

BI FLEXI SUPPORT LTD

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Inspection report

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Date of inspection visit:
27 June 2018
03 July 2018

Date of publication:
20 July 2018

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

This was our first inspection of Bi Flexi Support Ltd following their registration on 14 July 2017. The visit was announced and was carried out on 27 June and 3 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office.

Not everyone using Bi Flexi Support Ltd received the regulated activity; personal care. The Care Quality Commission (CQC) only inspects the service received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they did we also took into account any wider social care provided. Of the five people using the service, two were receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of our inspection people's care and support was being provided by the two directors of the service, who between them, had 25 years' experience in the care industry.

People told us they felt safe with the management team who supported them. Their relatives agreed with what they told us. The management team knew their responsibilities for keeping people safe from avoidable harm and knew what to do if they were concerned about anyone.

People's care and support needs had been identified and risks presented to either the people using the service or the management team providing the support had been assessed and managed.

An appropriate recruitment process was in place and had been followed when recruiting to the staff team. Relevant training had been sourced to ensure people were supported by appropriately qualified staff members.

People told us there were enough staff members to meet their current needs. They told us they were visited by members of the management team who always turned up, never missed a visit and always stayed the correct length of time.

People were supported to have maximum choice and control of their lives and the management team supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to maintain good health and were supported to access relevant healthcare services such as doctors and community nurses when they needed it.

Plans of care had been developed with the people using the service and their relatives. This enabled the management team to identify their individual care needs and provide support in a way they preferred.

People told us they were treated with respect and the management team were kind, caring and considerate.

People had the opportunity to be involved in how the service was run. They were asked for their opinions of the service on a regular basis. This was through visits to people's homes and through the use of surveys.

The management team monitored the service being provided to make sure people received the safe care and support they required. A number of auditing processes had been developed to assist the formal monitoring process moving forward. This included the monitoring of records kept. A business continuity plan was in place for emergencies or untoward events.

The management team were aware of their registration responsibilities including notifying CQC of significant incidents that occurred at the service.

Further information is in the detailed findings below.

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.

The risks associated with people's care were assessed and managed and people were kept safe from abuse and avoidable harm.

An appropriate recruitment process was followed to make sure only suitable people worked at the service.

People were protected from the risk of infection.

Lessons were learned and improvements were made to the service when things went wrong.

Is the service effective?

Good ●

The service was effective.

People received care and support from a dedicated management team who had the necessary knowledge and skills.

Consent to people's care and support had been sought and the management team understood the principles of the Mental Capacity Act 2005.

People were encouraged and supported to make decisions about their care and support.

People's health and wellbeing were monitored and they were supported to access the necessary healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The management team were kind and caring and treated people with dignity and respect.

People had been involved in deciding what care and support they needed.

Information about people was kept confidential.

Is the service responsive?

Good ●

The service was responsive.

People had been involved in the planning of their care with the support of their relatives.

People's plans of care included their personal preferences and they received care and support that was responsive to their needs.

People knew how to raise a complaint and felt any concern would be dealt with appropriately.

Advocacy services were made available to people who needed them.

Is the service well-led?

Good ●

The service was well led.

People told us the service was well managed and the management team were open and approachable.

People were given the opportunity to share their thoughts on how the service was run.

A monitoring system was in place to check the quality of the service being provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service provided domiciliary care and support to people living in and around Leicester.

This inspection took place on 27 June and 3 July 2018. The inspection was announced. We visited the provider's office on the first day of the inspection and the registered manager was contacted by telephone on the second day. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about.

We contacted Healthwatch Leicestershire, the local consumer champion for people using adult social care services to see if they had any feedback. We used this information to inform our judgement of the service.

At the time of our inspection there were five people using the service, two of which were receiving the regulated activity, personal care. We were able to visit one of the people using the service and their relative in their own home to gather their views of the service. We also spoke with a relative of the second person using the service on the second day of our inspection, to gather their thoughts of the service provided.

During our visit to the office we spoke with the two directors of the service who provided people's care and support.

We reviewed a range of records about people's care and how the service was managed. This included the

plans of care of the two people receiving personal care. We also looked at associated documents including risk assessments. We looked at records of meetings, the recruitment checks carried out for the registered manager and the quality assurance audits the management team had completed.

Is the service safe?

