

Flexibeu Care Limited

104 Belle Vue Road

Inspection report

104 Belle Vue Road
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Date of inspection visit:
07 December 2022

Date of publication:
01 February 2023

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

104 Belle Vue Road is a domiciliary care agency providing personal care to people who live in their own home. At the time of inspection, they were providing care to 31 people, which included older people and people with a mental health condition.

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

The provider had a safeguarding policy, which detailed actions to help keep people safe in the event of concern to their safety or wellbeing. People told us they felt safe with the care provided. There were enough staff in place to safely deliver care to people. The registered manager would cover calls as a backup. People were supported with medicines safely and appropriately by the provider.

Staff received training and support in their role this included shadowing experienced staff. People and relatives were positive about staff. People's needs were assessed prior to care commencing. Staff we spoke to had a good understanding of the needs of the people they supported. This included supporting them with food and drink as well as ensuring their health needs were met by working with other agencies and professionals.

People told us staff were kind, caring and friendly. We found staff knew people well and respected their preferences. People told us staff had time to listen to them and answer their questions. People told us staff promoted their dignity whilst helping with their personal care.

The registered manager had ensured care plans were reviewed regularly and involved people and their relatives. This included details around people's medical needs, preferences and risks. The reviewed care plans reflected people's needs. People and their relatives told us they felt they could make a complaint or raise issues if they had to. The service was providing good end of life care and involved people in the planning and choice of how this was delivered by staff.

The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people. Staff were clear about their roles, the risks people had and how to report issues. Staff felt engaged and involved. The registered manager regularly reviewed the quality of care with people and their relatives.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 12 August 2021 and this was the first inspection.

Why we inspected

This was a planned inspection as the service had not previously been inspected.

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?

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.

104 Belle Vue Road

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

This 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 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 7 December 2022 and ended on 6 January 2023. We visited the location's office on 7 December 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since they registered with CQC. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 4 relatives of people who used the service about their experience of the care provided. We spoke with the registered manager, the nominated individual and 7 members of staff. We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, training records and policies and procedures were reviewed. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 when asked if they felt safe, "Yes, I do always feel safe during their visits. I feel reassured." A relative told us, "Yes, and I feel safe with them too."
- The provider had a safeguarding policy which detailed actions to help keep people safe in the event of concern to their safety or wellbeing.
- The registered manager understood their responsibilities in reporting safeguarding concerns to relevant local safeguarding teams. Staff received training and knew what and how to report concerns. This helped to ensure any concerns were immediately addressed.

Assessing risk, safety monitoring and management

- There were systems to reduce risks to people from missed or late care calls. There was an electronic call monitoring system, which required staff to log in and out of care calls. This helped office staff ensure people received their care at the planned time.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised.
- Risks related to the delivery of care were identified in people's care plans. These included when people required their care calls at specific times, when they had specific medical conditions, a risk of pressure ulcers or issues related to delivering care in people's home environment. This helped to reduce any risks identified to people and staff. One person told us, "The care is done exactly how it should be. Every morning they come and wash me top to bottom. They cream me and help me dress."

Staffing and recruitment

- People told us there were enough staff and if staff were sick there was always cover. Most people we spoke to said they received their care at consistent times and from the same staff. People told us they would be informed if staff were running late. People's comments included, "I tend to have a regular set of staff that complete my visits." and "Sometimes they're running late, only 10 minutes. They contact me. They text me if a carer is coming late due to other clients or traffic. I text back."
- There were enough staff to safely deliver care to people. The registered manager would cover calls as a backup to support new staff or to cover staff sickness.
- There was an 'out of hours' phone line, which people, relatives or staff could call if they needed to speak with the registered manager or other senior staff. This helped to ensure the provider had systems to respond to incidents or emergencies.
- Staff had a good induction to their role which included shadowing other more experienced staff or the

registered manager. This included competency checks on all staff.

- There were safe recruitment processes. These included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Although checks were carried out to help determine candidates' character, experience and conduct in previous employment, they did not always show applicant's complete work history. One staff file checked did not have checks for a previous care position, but the registered manager made efforts during the inspection to correct this.

