

Flexicare Homeservices UK Limited

Flexicare Home Services UK Ltd - Stroud

Inspection report

Suite 15, Westend Suites
Grove Lane, Westend
Stonehouse
Gloucestershire
GL10 3SL

Website: www.flexicareuk.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25 January and 1 February 2018 and was announced. This was the service's first inspection since registering with CQC.

Flexicare Home Services UK – Stroud is a domiciliary care agency. It provides personal care to people living in their own properties in the community. It provides a service to older adults, younger adults and people with learning disabilities. Not everyone using Flexicare Home Services UK – Stroud receives support with a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 24 people with a variety of care needs using the service, including older people, people living with physical disabilities and younger adults.

There was a registered manager in post. 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 and their relatives were happy with the service they received and felt safe with the staff who supported them. They told us staff were courteous and polite towards them and they respected people's dignity and privacy. Staff always asked for people's consent before they supported them.

People were involved in the assessment of their care and encouraged to retain their independence. The provider had reviewed the staff teams to improve the efficiency and punctuality of staff arriving on time. There were sufficient staff available to ensure people were supported by familiar staff who understood their needs.

People's support needs and risks had been assessed and were managed well. People's care records were being reviewed to ensure they reflected their needs and provided staff with adequate guidance. People received their medicines in a safe and timely manner and were referred to health care services when their needs had changed.

Staff had been trained to carry out their role and were knowledgeable about good care practices and their responsibilities to protect people from harm and abuse. Staff felt supported by their seniors, managers and the providers of the service. Recruitment processes were in place to ensure people were cared for by suitable staff.

Quality assurances systems were in place to monitor the quality of the service being provided and actions were being taken by the registered manager to address any shortfalls. The registered manager led by example and regularly carried out spot checks on staff to ensure people received good quality care. People, their relatives and staff spoke highly of the service. It was evident from speaking to people that staff had

embedded the provider's values into the care that they delivered.

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.

Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

A new system had been implemented to assist with the punctuality of staff.

The registered manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance for staff on how to manage these risks.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions and consent to the care they received. Staff were aware of the principles of the Mental Capacity Act and how they were embedded in their care practices.

Staff felt supported and had access to effective professional development.

When required, people were supported with their dietary and healthcare needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke highly about the kindness and approach of staff. They told us they were treated with dignity and respect.

Staff spoke about people in a kind and caring manner.

People were supported to maintain their independence.

Is the service responsive?

Good 

The service was responsive.

People's care plans were personalised to people or their needs.
Staff had been responsive to people's changing needs.

People and their relatives were involved in the assessment and planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the service.

Is the service well-led?

Good 

The service was well-led.

People and their relatives were confident in the service they received and felt the registered manager was approachable.

Systems were in place which enabled the provider to identify concerns and monitor the quality of service being provided.

The views of people, their relatives and staff were sought and acted upon.

Flexicare Home Services UK Ltd - Stroud

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.

This inspection took place on 25 January and 1 February 2018 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector and an expert by experience. The expert by experience's area of expertise was in caring for older people and using care agencies.

This was the service's first inspection since they registered with CQC. 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 reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law.

We spoke with four people who were using the service and 11 people's relatives or friends. We also spoke five care staff, the registered manager and three representatives of the provider. We reviewed five people's care files, staff training and recruitment records and records relating to the general management of the service. We also received feedback from a health care professional.

Is the service safe?

Our findings

People and their relatives told us they felt the staff were mainly punctual, they arrived and stayed for the allocated amount of time. However there had been times when staff had arrived late. The managers had recognised that the original system to allocate staff to people had not been fully effective. They had recently reviewed their systems and had implemented 'rounds' (staff teams) within specific geographical areas to improve the punctuality of staff. As a result most staff felt that the travel times between their visits had improved and they generally had sufficient time to travel between their allocated visits. People told us that staff were now only occasionally late within a few minutes of their time but they were confident that there was always a reasonable explanation for their delay such as road works. Comments included: "They are sometimes late but it's for the best as it's because they've had to stay longer with someone else who needed the care. It's only been a few minutes late as far as I know" and "They're fine; more or less on time to within 5 minutes. It's a country area and we're spread out, also with the weather and the road works." One relative explained, "They are pretty good and arrive on time. Occasionally they are late but it is always with good reason such as the traffic or the person before us needed some extra help. It is understandable."

