Flexicare Homeservices Uk Limited

Flexicare Home Services UK

Inspection report

Unit 1
The Steadings Business Centre
Maisemore
Gloucester GL2 8EY
Tel: 01452 306296
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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection was announced. We gave the provider 48 hours' notice that we were starting our inspection because we wanted key people to be available.

Flexicare Home Services UK provides care and support to people in their own homes in Gloucester, Cheltenham and the surrounding areas. The service was provided to 60 - 65 people at the time of our inspection and there was a team of 51 staff who delivered the care and support. Some people were supported on a weekly basis, others on a daily basis and three people received a 24 hour/7 days a week service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were safe. The care staff who visited them had safeguarding training, were aware of safeguarding issues and knew to report any concerns they had to the registered manager, the local authority or the Care Quality Commission. They received training in moving and handling and used hoisting equipment competently.

Summary of findings

Staff were recruited using safe recruitment procedures to ensure unsuitable staff would not be employed. Management plans were put in place where risks had been identified in order to reduce or eliminate that risk.

People were looked after by care staff who were well trained and received appropriate support and supervision from senior staff and managers. They were equipped to undertake their roles effectively and were monitored regularly to ensure they provided a service that met people's needs. Where possible people were involved in the decision making process when setting up the service and had a say in how their care and support was delivered. Care staff were given sufficient information about the people they visited and spoke about them respectfully. People were provided with the support they needed with food and drink and were supported to access health care services when needed.

People were looked after by the least number of care staff possible. This ensured people were cared for by staff who knew them well". Those that needed to be supported by two carers each visit were visited by at least member of staff who knew them well each visit. The team leaders and care staff had good working relationships with the people they supported and this was particularly prevalent in the palliative care team. People were treated with kindness and respect.

Assessment and care planning processes ensured each person received the service they needed and met their individual needs. Their preferences and choices were respected. People were provided with a copy of their care plan. People felt able to raise any concerns they may have and had been provided with a copy of the service's complaints procedure.

The arrangements in place for assessing the quality and safety of the service enabled the registered provider and registered manager to look at where improvements could be made. Analysis of any accidents, incidents or complaints that would enable the service to identify any themes or trends and prevent reoccurrences was not routinely carried out. By the second day of our inspection the registered manager had made a decision on a system for this, which they said they would introduce immediately.

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?

Good

The service was safe.

Staff were aware of safeguarding issues and knew how to report any concerns. People were protected from abuse. Safe recruitment procedures meant unsuitable staff would not be employed.

A risk assessment of people's homes ensured it was a safe place for staff to work in. Other risk assessments protected people being supported.

New people would not be offered a service if staff were not available to provide the level of care and support they required.

People were supported with their medicines where required. Staff were competent to support people with their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and were supervised regularly. They were supported to do their jobs effectively.

Staff were familiar with the Mental Capacity Act (2005) and the need to ensure people consented to care and support. They knew of the importance for people to make their own choices.

People were provided with the agreed level of support to eat and drink and maintain a balanced diet. People were supported where necessary, to access the health care services they needed.

Is the service caring?

Outstanding

The service was caring.

People had good relationships with the care staff who visited them. The care team were kind, caring and respectful. People were looked after by a small number of staff. People's preferences about how they wanted to be cared for and support was respected.

Staff spoke well about the people they were supporting and knew the importance of good working relationships.

Where people were supported with end of life care, the person and their families were really well supported.

Is the service responsive?

Good

The service was responsive.

People were included in decision making about the service they needed and their care and support needs were met. The arrangements for the delivery of care and support was personalised to each person.

Summary of findings

People were provided with a copy of the complaints procedure that enabled them to raise concerns if they needed.

Is the service well-led?

Good

The service was well-led.

The service had a clear management structure. However, office based staff also visited people in their own homes and delivered care. People were asked to provide feedback about the service they received. Comments made were acted upon.

The service had an ongoing programme of improvements to ensure the quality and safety of the service was maintained.

Learning following any accidents, incidents or complaints to enable the service to prevent reoccurrences was not always carried out. The registered manager made a decision on a system to do this, they gave assurance that this would be implemented immediately.

There were measures in place to monitor the quality of the service to individuals and to monitor staff work performance.

Flexicare Home Services UK

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, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one adult social care inspector. The service was last inspected in August 2013. At that time we found one breach of regulations. The breach was in respect of staff recruitment procedures. Following the inspection the provider wrote to us and told us what actions they were taking to rectify the breach. When we returned in November 2013, the provider had made the required improvements.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also sent survey forms to 37 people who used the service, their relatives and community professionals. We assessed the feedback they provided and included this in our report. The provider had submitted their Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we visited two people in their own homes. We met with the registered provider and their nominated individual, the registered manager, the office manager, recruitment manager and six care staff.

