

Flexserve UK Limited

Flexserve UK Limited

Inspection report

Northside House, Mount Pleasant, Cockfosters EN4
9EB
Tel: 0203 551 8750

Date of inspection visit: 28th January 2015
Date of publication: 29/04/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 28 January and was announced. At our last inspection in August 2013 the service was meeting the required standards.

Flexserve UK Limited provides support and personal care for adults with a particular focus on reablement. At the time of our inspection 19 people were using the service.

The service had a registered manager who had been in post since the service started in April 2011. 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's needs were assessed and care plans were developed to identify what care and support people required. People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's well-being was protected. People using the service told us they had a copy of their care plan in their home.

Summary of findings

People using the service told us they felt safe. Staff understood how to recognise the signs and symptoms of potential abuse and told us they would report any concerns they may have to their manager.

The registered manager told us that assessments were undertaken to assess any risks to the people using the service and the staff supporting them. This included environmental risks and any risks due to people's health and support needs. The risk assessments we viewed included information about action to be taken to minimise these of risks.

People said they found the staff polite and respectful. Staff were respectful of people's privacy and maintained

their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, asking people how they would like things done and making enquiries as to their well-being to ensure people were comfortable.

We found however that there was no system of monitoring when a staff member's training needed to be updated and some staff had not received any formal training whilst working with the agency.

We have made a recommendation about this in the main body of the report..

We saw that regular visits and phone calls had been made by the registered manager to all of the people using the service and/or their relatives in order to obtain feedback about the staff and the care provided.

Summary of findings

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.

People were protected from harm. Risks to the health, safety or well-being of people who used the service were understood by staff and addressed in their care plans.

Staff had the knowledge, skills and time to care for people in a safe manner.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

Good



Is the service effective?

The service was not always effective as some staff were not provided with effective on-going training by the agency

The provider ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received and gave us good feedback about their care and support.

Requires Improvement



Is the service caring?

The service was caring. Managers and staff were committed to a strong person centred culture

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be.

People felt staff always treated them with kindness and respect

Good



Is the service responsive?

The service was responsive. Changes in people's needs were quickly recognised and appropriate action quickly taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were required, these were made quickly and without any difficulties.

Good



Is the service well-led?

The service was well-led. The managers of the service promoted strong values and a person centred culture. Staff were happy to work for the service and were supported in understanding the values of the organisation.

There were effective systems to assure quality and identify any potential improvements to the service.

Good



Flexserve UK Limited

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.

We carried out an announced inspection on the 28 January 2015.

The inspection team consisted of two inspectors 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.

Prior to our visit, we reviewed the information we held about the service. This included significant events we had been notified about and any comments or complaints we had received.

During the inspection we spoke with 10 people who used the service or their relatives. We spoke with the Registered Manager, the home care manager and six care staff.

We inspected a variety of records including five care plans belonging to people who used the service, six staff files, staff duty rosters, and a number of policies and procedures for the service.

.

Is the service safe?

Our findings

All the people we spoke with said they felt safe and that staff understood their needs. Comments from people included, “I trust them absolutely” and “I can honestly tell you nothing has gone missing.”

Staff demonstrated a good understanding of people’s needs and the support required to promote their safety and wellbeing. They were able to discuss risks individual people faced and speak confidently about how they maintained their safety.

The registered manager told us there had been no recent safeguarding incidents. We asked her how staff learned about Safeguarding. She told us “We talk to them about signs of abuse and how to make an alert.” She also told us how important it was not to make a person feel vulnerable, “For example, a care worker could have a tone of voice which the service user might find too assertive. In this case, I would ask them to complete an effective communication course on-line.” We spoke with the Home Care Manager about how she made sure staff understood their role in safeguarding a person who used the service. She told us “When I have a 1:1 with a care worker, I speak to them about this.” We queried how she would ensure all staff had an acceptable standard of understanding and she told us, “This is assessed when we interview them, we test their level of understanding, and provide training accordingly.”

Staff we spoke with demonstrated an understanding of safeguarding. One staff member told us, “It is about protecting the client and making sure they are safe from emotional and physical abuse.” Another told us how there could be a situation where the person was “too frightened to talk about whether they were being abused. I would encourage them to trust me to tell me so that I could report it to the office and get them help.”

The registered manager told us staff only prompted people to take medicines. She told us that staff had to report when medicines were not being taken. When this happened, the home care manager contacted the GP and spoke with family members if appropriate. We could not find any formal record of whether staff had done any training in medicines administration.

The registered manager told us they had a regular recruitment programme and advertised in the local area, on-line or by word of mouth. We looked at three staff records and saw there were two references on each and previous employment history was documented. Where there was a gap in employment, there was an explanation given for this. There were up to date criminal record checks on file.