Staff explained that the local area was experiencing an increased amount of traffic due to roadworks which had affected their visit times. This had been communicated with people and their relatives by the registered manager who had also sent them a map of the roadworks in the area. To assist with any unplanned staff absences or emergencies in people's care, a staff member was on standby every morning to deal with any concerns and provide additional support to people when required at short notice. An on call system was also in place to provide staff with support and advice. People told us they received a list of the staff who would be supporting them the following week.

People were supported by staff who were aware of their responsibilities to keep people safe and report any concerns. Staff had been trained in safeguarding and were aware of the provider's systems and policies to ensure people were safeguarded from abuse and harm. Staff comments included "I would certainly call the office and report anything if I thought there was something not right" and "I have no fear in reporting things to the office and speaking to the managers." Each staff member carried a pocket sized card at all times which provided them with the contact details of the office and the local authority safeguarding team in case they needed to report any concerns. The provider also recognised their responsibility to report any safeguarding concerns relating to children who may be present in people's homes.

When asked people and their relatives told us they felt comfortable amongst staff. We received comments such as "Oh yes, I'm very comfortable with them", "Nothing bad has happened, I am confident about them when they're with mum. I can't fault them" and "It's fine. I'd say so if I thought they had taken advantage." People were supported to understand what keeping safe means. For example, information about recognising signs of abuse and contact details of how to report their experiences or suspicions of abuse were shared with people in the 'service user guide'.

People told us that staff had investigated any concerns that they had raised about the care they had received. The registered manager said, "If our service users aren't happy and we can improve, then I want to

know about it." They explained that no accidents had occurred during their first year of providing a service; however staff understood their responsibility to raise and report any concerns if an accident, incidents or near miss occurred. They told us staff frequently communicated with the registered manager and office staff if they were concerned about the wellbeing of people. For example, in consultation with family and the fire brigade; staff had helped to instigate a strategy and support plan to create a safer living environment for one person who was living in their home with significant fire risk. A small dedicated team had been allocated to work with and support the person with this task and implement the strategy to help reduce the fire risk.

People's health and well-being risks were assessed and reviewed regularly. For example, management plans were in place when risks relating to people's mobility and transfers had been identified and assessed. Staff knew people well and told us how they supported people with their mobility needs. They also explained how they determined people's well-being by asking them about their health or observing their body language and facial expressions. One staff member said, "We know our service users really well. It is really important that we find out how they are before we start to support them." They went on to explain how they observed for changes in people's behaviours or triggers which may cause them to become anxious.

Control measures had also been put into place when environmental risks had been identified to reduce the risk to people and the staff such as steps, clutter and wet floors. Staff were reminded to check the equipment being used to support people were safe and fit for purpose. An effective system was in place to manage and alert staff to prioritise their visits for people who would be vulnerable or isolated in the event of adverse weather conditions. Staff were aware of the services policies and the actions they should take if they were unable to access a person's house during their allocated visit time or if they found a person missing.

People were assured that suitable checks had been carried out on staff who supported them. Records showed that the employment histories and criminal checks had been completed to ensure staff were of good character before they worked unsupervised in people's homes. Staff had completed health questionnaire and reasonable adjustments had been made to ensure staff were physically and mentally well to meet people's needs.

People who required support with their medicines were supported by staff who had been trained in managing their medicines. One relative said, "They're careful with medication as far as I know nothing has occurred in relation to this. If the dosages change or anything else they always let me know. They leave notes in the book."

Staff had the information they required to administer people's medicines as prescribed. Staff used an electronic data system when they had administered medicines to people or if the person had refused to take their medicines. The system alerted the office if staff accidentally finished the call before administering people's medicines. A prompt check could then be made to ensure people received their medicines. A clear record was in place of who was responsible for the ordering, collection and disposal of medicines.

The registered manager was proactive in responding to our concerns about the limited guidance and protocols that were in place when supporting people with their medicines which were administered 'as required' (PRN medicines). A new protocol was being implemented which would supplement the people's electronic medicines care plan and give staff additional guidance when administering PRN medicines.

