

Flow Care Services Limited

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Inspection report

Challenge House
616 Mitcham Road
Croydon
Surrey
CR0 3AA

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Tel: 02033559898

Website: www.flowcareservices.co.uk

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Flow Care Services Limited provides personal care for people who live in their own homes. At the time of the inspection there was one person receiving personal care who required minimal support. The provider recruited staff to care for people in hospitals and care homes although we did not inspect this as it is not part of our regulatory remit.

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

The provider had not always carried out the necessary recruitment checks on staff to ensure they were suitable to work with people. We identified a breach in relation to staff recruitment and you can see the action we told the provider to take at the back of our full-length report.

There were enough staff to support people safely. The provider assessed risks relating to people's care and put in place guidance or staff to follow to reduce the risks. Staff received training in infection control and had sufficient personal protective equipment (PPE) to reduce risks of infection.

Staff received a suitable induction with training and supervision to help them understand people's needs. Any support people required in relation to their healthcare needs was recorded in their care plan for staff to refer to. Staff understood people's needs and preferences relating to eating and drinking, including those relation got any religious or cultural needs. 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.

A relative was positive about the staff who supported them. People received consistency of care from the small number of staff who worked with them and staff knew them well. Care was personalised to meet a people's needs and preferences. The provider could provide information to people in alternative formats to meet people's communication needs if required. People were informed how to complain and a suitable complaint process was in place.

A registered manager was in post who understood their role and responsibilities, as did staff. A relative and staff were positive about the leadership and management of the service. The provider had oversight of the service to check the quality of care although they had not identified and resolved the issues we found relating to staff recruitment.

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

Rating at last inspection and follow up

The was the first inspection of the service since they registered with us in January 2019.

Why we inspected

This was a planned inspection based on the date the service was registered with us.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

There was insufficient evidence to rate the service.

Details are in our effective findings below.

Inspected but not rated

Is the service effective?

There was insufficient evidence to rate the service.

Details are in our effective findings below.

Inspected but not rated

Is the service caring?

There was insufficient evidence to rate the service.

Details are in our effective findings below.

Inspected but not rated

Is the service responsive?

There was insufficient evidence to rate the service.

Details are in our effective findings below.

Inspected but not rated

Is the service well-led?

There was insufficient evidence to rate the service.

Details are in our effective findings below.

Inspected but not rated

Flow Care Services Limited

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

Our inspection was completed by one inspector.

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 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

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small and the registered manager is often out working with people. We wanted to make sure someone would be available to meet with us.

The inspection site visit took place on 10 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We did not request the provider to complete a 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager, a director, a duty supervisor and a care and support worker. We reviewed a range of records. This included the person's care records and risk assessments and records relating to staff recruitment, training and support. A variety of records relating to the management of the service were also reviewed. After the inspection we spoke with a relative of a person using the service and one support worker.

Is the service safe?

Our findings

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

At this inspection there was insufficient evidence to rate the service in this key question.

Staffing and recruitment

- The provider carried out recruitment checks on staff although we identified some improvements were required. The provider had not carried out an assessment to identify any risks relating to a staff member's criminal record and any additional support they may require. After the inspection the provider completed a risk assessment and we saw risks to people were low and suitably managed. The provider did not always explore gaps in employment records. The provider had not checked they retained all relevant recruitment records in staff files such as right to work records for one staff member and that an error relating to a staff referee was marked as resolved.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us there were sufficient staff to support the person safely and they received consistency of care from two staff each week. A relative confirmed staff timekeeping was good and there had been no missed visits.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to a person using the service, such as any environmental risks or those relating to moving and handling and found risks were low level. Sufficient guidance was in place for staff to follow to reduce any risks. The provider reviewed risk assessments to ensure they remained reliable for staff to follow. A relative was satisfied with the way staff supported a person in relation to their risks and staff understood the risks and knew how to manage them safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems were in place to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse.
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding adults and staff received training to keep their knowledge current.
- The registered manager told us there had not been any accidents or incidents, although they told us they would analyse these to check people received the right support and to reduce the risk of reoccurrence.

Using medicines safely

- The provider was not supporting anyone with medicines management at the time of our inspection so we were unable to inspect this aspect of the service.

Preventing and controlling infection

- Staff received training in infection control and prevention and staff had sufficient personal protective equipment (PPE) to use during personal care.