We asked the registered manager how she ensured there was sufficient staff to cover absences. Staff who wished to work more hours were identified and were called upon if needed. Staff told us how “cover is never a problem, everyone is reliable and dependable.” Another told us how when staff scheduled to relieve her after night duty called in sick “a replacement was sent and I was not kept late.” People told us that they were usually supported by the same member of staff who knew their needs and commented that they were happy with these staff. However, they mentioned that there were some problems with evening calls and said that staff who covered when their named staff member was not working were often late.

The registered manager told us that assessments were undertaken to assess any risks to the person using the service and staff supporting them. This included environmental risks and any risks due to people’s health and support needs. The risk assessments we viewed included information about action to be taken to minimise the chance of risks occurring. For example, we saw the risk assessment for one person had been updated following a fall.

Is the service effective?

Our findings

We asked the Registered Manager about the company's staff induction programme. She told us this included reading through company policies and procedures on a staff member's first day. In addition, all staff shadowed an experienced member of staff for one week prior to working alone. We asked how this person was then assessed as having the necessary skills to work alone. The home care manager told us she assessed their skills and "if necessary, we extend the shadowing period." We discussed the absence of a formal induction programme, to include core training such as safeguarding adults, manual handling, basic first aid, food hygiene and infection control. The home care manager told us this was something she planned to introduce in the near future. We spoke to a staff member who told us their induction included shadowing a colleague and said, "The office assessed my abilities and knew that I could do the job."

The registered manager told us that staff completed training on-line "we release training to them and work their rotas around it." She also told us how most of the staff employed had previous experience "at least one year" and had done training relevant to their job. We asked whether there was practical manual handling training provided for staff. The registered manager told us she assessed staff manual handling skills during their induction, but acknowledged that she was not a trained assessor in this area. She also told us how an Occupational Therapist from the local multi-disciplinary team had, on occasion, given instruction to staff relating to a specific person. We asked a staff member (who used a hoist when working with a person) whether they had done Manual Handling training. They told us "I did not learn how to use a hoist with this agency, but I learnt it in another job and I am very comfortable with it."

We found there was no system of monitoring when staff training needed to be updated and drew the manager's attention to this. One staff member told us "I now need refreshing of the training I did before I started with Flexserve."

We recommend that the service seeks guidance on best practice for induction and ongoing training for home care workers.

Everyone spoken to felt their needs or their family member's needs were met. Every one expressed confidence that they were well-trained. One respondent said "They are all skilled. They do get training. One was trained in our house". She told us two care workers had been trained in the house with a known care worker.

A care worker said "I was trained to use the hoist by the OT. We get one-to-one training from Flexserve. It is good. You always learn new things. I recently learned how to seat him properly in the wheel chair."

The registered manager told us how a 'Service/Workers Update and Forum' was held every three months, during which she presented some training for the staff. Whilst there were no minutes of these meetings to view on the day of our inspection, we looked at a paper copy of the slides from the last meeting held. We saw how the agenda included 'do's and don'ts' and reminded staff of the importance of effective recording. In addition, we were shown a list of those staff whom the registered manager told us they assisted to undertake a national vocational qualification in social care by part funding it and ensuring the staff member was not on the rota on the days they had to go to College.

The registered manager told us she had "lots of intense telephone contact" with staff, and said, "We have face to face supervision quarterly." The home care manager told us they were responsible for supervising staff. She said she was putting a system in place whereby it was accurately recorded when a staff member had been supervised and when the next one was due. She acknowledged that whilst she had supervised all staff "twice" since starting work with Flexserve in September 2014, there were no records to view on the day of our inspection for the majority of workers. We spoke with a staff member who told us "supervision is useful; you get to discuss everything about the job and any problems I might have." Another staff member told us, "It is very helpful, and crucial when new to the job."

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and how a person consented to the care and support they received. She told us, "We work closely with the multi-disciplinary team and refer clients to a social worker for assessment to make sure they have capacity to consent to care." Whilst staff we spoke with did

Is the service effective?

not have an understanding of the MCA, they demonstrated an understanding of consent. One staff member told us, "If a client cannot consent, then I try to find a way to encourage them, but you cannot force them."

Staff told us they ensured people had fluids at all times. One staff member said, "It is in the care plan. I must make

sure they have enough fluids and I record what they have taken." Another told us, "I make sure I leave water next to the bed. For example with one elderly lady, I always checked and recorded what she had drunk, even the smallest amount, it is so important."

Is the service caring?

