

Flexi Coventry Limited

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Inspection report

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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

Flexi Coventry Ltd is registered as a domiciliary care and a supported living service to provide personal care and support to people in their own homes. At the time of our inspection visit the agency supported 12 people with personal care and employed 45 care workers.

We visited the offices of Flexi Coventry Ltd on 14 July 2016. We told the provider before the inspection visit we were coming so they could arrange for care workers to be available to talk with us.

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

People felt safe using the service and there were processes to minimise risks to people's safety. These included procedures to manage identified risks with people's care and for managing people's medicines safely.

Care workers understood how to protect people from the risk of abuse and keep people safe. Care workers suitability and character was checked during the recruitment process to make sure they were suitable to work with people who used the service.

The registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People told us care workers arrived at the time expected and stayed long enough to complete the care people required. People said they were supported by care workers who they knew and felt comfortable with. People told us care workers were kind and knew how they liked to receive their care.

Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's individual needs effectively. People told us care workers had the right skills to provide the care and support they required. Support plans and risk assessments contained relevant information for staff to help them provide the care people needed in a way they preferred.

People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

Staff felt supported to do their work and people felt able to contact the office and management at any time. There were systems to monitor and review the quality of service people received and understand the

experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

Care workers understood how to keep people safe and to report any suspected abuse. There were procedures to protect people from the risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Care workers completed training and were supervised to ensure they had the right skills and knowledge to support people effectively. The managers understood the principles of the Mental Capacity Act 2005. Referrals were made to appropriate healthcare services. People received nutritional support if required.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they said were kind. Care workers respected people's privacy and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were informed about changes in people's care needs. People knew how to make a complaint. The registered manager responded promptly to any concerns or complaints they received.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the service and said they were able to contact the office and speak to the management team if they wanted to. Care workers were able to raise concerns with the management team. There was good leadership and the quality of service was regularly reviewed. The provider was actively involved in developing and improving the service.

Flexi Coventry 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 was 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 inspection visit took place on 14 July 2016 and was announced. We gave the registered manager 48 hours' notice that we would be coming, so they could ensure care workers would be available to speak with us. The inspection was conducted by one inspector.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR reflected the service provided. We also contacted local authority commissioners to find out their views of the service. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

We spoke with one person who used the service to gain their views on the care they received. We also spoke with four relatives of people who used the service. During our inspection visit we spoke with four care workers, the registered manager, and the provider manager and a director of the company. We reviewed four people's care records to see how their care and support was planned and delivered.

We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including quality assurance audits and records of complaints.

Is the service safe?

Our findings

People and relatives told us they felt safe with their care workers. One person told us "I've never had any worries; they are very good at what they do." A relative told us "The carers are the best we've had. [Name] has quite complicated care needs and I know I can trust them (staff) to keep [name] safe."

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. Care workers we spoke with had a good understanding of abuse and how to keep people safe. One care worker told us, "If I had any concerns they were being abused I would report it to my manager." They went on to explain that if there was an emergency they would call the police and they have the local safeguarding team's number.

Care workers understood what constituted abusive behaviour and their responsibilities to report this to the management team. One care worker told us that they regularly completed training about safeguarding people. They said, "If someone was being abused you might notice unexplained bruises or a change in their behaviour." The registered manager told us, "We ask staff to tell us any concerns they have for a person's wellbeing. This means we can take any action that is needed to safeguard them." Records showed that when safeguarding concerns had been raised with the registered manager this had been referred to the local safeguarding team. This showed that processes were followed to ensure the safety of people who used the service. The registered manager also reported safeguarding concerns to us and kept us informed of the outcome of the referral and any actions they had taken that ensured people were protected.

We spoke with care workers who told us they knew about the provider's whistleblowing policy and that they felt confident in using it. One care worker said "I've never needed to raise any concerns but if I thought something was wrong and the manager wasn't doing anything about it I wouldn't think twice about doing it." Whistleblowing is a process which allows people to raise concerns about misconduct within an organisation.