Our findings

The person we spoke with during our inspection told us they felt safe with the management team who provided their care and support. They told us, "I feel absolutely safe with them. I have no concerns."

Relatives spoken with agreed and told us their relations were safe with the management team providing their care and support. One explained, "They are life savers they really are. [Person] is definitely safe, they are very, very good." Another told us, "[Person] is very safe with them, they know [person] very well."

The management team had received training on the safeguarding of adults and were aware of their responsibilities for keeping people safe from abuse and avoidable harm. They explained, "If we had concerns we would act. We would talk to [person using the service] and explain this needed reporting. We would report it to social services, CQC and the police if needed. Abuse is not acceptable." This showed us they followed their own safeguarding processes.

Risk assessments had been completed either prior to, or on the day people's care and support packages commenced. This enabled the management team to identify any risks presented to either the person using the service or themselves during the delivery of the person's care. Risk assessments had been completed on people's home environment where their care and support was to be provided. A moving and handling risk assessment and where appropriate, a risk assessment for handling people's medicines had also been completed. The risks presented to people had been properly assessed and managed.

We checked the recruitment file for the registered manager as the management team had yet to recruit any support workers. Their previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.) The people using the service were protected by the pre-employment checks that were in place.

At the time of our visit, the two directors of the service carried out people's care and support calls. People confirmed they had never missed a visit and on the whole arrived on time. The person using the service told us, "If they are going to be late they let us know, they don't leave you in the lurch."

The management team had completed training in the safe administration of medicines and a medicines policy was in place. At the time of our visit, no one was being supported with their medicines with the exception of someone being supported to have creams applied to their legs. This support was documented in their plan of care and the necessary records were being kept.

People were protected from risks to their health and well-being by the prevention and control of infection. Protective personal equipment (PPE) was readily available including gloves, aprons and hand gel. A relative we spoke with confirmed PPE was used when supporting their relation. They told us, "They always use gloves and things, they are very careful."

Evidence was seen of lessons being learned when things went wrong. This included the management team reviewing the care package of one of the people using the service to provide a more flexible service which better fitted their care and support requirements.

Is the service effective?

Our findings

People's care and support needs had been assessed either prior too, or on the day their care and support package commenced. The management team explained this was so the person's needs could be thoroughly identified and they could satisfy themselves the person's needs could be met. A relative told us, "I rang them up and they were lovely, they were just up the road. They came out and assessed [person] and came to see how they could help."

People told us they felt the management team were appropriately trained to meet their care and support needs. One person told us, "I required two carers to operate the hoist and we panicked at trying to get someone capable to come and help me, but they are brilliant. They know how to use the equipment. I don't know where they got their experience from, but they are very experienced."

The management team had completed the appropriate training to properly support the people using the service. This included training in moving and handling, the safeguarding of adults, food safety, first aid, challenging behaviour and equality and diversity.

Relevant on-line training had been sourced to be used when new members of staff where recruited. The management team explained new support workers without experience in care would be required to complete the care certificate as part of their induction. The care certificate is the benchmark that has been set for the induction of new support workers and is therefore what we should expect to see as good practice from providers.

The management team supported people to have sufficient food and drink when they carried out a mealtime call. They knew the importance of making sure people were provided with the food and drink they needed to keep them well. One person told us, "They always get me my breakfast. I have a choice of three things and they always make sure I have a drink before they go."

The management team monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported and acted on. A relative told us, "She [member of the management team] has rung them up [community nurses] and me before now, when she's been worried about [person]."

Care and support was being delivered in line with current legislation and best practice guidance. People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home

must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The management team understood their responsibility around the MCA. They explained if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement.

The management team explained they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. They explained, "They always ask me first. They never do anything I don't want them to do." A relative stated, "Yes they always ask [person] if they are alright with everything."

Is the service caring?

Our findings

We were told people's care and support was provided by a dedicated staff team. We were told the management team were kind and treated people with respect. One person told us, "They are very caring, I have nothing but praise for them." A relative explained, "They are very, very kind and treat [person] with respect, very much so."

The management team gave us examples of how they treated people with dignity and respect. One told us, "I cover them with a towel when I am providing personal care. I close the door and wait outside and wait for them to call when they are ready. It is important for their dignity." Another added, "I always knock on the door before I go in and always offer choices, for example what colour t shirt they would like to wear. I always ask what they want, we always put people first."