Using medicines safely

- People received their medicines safely and in line with their prescription. Staff who administered medicines had appropriate training and their competency was regularly checked by senior staff.
- People we spoke to were happy with the way the service supported them with their medicines. One person told us, "Yes, they support me with medication. I have the record with me. They supervise and ensure I take the tablets I need to take."
- The provider had a medicines policy. This detailed the support they were able to give people with their medicines and the procedures staff were required to follow.

Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance including regular spot checks on staff. One person told us, "They wear uniform and always wear PPE (personal protective equipment) and always an ID (identity) badge."
- The provider kept stocks of PPE at the office which were made available to staff when needed. One staff member told us they, "Collect PPE and hand sanitiser from office. Hand wash soap and water available in client's home."
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff logged incidents and accidents on the provider's electronic system which were followed up by the registered manager. Although incidents were logged against individual people and dealt with there was not an overall process in place to learn from these. The registered manager said they would put this in place following the inspection.
- The registered manager had put a falls log in place to better manage the risk of falls to the people supported. This included details of the fall and actions taken by staff or emergency services. During the inspection, the registered manager told us they would include future actions as part of these records.

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.

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

- People's needs were assessed prior to their care commencing. These assessments included staff reviewing assessments from health and social care professionals to help ensure all commissioned care tasks were reflected in people's care plans.

Staff support: induction, training, skills and experience

- Staff received training and support in their role which included shadowing experienced staff. One staff member told us they had, "Very detailed training, took a few days to complete. [I] shadowed 2 members of staff. Few days with 1 lady and evenings with another lady. Office said if not OK we could do more shadowing." This meant they were able to meet the needs of the people they supported.
- People and relatives were positive about staff. One person told us, "They are well trained on using the hoist. They adopt good practices in safely operating it." and a relative said, "Staff have the right skills. They know what they're doing."
- Staff training was online and covered all the areas expected to enable staff to safely support the needs of people. Staff's practical training for manual handling and medication administration were completed with senior staff during their shadowing. The provider planned to provide face to face training soon.
- Training for staff on specific equipment used by people was provided in people's own homes by senior staff or occupational therapists. This enabled staff to be trained on the actual equipment used to support people.
- Staff new to care received training in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's nutritional needs and preferences were identified in their care plans. Risk assessments associated with eating and drinking, such as food allergies or swallowing, were included. For example, one person's care plan included how their meals were prepared and choices were given to them.
- People were mostly independent or supported by relatives in this area but where support was needed from staff it was clear what was required. One staff said, "We have some diabetic people. Ones I go to aren't diabetic or have allergies but there is a section in the care plan all about it to tell you."

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

- The provider made timely referrals to health and social care professionals to ensure people had the

appropriate support. This included when people's needs changed meaning they required increases or decreases in their care. One person told us, "The receptionist at the doctor got someone to call back. It got sorted out. The carer stayed until the doctor phoned."

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

- People's specific health needs and conditions were documented in their care plans. These included any care tasks staff needed to complete to promote people's good health.
- People had independent arrangements in place to manage their ongoing health input, such as appointments related to their medical conditions.

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.

We checked whether the service was working within the principles of the MCA.

- The registered manager and staff we spoke to had a good understanding of the MCA. One staff said, "Allow someone if they have the mental capacity to make decisions for themselves. Support them to make the decisions. Also, if risky tell them the consequences, risks etc. If getting worse let manager know for new assessment."

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 told us staff were kind, caring and friendly. Their comments included, "I get on well with all of the staff. They are very friendly and helpful." and, "They are very helpful and supportive."
- We found staff knew people well and respected their preferences. Staff said, "Yes I think that is the good thing about it. We go to the same clients and know them well." and, "I ask them what I would like them to do. Give choice."

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

- People told us staff had time to listen to them and answer their questions. One person said of staff, "They always do their very best, so I'm satisfied with the service. They always ask if I'm happy at the end of each session." Another said, "They chat to you. They'd ask, "Is there anything else I can do for you?" No-one ever left without saying that."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity whilst helping with their personal care. One person told us, "They use a big towel and uncover the bit they need to wash." Staff confirmed this saying, "One man he is very much for privacy, very independent. Make water for him and allow him to wash himself and give him privacy, turn back or go out of the room."
- Staff ensured people remained as independent as possible by doing what they were able to. One person said, "Where I can, they do make sure I can do things like brushing my teeth, they allow me to."