Our findings

Most people we spoke to told us about staff “going the extra mile” when providing care. Some comments we received included, “They are very good,” “very caring,” “She is a very good worker” and “I am totally happy with all the carers.”

People being given care had found staff polite, and said that staff treated them and their relatives with respect. One relative said, “[Staff] will have a chat and will do anything to help my dad.”

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them. One staff member said, “You can make such a difference to someone’s life just by finding out what’s important to them.”

Both managers we spoke with demonstrated a clear commitment to promoting a strong, person centred and caring culture throughout the service. We were told, “We mainly provide a reablement service, we will go the extra mile to compromise with the service user and their family to achieve our agreed outcome.” We were told kindness, respect, dignity and encouraging independence

were key principles on which the service was built. This information was strongly supported by the feedback we received from people who used the service, and through discussions with staff members.

People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. A person using the service told us, “They do what I want them to.” Staff told us, “I ask them what they want. If they want something I just do it.” And “It is very important to listen to them and make sure they are happy.”

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety, for example if they were at risk of falls. One staff member told us how she had put up curtains for a person so they couldn’t be seen by their neighbours when they were carrying out personal care.

People using the service told us they had been involved in the care planning process and had a copy of their care plan in their home.

We saw that regular visits and phone calls had been made by the registered manager to all of the people using the service and/or their relatives in order to obtain feedback about the staff and the care provided.

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We tracked the care of one person whose needs had suddenly increased. We saw that the service had put in additional care hours pending approval from the local authority and continued to liaise with the person who used the service and their family to review their care plan and ensure it met changes in her needs. We also saw evidence that the registered manager and staff had worked very closely and successfully with external agencies, to ensure the person had the support they required.

Records and feedback indicated that people usually received the same staff member, the registered manager told us "We always use the same carers as much as possible."

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. Their feedback and records demonstrated the involvement of community health professionals where needed.

People's needs were assessed and care was planned and delivered in line with their Individual care plan. We looked at four people's care records. These contained assessments of people's individual needs and preferences. There were up-to-date and detailed care plans in place arising from

these, showing all the tasks that were involved and outlining how long each task would take, additional forms such as medicine and fluid charts and a night time monitoring chart for one person who was receiving 'live-in care' were also available. People confirmed with us that they had copies of their care plans in their homes. A relative told us "We always get involved if there are any changes," and another told us, "The manager is very hands on and is in regular contact."

People said they were involved in their care planning and were happy to express their views or raise concerns. One person commented, "They are in regular contact, so they know what is going on."

We found that the service responded positively to people's views about their own care package, or the service as a whole. One staff member described how following a care review with one person, changes were made immediately to the person's care plan. People who used the service were able to contact the registered manager at any time.

We found that feedback was encouraged and people we spoke with described the managers as 'open' and 'transparent. Some people we spoke with confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman.

People who used the service and their relatives told us they knew how to make a complaint if needed. In the past 12 months the registered manager told us they had not received any formal complaints.

Is the service well-led?

Our findings

There was a registered manager at the agency. She told us “We are very responsive, open and flexible in order to work well with our clients and their families” and “We have to have an open door policy as we are not in the field so we need open communication.” A relative told us the manager “is always available and ready to listen”. A staff member told us, “She is approachable and always calms the workers.”

Staff told us they received regular support and advice from their manager via phone calls, and face to face meetings. Staff felt the registered manager was available if they had any concerns. They told us, “I know if I have any problems I can go to her.” They said the home care manager was approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting.

The documentation used during staff supervision had recently been reviewed to simplify the records and therefore was not available in all the staff records we viewed. We saw copies of the new documentation in two of the staff records we looked at who had received supervision more recently. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. This included review of policies and procedures when required. The supervision sessions also gave staff the opportunity to raise any concerns they had about the person they were supporting or service delivery.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. She also undertook a combination of announced and unannounced spot checks to review the quality of the service provided. This included observing the standard of care provided and visiting people to obtain feedback their feedback. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. One person who used the service told us, “[The manager] comes in in to see us; just to check we are alright.” Staff told us the registered manager frequently came to observe them at a person’s home (to ensure they provided care in line with people’s needs and to an appropriate standard). A staff member told us, “She is always popping in.” One relative said, “The standard of care is very good.”

The registered manager completed monitoring forms during their spots checks, and these were attached to the person’s ‘service user pack’. We saw that actions arising from the spot checks were logged.

The registered manager told us she had recently appointed a home care manager to assist her to improve the quality of the service and to give her the opportunity to expand the service.

We spoke to the home care manager who told us she was working closely with her staff to keep them motivated and had introduced reward systems such as extra days off and lunches for staff who had performed well.