People's care plans reminded staff to implement infection control practices. The registered manager ensured staff's infection control practices were adhered to through regular spot checks. Staff had been trained in infection control practices and were provided with the equipment and uniform they needed to

prevent and control the spread of infection. Staff were also reminded of good infection control practices through staff meetings and training such as effective hand washing techniques.

Is the service effective?

Our findings

People told us they received care from regular staff who were familiar with their needs. One person explained they felt confident in the service and the care they received was based on current practices. The services policies were being reviewed and updated to reflect current guidance and legislation to ensure staff delivered effective care in line with national guidance.

People and their relatives told us they were supported by staff who had been trained to meet their needs. We received comments such as "They know what they're doing; they're excellent compared with the previous service. They're competent and confident" and "They are right on the mark. I am very happy with the carers. They seem well trained." Staff told us they felt trained and confident in carrying out their role. Staff with specialised knowledge and experience provided training to their colleagues in subjects such as end of life care and pressure care. Where required, staff had received additional bespoke training from people around their specific support requirements to enable staff to deliver support to people more effectively. For example in relation to moving and handling.

Systems were in place to monitor the skills and training needs of staff. Action was being taken to improve the training matrix which monitored the expiry dates of staff training to make it easier for the registered manager to identify when training was due. The service's electronic system also alerted the managers if a staff member had not been trained to support a person with specific support requirements such as management of their stoma care. This enabled staff with the right skills to be matched to people's specialist needs. The skills of staff were regularly observed and checked by the managers to ensure that people received care from staff who were competent to carry out their role. Staff received annual appraisals and regular supervision meetings to discuss any concerns about their role and their professional development.

New staff were required to complete an induction programme which included reading the services policies; shadowing experienced staff and completing the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Records showed that staff met with their line managers regularly within their probation period and throughout the year to discuss their role and professional development.

Some people were supported by staff to plan, shop and cook their meals. Staff told us that they always encouraged people to make healthy choices. People's nutritional needs and food/drink preferences were known by staff and catered for and reflected in their care plans. When required, people were referred to dietician or speech and language therapy if staff had identified concerns with people's dietary needs.

Staff told us they would act immediately and alert people's family and the office if they felt a person was unwell or required additional support from health care professionals. People and their relatives confirmed staff were very responsive to people's changing health needs and assisted them to be referred to external health care services when required. A health care professional was positive about the service being provided and told us people were always referred to them in a timely manner and staff always acted on their advice and recommendations. The service also worked closely with other health care professional agencies to

provide additional support and guidance.

People consented to their support and care and signed a consent form. Amendments to the consent form were being made to ensure that people or their representatives lawfully signed for the care they received. Staff worked within the principles of the Mental Capacity Act 2005 (MCA) when people lacked mental capacity to make specific decisions. The 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.

People told us they were involved in the day to day decisions about the care that they received and how staff supported them to make choices about their personal care needs and respected their decisions. Health care professionals and relatives had been involved in helping people who lacked capacity to understand the impact of a significant decision such as managing their finances. Staff told us about how they had worked people's relatives and health care professionals to ensure that people's best interest were considered at all times.

Is the service caring?

Our findings

Since opening the service had received many compliments and accolades about the service they provided. Relatives had written to the registered manager expressing their gratitude about the support they had received and the kind and genuine approach of staff towards their family member. One relative had written to the service and said, "Many thanks to you all for the care you gave (person) and the support you gave me. I will always be grateful."

Relatives and friends also expressed positive views to CQC about the service they had received from Flexicare Home Services UK Ltd – Stroud. We received comments such as "It's been a huge relief, I've nothing negative at all to say, there have been no issues whatsoever"; "They have been pleasant and fulfilling; have done everything we asked them to. We are extending the care now. I would go somewhere else if there was any problem at all" and "I couldn't fault anything about them. So kind they went to a lot of trouble with his little dog. They showed pictures of their dogs on their phones. He liked that because he loved dogs. Always pleasant to each other there was a nice atmosphere."

Staff went out of their way to support people and had been attentive and sensitive to people's emotional needs and well-being. For example, staff had bought one person flowers on their 100th birthday and had supported another person to visit the cemetery to pay tribute to their late spouse. Staff had continued to support family members after their loved one had passed away. Staff told us they enjoyed working for the provider and delivering care to people. One staff member said, "I love my job. I can't imagine not doing it now." Another staff member explained their role and how they felt they had improved people's lives. They also said "I try and deliver fantastic care. I enjoy doing it and making a difference in their lives."