There was a procedure to identify and manage risks associated with people's care. Assessments of people's care needs were completed when they started to use the service and these identified any potential risks to providing their care and support. A risk assessment was in place for a person who had a tracheostomy. A tracheostomy aids a person's breathing. The risk assessment gave detailed instructions for care workers about how to care for the tracheostomy site and included contact details of medical professionals if they had concerns about it. Care workers told us, and training records confirmed, they had received training about how to care for a tracheostomy. Care workers told us they were kept informed about any changes in people's needs by the management team and this information was recorded in the risk assessments. The provider told us risk assessments were reviewed regularly and were updated immediately if risks changed. Risk assessments that we saw had been regularly reviewed.

Care workers told us they monitored people's skin if they had limited mobility to make sure it remained healthy. One care worker told us, "I complete body maps of any areas that are red and contact the district nurse." Care records showed that body maps had been completed detailing the position of red or sore skin. This information corresponded with risk assessments which also included detailed information provided by

health professionals.

There were enough staff employed to support people safely. People and relatives told us they had regular care workers who arrived on time. A person told us, "The carers are always on time. They take their time and make sure everything is done properly." A relative told us "They are always here when they're meant to be and they never rush the care." Care workers told us there were enough staff to deliver care safely. The registered manager told us they never used agency staff, they said "We employ enough staff to cover any absences. We don't use agency staff because we don't believe it is fair to ask people to invite someone they don't know into their home and to then be supported by them."

Recruitment procedures ensured, as far as possible, staff were safe to work with people who used the service. Staff told us, and records confirmed, they had to wait until their DBS and reference checks had been completed before they started working with people unsupervised in their own home. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and criminal history.

People were supported to take their medicines safely, if required. One person told us, "I always get my tablets when I need them." This enabled them to take their medicines as instructed by their GP. A relative told us "The carers are very good at making sure [Name] has their medication, they check what has been prescribed and make sure the tablets are correct." This helped to ensure that the correct medicines were given safely.

Where care workers supported people to manage their medicines it was recorded in their support plan. Care workers told us, and records confirmed; they had received training to administer medicines safely which included checks on their competence. One care worker said "Before I could give medicines I completed training and then had my knowledge tested. I was checked to make sure I checked the medicines and how to administer them. I still have regular checks now; it makes sure I'm still doing it safely."

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Completed MARs were checked for any gaps or errors by the registered manager during spot checks. Completed MARs were returned to the office every month for auditing. By completing these checks the registered manager were able to monitor that medicines had been administered and recorded accurately. The registered manager explained that any errors found would be investigated. The MARs we saw had all been completed correctly and had no errors.

Clear instructions were in place for medicines that were administered 'when required', such as pain relief. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. Information was documented in people's care records about what the medication was and when it was to be used. This information corresponded to information on the person's MAR chart. We saw that when 'as required' medication had been given it was recorded correctly.

Is the service effective?

Our findings

A person told us "Staff have a lot of training, they are very skilled." Relatives said "The carers are always attending training courses; it makes you feel confident in the care they provide." One member of staff told "The training is very good, I've never had a situation occur which I haven't been trained for."

Before people began to use the service the provider received details of the support they required from the local commissioner. Following this the registered manager completed an assessment with the person and their relatives. The registered manager told us, "This allows us to fully understand the support they will need and to arrange any additional training for staff." The registered manager went on to explain that they would then send a plan to the commissioner which included any time needed for staff to complete relevant training. An example of this was staff completed training about oxygen therapy when they agreed to support a person who required assistance breathing. This process ensured that people were supported by staff who had the correct skills and knowledge to meet their support needs.

Care workers told us they completed an induction before they supported people. Staff told us the induction included training which the provider considered essential in order to meet people's care and support needs. They also told us that they spent time with experienced members of staff to learn how to support people who used the service. One care worker said "When I started I spent three weeks shadowing, this was important so I could get to know the clients and they became familiar with me."