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 this inspection there was insufficient evidence to rate the service in this key question.

Staff support: induction, training, skills and experience

- A relative told us they believed staff received the right training and support and carried out their roles well. Staff received regular training in a range of topics to meet people's needs plus a suitable induction when they started work.
- Staff received regular supervision to review any concerns and training needs, with annual appraisals scheduled to review their performance. Staff told us the registered manager supported them well.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The provider assessed what support a people needed in relation to their healthcare needs and recorded this in their care plan for staff to refer to. Staff were available to accompany people to healthcare appointments if requested.
- Staff supported people by serving pre-prepared meals in line with any religious and cultural requirements. Staff understood a person's individual dietary needs and preferences and this information was recorded in their care plans for staff to refer to.

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

- The provider assessed people before they began using the service to check they could meet their needs and find out what care they required. The assessment process involved meeting people, and their relatives, and reviewing any professional reports.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The person using the service at the time of our inspection had full capacity to make all decisions relating to their own care. This meant the provider had not been required to carry out any MCA assessments and

people were not deprived of their liberty. However, the registered manager understood the MCA and staff received regular training to keep their knowledge current.

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 this inspection there was insufficient evidence to rate the service in this key question.

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

- A relative was very positive about staff. They told us, "The staff are very nice people, very caring and they understand [my family member] very well. They always sit and chat with [my family member]. They remind [my family member]. They brush [my family member's] hair and chat with [them]. They take everything in their stride and always speak patiently and kindly to [my family member]". Staff spoke about the person they cared for with kindness and compassion.
- People received consistency of care from the small number of staff who worked with them. Staff developed good relationships with them.
- Staff received training in equality and diversity to understand people's needs relating to any protected characteristics such as their age or any disabilities. The provider was able to provide staff to meet some people's ethnic, cultural and religious needs.

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

- A person was able to express their views and made their own decisions relating to their care. A relative told us staff always listened to their views and respected their wishes. The care people received was based fully on their needs and preferences. For example a relative told us they requested only female carers and this was always respected.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff respected their privacy and dignity when carrying out personal care.
- Staff understood how to maintain people's confidentiality and had received training in this.
- Staff understood the importance of supporting people to maintain their independence by involving them in their care as much as possible and gave us examples of how they did this during personal care.

Is the service responsive?

Our findings

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

At this inspection there was insufficient evidence to rate the service in this key question.

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

- People's care plans was tailored to their individual needs and preferences and reflected how they wanted to receive their care. People received care based on their needs and preferences. A relative told us, "We were involved in the care plan. They asked us questions and listened to us."
- The provider reviewed people's care plans regularly so they reflected their current needs and were reliable for staff to follow.

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 provider was able to provide information about the service in alternative formats if required.
- People's care plans reflected their preferred methods of communication for staff to refer to. This included information about any communication aids and any support required in relation to these.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints. People were informed how to complain and the complaint procedure was suitable.
- A relative was confident to raise any concerns and that they would be suitably responded to.

End of life care and support

- The registered manager told us no one using the service at the time of our inspection was on end of life care. However, training was available to staff in relation to end of life care and the provider told us they would work with local hospice to ensure joined-up 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.

At this inspection there was insufficient evidence to rate the service in this key question.

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

- A relative and staff were positive about the registered manager. A relative told us, "The management is very good. The [registered manager] visits to see how things are going. It's all fine." The registered manager was also a director and a registered nurse who was experienced as a senior community nurse.
- The registered manager had not identified the issues we found relating to staff recruitment which meant their oversight of the service was insufficient.
- The registered manager worked closely with people and staff providing support, personally developing and reviewing care plans and risk assessments and observing staff practice through regular spot checks.
- The provider understood their responsibility to submit statutory notifications to CQC, although none had been required in the past year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider planned people's care openly and in partnership with them and their relatives. This ensured care was centred on individual needs.
- The registered manager checked people were satisfied with their care by speaking with them and visiting regularly.
- Staff told us the provider communicated well with them and always listened to any suggestions they made.

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 had systems to involve people and their relatives in any investigations if things went wrong, although there were no examples of things going wrong.

Working in partnership with others

- The registered manager was experienced as a community nurse and gave us examples of how they would work with other health and social care professionals involved in people's care whenever necessary.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not established and was not effectively operating recruitment procedures to ensure that persons employed to care for service users were suitable for the role. Regulation 19(1)(2)(3)