People were encouraged to enhance their daily skills and become more independent. They were supported to make decisions for themselves and take positive risks, for example managing and administering their own medicines. Staff knew and understood people's personal backgrounds, likes, preferences, needs and goals. Staff were able to describe to us how they cared for people in a person centred manner.

Policies and staff training were in place which supported the service's values and vision to deliver a service which was 'flexible and understanding'. The service's privacy and dignity policy reminded staff that people had the 'right to live their life with privacy, dignity, and independent and with choice'. People told us staff treated them equally and with dignity. One person said, "They give me privacy when having a shower. Wait outside and come in when I'm ready to get dried which I need help with."

Other people told us staff were friendly, caring and compassionate and always focused on their needs. We received comments from people such as "They're kind and caring and concerned about my welfare. They come in a few minutes to talk and always ask how I am; if they haven't been for a while I bring them up to date", "They're fine. I usually have a little list and they always ask if there's anything else before they leave" and "They're very nice people, I get on well with the. They always have a chat before they leave. They're patient and good." It was evident from our conversations with people that the provider's values were respected and adhered to as all people were positive about the care they received from Flexicare Home

Services UK Ltd – Stroud.

People told us staff were respectful of the property and always knocked on the door or called out before entering the house. One staff member explained that they always reminded people who lived with dementia of their name when they entered their home and explained the purpose of their visit.

Is the service responsive?

Our findings

People received a service which was personalised and tailored to their individual needs. People were initially assessed by the registered manager to ensure the service could meet their individual personal care needs and their preferred visit times. This included assessing their physical and mental well-being, the level of support they required and their personal and health backgrounds. The registered manager or a senior staff member also carried out people's initial support visits. This helped to inform the development of the person's care plan and share any information of concern about people's support with staff before they started to visit people. People and their relatives told us they were fully involved in their assessment and any decisions made about their care. One relative said, "Yes I've had input into mums' care plan. I met with the manager and had a good chat looking at her particular needs, the practice and the ethos and it's all definitely provided."

Staff told us they were mainly introduced to new people and informed of people's care plans and support requirements before they started to visit people. Most people told us they were introduced and made aware of new staff who may support them. People's care plans held in people's homes provided staff with the information they needed to support them including a summary of their personal situation and medical history. Their care plans also provided information about what was important to people and how their diagnosis may affect their abilities and the support they required. We found that the care plans were mainly person centred and provided staff with details about people's preferred routines of care. This included such as their preferred routine and the toiletries they liked to use when being supported with their personal hygiene. For example, one person's care plan described where the person liked to sit while being assisted with washing and dressing and soaking their feet. The registered manager told us that people's care plans were a 'living and progressive' document and they were continually being updated to reflect a person's changing needs. They explained that more information about people's personal backgrounds and their diverse needs were added once people became more comfortable around staff and disclosed more information about themselves.

Staff were also able to view people's up to date information on the service's care plan application which was downloaded on to their mobile phones and linked to the service's electronic data system. People, their relatives and health care professionals could also have access to the people's care plan via the mobile phone application with prior security checks to enable them to be updated and view the wellbeing of people.

We were given several examples of how staff had supported people to retain and improve their independence resulting in positive outcomes for people. For example, one person had been supported to be more independent with their mobility which helped them to spend less time in bed, lose some weight and improve their bowel care. Staff and people's relatives had worked together to ensure people received good quality of care. For example, some relatives had been invited to join in the staff moving and handling training to help them to understand and use safe moving and handling practices when supporting their loved one.

When required, people were supported to make advanced choices about their care including how they

wished to be cared for when they approached the end of their life. End of life processes and procedures were in place which enabled the service to effectively respond to people's changing needs. At the time of inspection no one was receiving end of life care, however we were given examples of how the service had previously responded to people's needs to ensure they had a comfortable, dignified and pain-free death including helping people to fulfil their final wishes. For example, the provider had purchased a 'blow up wash basin' to enable a person to achieve their wish to have their hair washed before they passed away. Staff explained how they had worked and communicated with other health care professionals such as the district nurse and occupational therapist to ensure that people's needs were continually being met and reviewed. A representative of the provider said, "We will always try to remain flexible at all times and meet people's needs in real time. It is important that we get it right for people when supporting them at the end of their life" Staff had also provided people's relatives with comfort during this period and had continued to support relatives after the death of their loved one.