The induction training provided staff with the Care Certificate at the end of the programme. The Care Certificate is a recognised qualification, acknowledging staff have achieved fundamental skills and knowledge expected from staff working in a care environment.

Care workers told us they felt confident and suitably trained to effectively support people. Care workers comments included; "We have training every year; we can request additional training if we need it." and "(The provider) takes pride in making sure we are trained to a very high standard. We receive additional training for individual health conditions." Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults.

Care workers told us they were encouraged to complete a qualification in care and had training to support people's specific health needs for example how to support people with dementia, muscular dystrophy and percutaneous endoscopic gastrostomy (PEG) tubes. A PEG is a way of introducing food substitute, fluids and medicines directly into the stomach, if people are unable to eat and drink orally. A care worker said "We had training about dementia which helped me to understand how to support the person better."

The registered manager told us, and records confirmed, that all staff had completed or were in the process of completing an NVQ level 2 in health and social care. An NVQ is a nationally recognised qualification which enables people to develop the skills and knowledge to provide a high level of care.

Care workers told us their knowledge and learning was monitored through one to one meetings with their manager and unannounced 'observation checks' on their practice. Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice. The registered manager told us that one to one meetings were held at least every 12 weeks. The registered manager went on to explain that "We have an open door policy so staff can come to talk to us at any time." During our inspection visit we observed that staff visited the office and spoke to the registered manager in a friendly and relaxed manner.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this in the community are called the Community Deprivation of Liberty Safeguards (Community DoLS). At the time of our inspection visit no one using the service had a Community DoLS in place.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibilities under the Act. The registered manager told us that capacity assessments had been completed for people who did not have capacity for some decisions. A care worker said "If they (person who uses the service) doesn't have capacity we record this and if we need to act in their best interest we work with district nurses, relatives, GP's and advocates to help reach a best interest decision." Care records included details of when best interest meetings were held and the outcome of the meeting. Decisions from best interest meetings were included in people's support plans.

Care workers had completed training in MCA and knew they could only provide care and support to people who had given their consent, or if they did not have capacity to give consent it was agreed that it was in the person's best interest. We asked care workers what the MCA meant, a care worker told us "You have to assume that everyone has capacity to make decisions for themselves until there is a reason to doubt that assumption. You cannot decide someone lacks capacity just because they have a disability or because you don't agree with their choice. Everyone has the right to make choices in their life."

Staff told us relatives provided all the meals and drinks for people they supported. When people required their nutrition to be administered through a PEG tube this was done by care workers. One care worker told us about training they had received for PEG feeds "The training gives us the knowledge but we then gain the skills by being supported by other, experienced carers." Care records included detailed instructions that care workers could refer to.

Staff were aware of dietary restrictions people had due to health, cultural or religious reasons. A care worker said "If there is anything people can't eat for dietary or religious reasons it is written in their care plan. One person's religion forbids eating pork products. They have asked that we don't take any pork products into their house which we respect. We also check to make sure their medications don't contain pork derivatives."

Care workers knew how to monitor and manage people's nutrition and hydration if this was required, to make sure people's nutritional needs were maintained. The registered manager explained that when people were at risk of not receiving the correct nutrition care workers would complete nutritional charts and referrals to healthcare professionals were made. We saw a referral had been made to the Speech and Language Team (SALT) for a person who had difficulty swallowing. Their support plan had been updated

following the assessment with guidance to support staff.

People and relatives told us that staff supported them to access healthcare services when it was required. One person said "The staff remind me of routine appointments and if they've had any concerns about me they have made referrals to the district nurse and occupational therapists." A relative told us "The carers don't hesitate at calling the GP or nurse if they think something is wrong."

Records confirmed the service involved other health professionals with people's care when required including district nurses, SALT and GPs. We saw that when people had complex health conditions, regular multidisciplinary meetings were held with healthcare professionals to plan and review their care. Care records showed that information and guidance from these meetings was included in the person's support records, which ensured that care workers were aware of any changes in the person's support needs.

Is the service caring?