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

- The registered manager had ensured care plans were reviewed regularly and involved people and their relatives. They included details about people's medical needs, preferences and risks. The reviewed care plans reflected people's needs.
- People's preferred personal care routines were identified in their care plans. This helped to ensure it was clear how people wished to be supported.

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.

- Although the registered manager was not aware of the Accessible Information Standard (AIS), the provider was meeting the communication needs of the people they supported. For example, one care plan had information to support a person with poor sight, stating that they needed bright light and a magnifying glass when reading. We signposted the registered manager to the AIS requirements.
- People's communication needs were assessed prior to care starting and documented in their care plans. This included their preferred method of communication when planning or reviewing their care.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt they could make a complaint or raise issues if they had to. When asked if they were comfortable to make a complaint, a relative said, "Yes, normally I ring [registered manager]. A few (staff) only stayed for a certain time. It got sorted and the time got compensated."
- The registered manager contacted people frequently to see if they had any concerns and had built up a good relationship with people and relatives. One relative told us, "They are very obliging."
- The provider had a complaints policy in place which was sent to people who used the service. The policy outlined how people could make a complaint and how their concerns would be addressed. The registered manager sought feedback from people to hear their concerns and oversaw appropriate actions to resolve them.

End of life care and support

- The service was able to provide good end of life care and involved people in the planning and choice of

how this was delivered by staff. Although the provider was not currently providing end of life care, 1 person had a plan in place to move to a hospice when they had deteriorated. There was clear evidence of this person's wishes being considered by the provider.

- Five staff had completed training in end of life care at the time of the inspection which meant they were better able to support people. The registered manager recognised the importance of this and had a plan to ensure all staff were trained in end of life care.

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

- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the service. Staff felt supported to deliver high quality care that led to good outcomes for people.
- People and relatives we spoke to were positive about the service. People's comments included, "I can't praise them enough. They couldn't give any more service than they do already." and, "I can't have a better service." A relative told us, "We are very happy with them looking after my [relative]."

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 the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives.

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

- Staff were clear about their role, potential risks to people and how to report issues.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. These included monthly quality audits to check the service and that people's care continued to meet their needs.
- The registered manager was aware of reporting requirements to CQC and other organisations, including new ones which had been introduced during the COVID-19 pandemic. We clarified with the registered manager when the circumstances of a person's finances would reportable to CQC.

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

- The provider involved people who used the service and their families about their care. This included calls, questionnaires and visits to people by the registered manager to review their care plans. One person told us, "They have taken on board my feedback."
- Staff felt engaged and involved. The registered manager held staff meetings where staff were able to raise issues concerning themselves and the people they supported. Staff said about the meetings, "Definitely (useful). Get to see the other carers and can speak about the clients and anything that needs doing" and, "Good to bounce ideas off of each other."

- Although staff felt well supported with the registered manager having regular conversations with them, these were not always consistent or documented. We discussed this with the registered manager who advised they would document them. This would help ensure support and resources were available to enable the staff team to develop and be heard.

Continuous learning and improving care

- The provider used an electronic care planning system which covered all aspects of the business including the scheduling of people's care calls. This involved staff accessing the system via their mobile phones to record details of their care visits. The system included personal care, medication, nutrition and incidents. Office staff monitored the system and were able to pick up alerts if calls were overdue or planned tasks were not completed. This helped promote a pro-active approach to monitoring care where issues could be picked up and responded to in 'real time'. The provider had not missed any calls using this system.
- The registered manager regularly reviewed the quality of care with people and their relatives. These were documented on the electronic care planning system. One person told us, "I've spoken to them quite a bit. They phone and ask if there is anything they can improve on" and a relative said, "We are always part of that and his six months check."
- The registered manager kept up to date with current guidance and standards through local professional forums, online resources and their continuing professional development.

Working in partnership with others

- The provider worked in partnership with other stakeholders to promote good outcomes for people. The registered manager worked with social workers and other professionals to monitor how effective care was. This helped them to plan increases and decreases in people's care when appropriate.