their role.

People's care plans were person-centred and focused on what was important to people. Care plans were regularly reviewed. People and staff spoke positively of the management; they found them approachable and supportive. There were systems to monitor, maintain and improve the quality of the service. The manager told us as the service grew, these systems would be expanded and refined.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

This service was registered with us on 3 February 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Flexi Direct Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector and one 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 27 July 2022 and ended on the 29 July 2022. We visited the location's office on 27 July 2022.

What we did before the inspection

Before our inspection, we reviewed information we held about the service. This included information received from the local authority and professionals who work with the service. We looked at statutory

notifications. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

During the inspection we spoke with the registered manager and the deputy manager, we also contacted three members of staff. We reviewed a range of records relating to peoples care and the way the service was managed. These included care records for five people, staff training records, quality assurance audits, three staff recruitment files, complaints and records relating to the management of the service. We also spoke to four people using the service and four relatives of those using the service.

After the inspection

Following the inspection, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. People's comments included: "They use a key safe to be able to get in to see me and I'm happy how that is managed; I feel very safe with the service."
- There were procedures in place to identify and report safeguarding concerns. The service had yet to raise or receive any safeguarding concerns. The registered manager told us that all safeguarding concerns would be recorded, reported and investigated.
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff commented, "If I had concerns, I would escalate this to my manager, for example if I felt there was something not right, if someone's health was deteriorating or if someone was not getting the right care."

Assessing risk, safety monitoring and management

- Staff were trained to support people safely, for example, they received training in manual handling and first aid. People using the service told us, "I get the impression they all have a similar level of training in how to develop good working relationships and in the physical tasks they have to do" and "They understand my needs and are skilful providing what I need. I think they are well trained."
- Care plans and risk assessments were in place to help manage risk. We discussed with the registered manager during the inspection, that although risk assessments were in place, more information should be considered in respect of diabetes care. The registered manager agreed that more guidance would be put in place. There had been no impact as a result of this finding and staff we spoke to knew the potential support needs of people with diabetes and potential signs of high or low blood sugars.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe and meet their needs.
- People and their relatives told us staff were mostly punctual and stayed for the full visit time. No one reported missed visits. Their comments included; "Sometimes they may be late due to an emergency elsewhere and they haven't always let me know in advance" and "They come within half an hour of the scheduled time, which is fine (partner) fell out of bed once and the carers called for ambulance help as they could not lift him. They waited with him until the ambulance arrived, which is their policy, so it's acceptable that we could have a late call for a similar reason."
- The provider's recruitment processes were robust. Pre employment checks had been carried out to ensure staff were suitable to work with vulnerable people. This included references, obtaining proof of staff identity, right to work in the UK and DBS checks. Disclosure and Barring Service (DBS) checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff told us, and records confirmed staff had been trained in administering medicines safely, and the provider checked staff competencies.
- Spot checks were conducted to ensure staff followed safe practice. People using the service told us "They give me my medicines, including eye drops; nothing gets forgotten."
- Monthly medicine audits were carried out to identify and address any issues, relevant findings were then discussed with staff in team meetings.

Preventing and controlling infection

- People told us staff used correct PPE and followed safe infection control practice. Their comments included; "In regard to COVID-19, they (staff) have worn masks, gloves and aprons throughout and still do" and "They explained what the requirements are in regard to COVID-19 and they have kept to them. I was given a book explaining what they would do in response to various circumstances."
- We were assured that the provider's infection prevention and control policy was up to date.
- A system to monitor the frequency and results of staff's bi-weekly COVID-19 tests had not been implemented to ensure that staff were testing in line with government guidance and were safe to support people. The registered manager assured us that this would be addressed.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- The provider had a culture of wanting to get things right and to continuously improve and develop. We saw that the registered manager arranged monthly meetings to discuss any learning from incidents, or outcomes from recent audits.

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 as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before receiving a service. People and their relatives confirmed they had a full assessment before receiving support from Flexi Direct. A relative told us "I was involved at first in helping them know things about (their relative) as a person and showing where to find things in the home. I'm not needed now, I stand back, I couldn't do the care that they do. Not only is it right for (the relative) it's a real respite for me". We also heard "I was visited in hospital for an assessment at first. We covered lots of information about my past and my present needs and preferences. It's a good service, they provide exactly what we agreed at first."
- Care records were person centred and detailed people's choices. Care records included details for staff to follow about individual support needs and the care required at each visit.
- We saw care plans being reviewed following changes to people's health. A member of staff said, "If we feel someone's needs may have changed, we call the manager who will reassess and refer to the appropriate agency for support."

Staff support: induction, training, skills and experience

- People and relatives told us staff had the knowledge and skills to support them. Relative's commented "They understand my needs and are skilful providing what I need. I think they are well trained" and "I see they have a good understanding of dementia and memory loss and have worked out the best ways of working with her."
- Staff received an induction and ongoing training. During the induction staff had the opportunity to shadow more experienced staff. All staff we spoke to said that they felt adequately trained. One member of staff said; "The registered manager also shadows new starters and would only allow them to work independent if they were confident in their ability". We also heard from people using the service; "New staff are always accompanied by an experienced member of staff who knows me well."

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

- When needed, staff would support people at mealtimes and with drinks. People told us "We have meals we enjoy – we told them at the outset that is important to us, to have the food we choose and at times that suit us. Everything gets done when and how it should be."
- People's dietary and nutritional needs had been assessed; these assessments had also considered people's preferences. People told us, "I set out what I want for lunch and tea and they fit with my wishes. They always check I have enough drinks."