Our findings

People and relatives told us care workers were kind. Comments included "The carers are always kind and patient when they help me", "You can tell that this is more than a job to them (care workers). Nothing is too much trouble," and "The carers are wonderful, they are like family."

We were told care workers made sure people's privacy and dignity was respected. A person told us "I'm never made to feel uncomfortable when they assist me to shower, they are very professional." Care workers told us how they upheld people's privacy and dignity. Comments included; "Personal care is always done in a private place with windows and doors closed," and "I always think of how I would want to be treated or how I would want someone to help my Mum. If it's not good enough for her it's not good enough for someone I support."

People and relatives confirmed they were allocated regular calls with the same care workers." One person told us "I have the same care workers, they know me and I'm happy with them." The registered manager explained that each person had a team of carers who were able to provide cover for each other if there were planned or unexpected absences. The registered manager said that there was also a number of carers who knew each person who used the service and were trained for each of their support needs. This meant that if there was a large number of unexpected absences, for example illness, people would have continuity of care with people they were familiar with. Continuity of staff helped care workers to have a good understanding of people's care and support needs. They told us they supported the same people regularly so they knew people's likes and preferences. We looked at the call schedules for four people who used the service and four care workers. These showed people were allocated regular care workers.

We asked people if they were supported to maintain their independence and they confirmed they were. One person told us "I need two people to support me to move from my bed, without my carers I wouldn't be able to live my life. I would be miserable." A relative told us "I don't know what we would do without Flexi Coventry. [Name] has such complex health needs, if it wasn't for the training they had to support them [Name] wouldn't be able to live at home." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. A care worker told us, "Sometimes, because of their health problems, it is difficult for people to have much independence. That's why it's important to support them to maintain any independence they can have. Sometimes it is assisting them to choose their own clothes, at other times it's encouraging them to complete exercises they were given by a physiotherapist."

An example of the provider's caring approach was the support provided to a person who used the service following the death of their partner. The actions taken by the agency supported the person to remain in their own home and be supported by people they knew at this time.

People and relatives said they were involved in making decisions about their care and were able to ask care workers what they wanted. People and relatives said they had been involved and consulted when their care was put in place, and information from the provider's quality assurance questionnaire confirmed people

were involved in reviews about their care.

Is the service responsive?

Our findings

People and relatives told us their support needs had been discussed and agreed with them when the service started. They also told us that the service they received met their needs, choices and preferences. One person said "Nothing is agreed or planned without my agreement." A relative told us "Staff always consult us when they are reviewing the care plan and we are involved in setting the goals."

We looked at four care records. These provided care workers with information about the people's individual preferences and how they wanted to receive their care and support. There were instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move. Records of calls completed by staff confirmed these instructions had been followed. The records we viewed had been reviewed and updated as needed.

Care workers we spoke with had good understanding of people's care and support needs. A care worker told us, "Before I started to support [Name] I was introduced to them and learnt from them and his other carers how they liked to be supported. I read their care plan to understand what their support needs were and I am told about any changes in their needs." Care workers told us if there were any changes in people's care and support they contacted the office staff who reviewed and updated care plans. This meant that care workers had the required information to continue to meet people's needs. A care worker told us that they had a communication book which they updated after every shift with the person; this allowed information to be available for the next care worker.

A care worker explained that one person they supported was not able to communicate verbally. They said, "It's about communication, not everyone communicates verbally but there is always a way to communicate. You have to understand how they communicate and use it." Care records showed that information was recorded about how people communicated using facial expressions, gestures and sounds. This information was available to the care workers and ensured that they were able to understand what a person they were supporting told them.

A relative told us "I can't believe how accommodating and flexible Flexi Coventry are. We've used services before when call times were set in stone but Flexi Care understands that people's needs may change from week to week and they respond to that." The registered manager explained that each week she contacted people who used the service, or their relatives, to plan what calls they would like for the following week. They went on to explain this sometimes meant changing the times people received care because they had activities planned during the day or had health care appointments. The registered manager said "We are here to help make people's lives easier; imposing a rigid schedule on them doesn't allow them to live their life fully."