People confirmed their privacy and dignity were promoted when being assisted with personal care. One person explained, "They treat me with dignity and they are professional to the letter when they are helping me with toileting." A relative told us, "[Person] is treated with dignity without question."

People told us the management team had the time they needed to properly support them in a compassionate and personal way. One person told us, "They never rush, they take their time and make sure everything is done before they go." A relative explained, "They are very, very good, they go over and above what is expected."

The management team understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. Plans of care demonstrated people and their relatives had been actively involved in making decisions about their care and support. People's plans of care included details about their personal history, their personal preferences and their likes and dislikes. A relative told us, "[Member of the management team] knows [person] really well and knows exactly what help they need. They try and encourage [person] to be as independent as possible, but [person] likes the things done for them."

A confidentiality policy was in place and the management team understood their responsibilities for keeping people's personal information confidential. The computer which stored personal information was password protected and people's care records were kept secure. People's personal information was safely stored and held in line with the provider's confidentiality policy. People using the service were confident that information about them was kept confidential. One person told us, "I have no issues around confidentiality, I am confident all is in order."

Is the service responsive?

Our findings

People had been visited prior to their care and support package commencing to determine what help and support they needed. Following a comprehensive assessment, a plan of care had been developed. People told us they had been fully involved in the process and in the development of their plan of care. One person told us, "They came out and assessed everything and they recorded everything in the care plan."

People's plans of care included their care and support needs and how they wanted those needs to be met. They included people's personal preferences with regard to how they wanted to be supported. The plans of care checked were up to date. They covered areas such as, mobility and personal care and showed the staff team how to support people in the way they preferred. They had been reviewed on a three-monthly basis or sooner if changes to the person's health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken including the involvement of appropriate healthcare professionals. A relative told us, "[Member of the management team] have contacted the nurse when they've been worried about [person]. They don't mess about."

People told us the staff team knew them well. One person told us, "[Directors of the service] both visit. They know what help I need and they do it brilliantly."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). Whilst the AIS is a framework put in place making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given, the directors of the service made sure they too complied with the standard. People were able to access information regarding the service in different formats to meet their diverse needs. The management team told us they could provide literature in large print or other languages if it was required. They knew people well and knew how each person communicated.

There was a formal complaints process in place and people and their relatives knew who to contact if they were unhappy or unsure about anything. One person told us, "I would ring [management team] and they would ring me if they were worried about anything."

The registered manager had completed training on end of life and palliative care and a policy was in place. This enabled the management team to assure themselves that when required, people would be properly supported at the end of life.

Details of advocacy services were made available and whilst the people using the service were able to make decisions about their care and support, the information was available should it ever be needed.

Is the service well-led?

Our findings

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the service was well managed and the directors and the registered manager were open, friendly and approachable. One explained, "They [management team] are very efficient and professional and nothing is too much trouble. A relative told us, "They are like part of the family." Another explained, "[Management team] are very, very good, you can discuss anything with them and can always contact them."

The management team were committed to working together to achieve their vision and values. They explained, "Our aim is to provide flexible care, to enable people to live their lives as they wish with choices and with respect. To give people control of their lives and to be as independent as possible."

The registered manager felt supported by the management team. They explained, "[Management team] are always available, we get on well. We always discuss things that need doing to make sure things get done properly. I have supervisions and appraisals and I do feel supported."

Systems were in place to monitor the quality and safety of the service. Regular audits on the paperwork held had been carried out. This included people's plans of care and the daily records the management team completed after every visit.

The management team explained people and their relatives were given the opportunity to share their thoughts of the service being provided. This was through visits and the use of surveys. One of the people using the service told us, "They are always checking we are happy with the service, and we are." The registered manager explained, "I go out to visit people to see if they are happy with everything or if they have any complaints or issues and I check the paperwork while I am there."

The registered manager and the management team worked openly with stakeholders and other agencies. This included raising safeguarding alerts when required and liaising with social work teams and other professionals when appropriate, to ensure people's safety.

The registered manager was aware of and understood their legal responsibility for notifying CQC of deaths, incidents and injuries that occurred for people using the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.

This was a first ratings inspection of the service. The provider understood their responsibilities for ensuring that once rated, this rating would be displayed. The display of the rating poster is required by us to ensure

the provider is open and transparent with the people using the service, their relatives and other interested parties.