Staff had been trained by a senior staff member who specialised in providing end of life care. Their passion and expertise in end of life care had been recognised by being nominated for national awards. The registered manager explained that they aimed to further develop their 'end of life service' in Stroud to reflect the practices of their sister service in Gloucester.

People's concerns and feedback about the service were taken seriously and acted on by the registered manager and staff. Throughout our inspection we were provided with several examples of how staff had responded and been flexible about people's concerns and changes in circumstances. For example, people's visit times had been extended to ensure staff were not rushed and had sufficient time to support people with their personal care and support needs. A representative from the provider said, "We haven't had any complaints. We try and pick up any small niggles straight away and act on them so they don't escalate into a complaint." Information about the services complaint procedure was clearly explained in the service user guide.

Is the service well-led?

Our findings

In January 2017, Flexicare Home Services UK Ltd was registered with CQC to provide personal care and support to people in their own homes in and around the Stroud district. This was a family run business which followed the same values and policies of its sister organisation based in Gloucester. Since registering, the registered manager and senior staff had been supported and mentored by the provider to ensure their values and expected standards of care were being delivered in the Stroud branch of Flexicare. Their mission statement was to provide individual holistic package of care with the home environment and to deliver care with respect, consideration and compassion was evident throughout our inspection and speaking to people who used the service. It was clear the managers and staff were passionate about the care and support they delivered and that the provider's values were at the heart of the service.

Each person was given a copy of the service's 'service user guide' which informed people of the services business objectives mission statement and ethical practices. Staff told us the services values were reinforced with them at all times. One staff member said, "It starts at induction. The owner carried out the induction training. You can see she (the owner) is passionate about what she does and this impacts on us. There is no getting away from it." Another staff member said, The values of Flexicare are very clear from the start. That's why I like working for them."

The service valued the opinions and feedback from people and had acted on any concerns. The registered manager said, "Since opening we have had a few teething problems. We are always reviewing our practices and making adjustments so that people are happy with the service they received." People and their relatives told us that the managers were kind and approachable and had been responsive to their requests. One relative said "The manager is incredibly efficient, she's been really flexible, changing visits to accommodate the family and every time we have contact she asks me if everything is ok, are we happy?" People and their relatives also spoke positively about the communication they received from the service such as a change in staff allocated to visit them or may be running late as well as receiving newsletters from the service.

Systems were in place to monitor the quality of the service people received. Regular checks of the service were carried out to ensure that the service complied with the legal requirements and current practices and expected standards. These included checks on staffing development, punctuality and monitoring of the care being delivered. The senior staff were all involved in the delivery of care to people which gave them an insight into people's needs and the quality of care being delivered. They frequently worked alongside staff and carried out spot checks to observe the conduct of staff and assess their skills and competencies when caring for people. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team. The registered manager explained that quality assurance was the most important part of their roles especially as the service was expanding. They said, "We need to be customer focused and think about their views of the care we provided to them and make necessary changes to meet their support requirements."

A recent employment survey had been completed by staff which showed that staff were positive about their role and felt supported and valued as an employee. Regular staff and managers meetings were held to

discuss concerns, share information and reinforce the service's policies and procedures. Staff told us they felt appreciated by the managers of the service. One staff member said, "It's a nice family business and we are known by the managers. They are always approachable."

All of the provider's management team held a qualification in training which enabled them to deliver training in specific areas. We were told that all training delivered also emphasised the values and expected standards of the service. For example, the owner of the service told us they delivered the induction and care certificate training and emphasised the importance of delivering person centred care.

The service was open and transparent in the care it provided for people. The provider paid for licences which allowed people and their families to have access to electronic platform which held their care plans and associated records. The service had been considered people's communication needs and had made adjustments to how they communicated to some people. For example, a large print service user guide had been printed for those people with visual impairments. The electronic data system also prompted staff to provide information and communication in an alternative format if they communication difficulties.

The registered manager told us they felt supported and was developing in their role. They had been mentored by representatives of the provider and had attended additional training. They also kept up to date by subscribing to various health and social care websites, newsletters and alerts which kept them informed of any changes of legislation and guidance and any equipment recalls or faults.