We looked at how complaints were managed by the provider. People and relatives said they would raise any concerns with the management team in the office. Care workers knew how to support people if they wanted to complain, we were told that information was provided in people's support plans about how they could raise complaints. Records showed that when people had contacted the office to raise minor concerns these

had been recorded and resolved to their satisfaction. Records showed complaints received had been recorded and investigated in a timely manner. The registered manager recorded all complaints to identify if any themes developed. The registered manager told us that no themes had been identified with complaints however if this did occur then additional training would be considered for all staff.

Feedback was encouraged from people who used the service, relatives and professionals. A quality assurance questionnaire was sent annually and we saw that a survey sent to people in early 2016 has received response from all people and relatives that the service they received was "Excellent."

The service has received numerous compliments praising the care received. One compliment thanked the service for providing additional support to a person which enabled relatives to go on holiday. Another compliment thanked the service for "The incredible support and excellent level of service you have provided."

Is the service well-led?

Our findings

People and relatives said they were happy with the service they received, comments included, "I trust the management at Flexi Care, I really believe that they have my best interests at heart," and "We're delighted with the carers we have and the managers always listen to us."

The service had a registered manager who had been in the role for over three years. Care workers told us they felt supported by the registered manager. One care worker told us, "The managers are very good. They lead by example and are very hands on. They would never ask you to do something they weren't willing to do themselves."

Care workers said they could contact or visit the office at any time to discuss any issues. One care worker said, "We can always speak to our manager and we have the chance to meet our director each Monday. That's very good because if you ever felt there was something you couldn't discuss with your manager you could take it to them." During our inspection visit we observed staff came into the office, or phoned the office staff and the registered manager during the day. This effective communication enabled the service to be responsive to the person's changing needs and reassured the care staff that the person was receiving access to the services that they required.

The provider told us that the service's mission statement was, "To be the difference in improving the health, well-being and lives of those we care for." This vision was shared by the care workers. Care workers we spoke with were proud of the care they provided to people. One care worker told us that the registered manager and provider had taught them a new ethos when they joined the organisation. They said, "I support people to live their life. They deserve a fulfilling life regardless of disability or health problems. The managers teach us that it is not enough to just do our role. We need to care for and understand what is important to the people we support." None of the people, relatives or care workers we spoke with could think of anything that could be improved about the service. Comments included "It is a good place to work" and, "They are the best service we have known."

The registered manager explained that people who used the service were regularly consulted and had an annual quality assurance questionnaire which gives them the opportunity to provide feedback about the service. They gave an example of how they had supported a relative of a person who did not understand the details of a newly diagnosed health condition. The registered manager arranged for the relative to attend training about the health condition which enabled them to understand the behaviour the person was displaying and how to respond to it.

We viewed the most recent questionnaires which provided positive feedback about the care people received and how the service was managed. All of the feedback was positive with "Excellent" and "Good" being the only options selected.

Care workers told us they had regular group meetings which enabled information to be shared about the service, people's care and training that was available. People told us these meetings were enjoyable and

informative.

The registered manager understood their responsibilities and the requirements of their registration. For example they knew what statutory notifications they were required to submit to us and had completed the PIR which are required by Regulations.

The provider and registered manager used a range of quality checks to make sure the service was meeting people's needs. We found the registered manager played an active role in quality assurance and ensured the service continuously improved.

Care and medication records were regularly audited by the registered manager to make sure people received their medicines as prescribed and care was delivered as outlined in their care records. Audits had not identified any errors. The registered manager stated that if the audits identified any errors then an action plan would be created and each action would be assigned to a person to complete within a specific time frame. They said they would monitor these to ensure they were completed.

The provider told us the service was continuously looking at ways to improve and they were working towards achieving the National Gold Standard Framework (GSF). This is an evidence based approach of optimising care for people approaching the end of life. The provider said that additional training was being arranged for staff to support this. The aim of this accreditation was to further develop the knowledge and skills of staff which would provide a better quality of care for people they supported.