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

healthier lives, access healthcare services and support

- Staff told us, "I would report any concerns straight away to the office and or their GP if needed. If it is serious, I would contact the ambulance team first" and "I had a client with poor mobility. This was reported and an Occupational Therapist and GP referral was made in which additional equipment and an increase in call time was implemented."
- People's health needs were monitored and reviewed. They had access to health professionals. We saw communication logs with healthcare professionals and assessments following referrals from Flexi Direct.

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 MCA 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.

- The registered manager and staff had received training in this area and understood the principles of seeking consent to care and treatment.
- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.

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

- We asked people if they felt they were treated with kindness and compassion by staff. Responses included; "I would say the carers and I blend well together, and all the staff are kind and helpful. The care is very respectful, for example, I need specific support and don't have to worry how they will support me."
- Assessment and care plan templates included various aspects of people's background, hobbies and diverse needs, such as culture and religion.
- People were supported in line with their preferences. We asked if people could choose the gender of their staff and people commented, "I like female carers only for personal care and they respect that, so if one of the two carers is male, they will do housework while the other carries out my care. All the staff have a nice demeanour."

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

- We saw people and relatives were involved in their care and this was regularly reviewed.
- People's records reflected their preferences and choices and how these were made. Relatives were also involved in people's care; "They follow all the guidance that I leave, with an excellent manner. I can look in their records folder any time, it's kept up to date and their communication with me is excellent."
- Staff told us they offered people choices throughout the day, including what they would like to eat or drink and what clothes to wear.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. We saw this reflected within peoples care plan. Records we reviewed reflected the levels of support people needed.
- We asked people if their relatives felt they were respected by care staff and if they treated them like they mattered. Comments included "All the staff treat both of us with respect. They show an understanding of dementia and how it affects (husband) as an individual."
- The provider followed data protection law. Information about people was kept securely so confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were happy with the care and support they received. Their comments included; "I feel in charge of my own care" and "All the staff are kind and helpful. The care is very respectful."
- Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved in people's care.
- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them. We found no evidence to suggest staff did not follow the guidance in people's care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

Improving care quality in response to complaints or concerns

- One formal complaint had been raised at the time of the inspection; this was reviewed during the inspection.
- The registered manager recorded and investigated the complaint in line with the provider's policy, a meeting was held, and the outcome documented and communicated to those involved.
- People and their relatives knew how to raise any complaints or concerns about the service. Information on how to complain was within their service user guide. One person said, "I haven't experienced any kind of review but I'm confident any matter or complaint would get immediate attention."

End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- The manager told us they would respond to any wishes or advance wishes should they support anyone with end-of-life care. They also said they would contact other appropriate professional services if needed.

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.

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

- People and their relatives were aware of management and their roles. Comments included, "I know the manager by name. She's actively involved in my care sometimes" and "I am very confident in her. It's a well-managed service and the staff seem happy; I don't see anything needing improvement."
- Relatives told us how satisfied they were with the service. Comments included, "I am definitely a satisfied customer, the service is reliable."
- Staff enjoyed their roles and felt supported. Comments included, "The good thing about Flexi Direct Limited is the way we communicate with the manager, she's very approachable."
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service and to review practices to drive improvements. They engaged with the inspection in a very positive way and reflected on how they were managing the service and the improvements they wanted to make as they were not always documented.

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 provider understood the duty of candour. They knew what they needed to report to the Care Quality Commission (CQC) and other relevant agencies. They understood their responsibility to share any actions taken and outcomes with those involved. We saw an example of when the provider had carried out a duty of candour response and this was in line with legal requirements.

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

- Systems were in place to monitor the service. The provider carried out quality audits which covered key areas such as medicines, spot checks and record keeping. Where areas of improvement had been identified there was evidence of the action that had been taken to make these improvements.
- The service used information from quality audits to monitor how the service was performing and to drive through any improvements. The registered manager told us about how they would achieve this but at the time of inspection an action plan had yet to be formally documented.
- The provider understood their role and responsibilities. They had a clear understanding of people's needs and oversight of the service they managed and often provided care alongside staff.
- All staff we spoke to understood their roles and responsibilities and there were clear lines of delegation.
- Staff felt supported by the registered manager. One staff member told us "I feel supported by my manager,

she calls us or checks on us, the communication is very good. People forget about you in other care roles, but she's always checking on us and our well-being."

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

- People and their relatives were encouraged to express their opinions via the telephone or during visits. Feedback was gathered during spot checks. We heard from one service user; "Somebody comes every so often to see how the carers work and they ask us questions."
- People using the service and relatives told us "I can contact the manager at any time and she has been very responsive, no problems, just tweaking here and there."
- Regular team meetings also took place and records of the meetings were reviewed. Staff were able to express concerns and feedback was provided to staff around any changes to care or important information. A member of staff said, "Usually I make suggestions because I feel I am the one that's doing the job- suggestions are actioned by the Registered manager and she calls to let me know what she has done."

Continuous learning and improving care; Working in partnership with others

- The provider worked closely with external health and social care professionals such as occupational therapists, GPs, district nurses and social workers. They told us this collaborative working benefitted people. For example, they worked closely with the occupational therapist to get equipment following a person's discharge from hospital or when care needs changed.
- The service worked closely with other agencies to ensure people received the care they needed.