We looked at the care records for five people who were supported by the agency, three staff recruitment files and training records, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People said, "I feel very safe when the care staff are hoisting me. When there was a problem with the hoist they sorted it all out", "I do not have any worries, the girls always put the key back safely" and, "I have always been treated with the utmost politeness". People who returned the CQC surveys said they felt safe with the care staff who supported them. They all said that the care staff did all they could to prevent and control infection. Of the relatives/friends who returned the survey forms they all believed that their relative was safe from abuse or harm.

All new staff completed safeguarding training as part of the induction training programme. Safeguarding training was then repeated on a refresher basis. Staff attend a taught training session with one of the directors and were provided with information on, what is meant by safeguarding people, what constitutes abuse and what their responsibilities were to keep people safe. Staff told us they would report any concerns they had about a person's safety or welfare to the office staff but knew they could also report directly to local authority, the Care Quality Commission or the Police. The registered manager had attended level two safeguarding training for managers with Gloucester County Council.

People were given information in their care folders regarding organisations they could speak to if they were concerned about their safety and how they were being treated. This information included the contact telephone numbers. The registered manager had not needed to raise any safeguarding concerns regarding their staff but told us about one time when they had telephoned the safeguarding advice line where there were concerns about a family member.

An environmental risk assessment of the person's home was completed to ensure it was a safe place for the care staff to work. These assessments included access in and out of the property, all utility services, electrical equipment, the presence of pets and other people in the home. This was completed at the start of the service and ensured staff were not placed at risk. Moving and handling risk assessments were completed where people needed to be assisted by the care staff. The support plans set out what moving and handling equipment was to be used.

The business continuity plan sets out the arrangements should an unplanned event occur. The office were located in a high risk flooding area and plans were in place should this occur. The plans also covered the loss of utility supplies, theft, IT failure and staff unavailability. The provider had a policy in place for the staff to follow if they had a 'No Reply' – a person they were expecting to visit had not answered the door.

Where care staff supported people with tasks that involved them handling people's money, they were required to complete financial transaction sheets. They had to record how much money they had been given, how much money had been spent and how much money had been returned to the person. Both the person and the care staff then had to sign these forms.

Staff files showed that safe recruitment procedures were followed at all times. Appropriate checks had been completed and included written references and a Disclosure and Barring Service check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. No member of staff would be allowed to start work with the agency until their full DBS disclosure had been received and their references had been validated.

Flexicare had a team of 65 care staff and would only consider taking on new work if they had the capacity to be able to provide the required service. All 'office based staff' covered shifts and visited people to provider their care and support in order to ensure they had a full understanding of the person's needs and requirements.

People were asked whether they needed support with their medicines and had to provide written consent to be assisted. The level of support people needed with their medicines was determined and recorded in the care plan. Where people needed to be assisted they were protected against the risks associated with medicines. Staff completed safe administration of medicines training and were then regularly checked to ensure they remained competent. Care staff were not allowed to support people with their medicines until this had been completed. Staff completed medicine records each time they supported a person with their medicines.

On the whole care staff only support people whose medicines had been placed in a dossett box by the supplying pharmacist. Care staff did not assist people with

Good

Is the service safe?

taking non-prescribed medicines unless this had been checked out by the office staff with the person's GP. Where people needed support with specialist tasks, for example medicines via a gastrostomy tube, training had been delivered by a healthcare professional.

Good

Is the service effective?

Our findings

People said, “I get the exact help I need”, “I always have the same carer and she knows exactly what help I need” and, “I could not manage without the carer. I would have to go into a home but I really want to stay here”. The responses we received from the surveys we sent out included the following. Each person said they received care and support from familiar, consistent care staff, they would recommend the service to another person and that the care staff had the skills and knowledge to meet their care and support needs. Relatives also said they would recommend the service, that all tasks were completed and that care staff stayed for the agreed length of time.

Staff were well trained, received regular supervision and attended staff meetings. “Maintaining Excellence” spot checks were completed with all care staff to ensure they were delivering an effective service. Records were maintained of all supervisions and spot checks. The induction training for new staff met the requirements of the new Care Certificate and consisted of 15 modules. This had to be completed by the end of the 12 week induction period. Staff said they were well supported and prepared to do their job. For all staff there was an on-going programme of mandatory training. This included moving and handling, first aid, safeguarding, infection control, the mental capacity act and dementia awareness.

Training records showed that of the 51 care staff 20 had, or were working towards a level two qualification in health and social care, nine had a level three and five were nurse/student nurses completing their health care studies. The four office staff (including the registered manager) had completed level four or five.

Mental Capacity Act (MCA) 2005 training was included as part of the training plan. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. During the process of setting up a service for people and assessment was made of the person’s mental capacity and ability to make daily living decisions. Care staff said they asked people to agree to be supported before they assisted them with personal care tasks and allowed the person to make decisions about tasks that needed to be done. Staff also said they would report back to the office if they had concerns about a person’s capacity to make decisions.

People were supported with their meals and drinks where this had been determined as being needed. The level of support they needed was recorded in the care plan. Staff would feedback to the office if they did not feel the person was eating and drinking sufficient amounts.

Staff reported back to the office if they had any concerns about a person’s health. They supported people to make appointments with their GP or other healthcare professionals. Examples included district nurses, occupational therapists and physiotherapists. Where people needed to be supported to obtain their prescriptions from the chemist this would have been agreed as part of the assessment process.

Outstanding ☆

Is the service caring?

Our findings

People said the staff were "delightful, a breath of fresh air", "indispensable" and "extremely kind and caring to me at all times". Comments that we read in letters received by the agency included, "We are very happy with the care provided by Flexicare especially when compared with previous care providers", "All the staff are friendly and helpful", "Absolutely first class", "The staff are caring and loving towards my relative" and, "They brought happiness in to the house and have been a huge support".

In the survey forms the majority of people said they had been introduced to the care staff who would support them prior to the service starting and all respondents were happy with the service they received. All of them also said that the care staff were caring and kind. Relatives all said they were happy with the service provided to their loved one and that the care staff treated their relatives with dignity and respect.

People were asked what name they preferred to be called and how they wanted to be supported. People were asked about any choices and preferences that were important to them. People were always involved in the care planning process and where appropriate, family, friends or other representatives were involved if the person agreed. The views of the person always took precedence and were always respected. Either the registered manager or team leaders do the first call and assessment in order to gather a full picture of the person's circumstances and be able to relay this information to the care staff then allocated to provide the support.

On the whole people were provided with the same or regular care staff. However, where people needed two staff to attend each visit and had four calls per day, they would see a number of different care staff. Where possible the support package would be covered by the minimum number of care staff. This would enable the person to be provided with a consistent service.

Staff received training in Dignity in Care as part of their induction and mandatory training. All staff we spoke with confirmed the training and said they would recommend the service to family members and friends. 'Maintaining Excellence' spot checks were completed on all staff to ensure they continued to provide a quality service to people being supported.

Care staff talked about the people they visited and spoke respectfully about them. Staff said, "It is very important to establish a good working relationship with the person you are helping", "We all work well together. Communication with the other care staff is important to ensure we know what is happening" and "I am a member of the palliative care team. We get very close to the families we are supporting. We try and go to the funeral to pay our respects. The family appreciate that".

The service has a small team of staff led by a team leader who provide palliative care and support to people at the end of their life and their families. There was a real commitment by the team members to get 'end of life care' right. Care staff were selected because of the qualities they had shown. These qualities were compassion, kindness and a calm nature. One of the care team said a relative had recently said to them, "You prepared me for what was going to happen and I thank you for that". After the person being supported had died the team leader visited the families to provide support, signposted them to other support agencies and de-briefed the staff about how things went.

Good

Is the service responsive?

Our findings

People said, “They come and help me four times a day. They have never let me down” and, “I have one main carer who visits me. She provides the help that was agreed upon”. The responses we received from the surveys we sent out indicated that each person had been involved in decision making about their care and support needs. Each person also knew how to make a complaint or raise any concerns they had about the service they received. Both community professionals that responded said that the service acted on any instructions and advice, cooperates with them and shares relevant information when people’s needs change.

We looked at the care files in both the Flexicare Home Services office and in the homes of the people we visited. The registered manager or team leader completed the assessment with the person and prepared a personalised care plan and weekly timetable. The plans we looked at were informative and detailed the specific care and support the person needed. The plans described how the planned care was to be provided. Where the package of care and support had been arranged by the local authority, copies of their assessment and care plan were kept in the office file.

Care staff said if they were allocated a new person to visit they either called in to the office to read the person’s care plan or read the care plan at the start of their visit. They said they were given enough information to enable them to do their jobs well and were always informed of any changes in a person’s needs. Care staff were also expected to report any changes in people’s health or welfare and to liaise with health or social care professionals as appropriate. These measures ensured the service provided remained appropriate and people’s needs were met. Care plans were regularly reviewed and amended as and when needed.

People were supported by the minimum number of care staff where possible. Those who were supported by two care staff each call received visits by many different members of staff but one of the care staff would be well known to the person. Those people who received their support from the palliative care team were only visited by three care staff or the team leader. This meant there was continuity of care in the service provided.

Staff wrote an account of their visit each time they visited. These records were audited on a monthly basis by the office staff and then archived. There was an expectation that the reports were legible, accurate and detailed the care and support provided each time care staff attended. Care staff were also expected to complete other records for example, their time sheets, medicine administration charts and where appropriate, financial transaction sheets.

People were given a copy of the service brochure. This provided information for people about the emergency on-call telephone number, Gloucestershire County Council and their safeguarding team, the types of service they could provide and staff training. People had raised a small number of minor concerns with the agency in the previous 12 months and these had each been recorded along with details about action taken. The Care Quality Commission have received no complaints about this service in the last 12 months.

Good

Is the service well-led?

Our findings

People told us they had never been let down by the service, no calls had been missed and that on the whole time keeping was very good. The responses we received from the surveys we sent out indicated that people knew who to contact at the service if they wanted to speak to anyone and had been asked to provide feedback about the service they received. Relatives also responded that they knew how to contact the office and two thirds said they had been asked what they thought about the service their relative received. Community care professionals who completed the survey forms said they thought the service was well managed and they worked hard to improve the service.

There was a management structure in place lead by the registered provider' nominated individual, registered manager, office manager and recruitment manager. Office based staff undertook care calls in order to ensure they had a complete understanding of each person's care and support needs and also worked with care staff to monitor work performance. Office based staff were able to lead by example. The service had on-call arrangements in place if concerns were raised in the evenings and at weekends. The on-call was shared between the team leaders.

It was the mission of the service to deliver care with compassion, consideration and respect. The service felt that people would have a better quality of care if they had a continuous and secure relationship with the care staff. It was evident from speaking with the office based staff and care staff who came in to the office to speak with us, that this was a view shared by all.

We looked at the records of minor concerns raised, records of staff concerns, accidents and incidents and although there had only been a minimal number of each, there was no analysis of the event to look for trends. This meant that the registered provider and registered manager could not ensure that preventative actions had been taken. By day two of the inspection the registered manager had decided the systems they would put in place to address this and how they would record information of lessons learnt.

Communication between the staff team was viewed as essential for the smooth running of the service. A weekly newsletter was sent out with the work rotas and there was a significant amount of contact between the office and the care staff.

A quality assurance questionnaire had been completed at the end of the 2014-15 financial year and the service had received a 50% response rate. As a result of some negative remarks action had been taken in order to improve the service. One such action was a basic cooking class had been arranged because several people had commented that some staff had limited skills. Other comments were in relation to care staff arriving on time.

In respect of the latter comment, the service was about to introduce a new information technology system. The training had already been scheduled for the office staff the week following our inspection. Staff would each be allocated to a geographical area in which to work and this would improve compliance with the timings of their visits. An electronic call monitoring system was also included as part of the technology which also enabled the office staff to relay information to the care staff immediately. The full implementation of the system was expected to be rolled out over a three month period.

Regular care plan reviews were undertaken by the team leaders to ensure that people remained satisfied with the service provided. Records were kept of the review and amendments were made to care plans where this was necessary. Team leaders and office based staff monitored the care staff and undertook 'Maintaining excellence' spot checks on care staff. This ensured their work performance was in line with the organisations policies and procedures and met the expectations of the person being supported.

Staff or team meetings were held on a regular basis. Team leaders had to complete monthly reports and submit to the office. These reports were used to share information about new people being supported and new members of staff amongst other things. All the managers attended board meetings on a one-three monthly basis with the directors in order to keep them fully informed of how the service was functioning.

It was evident from speaking with all the managers in the office, team leaders and care staff that each staff member was valued. There was an employee of the month scheme in place and staff could be nominated by people using the service or their colleagues. There was also a quarterly bonus scheme if staff introduced new workers to the service and a quarterly prize draw of a Spa Day or a meal for two. The managers presented care staff with chocolates on their birthdays.

Good

Is the service well-led?

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the previous 12 months one notification had been sent in to CQC regarding an expected death that had occurred whilst a service was being provided.

Policies and procedures were kept under review and updated as and when needed. Care staff were provided with an employee handbook, which contained key policies – health & safety, safeguarding, handling of clients money and valuables and whistle blowing for example.