

Flow Healthcare. Ltd

Adelphi Court

Inspection report

1-3 East Street
Epsom
Surrey
KT17 1BB

Tel: 02086523552
Website: www.flowhealthltd.co.uk

Date of inspection visit:
17 July 2018

Date of publication:
12 September 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an announced inspection that took place on 17 July 2018.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It is located in the Epsom area and covers mid surrey. A service is provided for older people, those with dementia, learning disabilities or autistic spectrum disorder, physical disability and children aged 13 to 18.

This was the first inspection since the service was registered.

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 and associated Regulations about how the service is run.

People and their relatives were happy with the service they received from the agency and way that staff provided it.

The agency kept records that were up to date and recorded the care and support people received, the choices they had made and identified if they were met. The records were clearly recorded, fully completed, regularly reviewed and enabled staff to perform their duties.

Staff were aware of their responsibilities towards the people they supported, the tasks they performed and knew how people liked to be supported. Staff were appropriately skilled and provided care and support in a professional, compassionate and kind way.

Staff also understood that they must treat people equally and respect their diversity and human rights. People and their relatives said they felt fairly treated.

Staff were appropriately trained and made themselves accessible to people. Staff said the organisation was a good one to work for; they enjoyed their work and had access to good training and support.

The registered manager and staff encouraged people and their relatives to discuss health and other needs and agreed information was passed on to community based health professionals.

People were protected by staff from nutrition and hydration associated risks by being given advice about healthy food options whilst still making sure people's likes, dislikes and preferences were met.

The agency was aware of the Mental Capacity Act (MCA) and their responsibilities regarding it.

The agency consistently monitored and assessed the quality of the service provided and was approachable,

responsive and encouraged feedback from people.

The health care professionals that we contacted were happy with the support that the agency provided for people.

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.

People said they were safe. There were appropriate numbers of skilled staff that followed effective safeguarding, infection control and risk assessment procedures.

Lessons were learnt when things went wrong.

People's medicine was administered safely and records were up to date. Medicine was audited, safely stored and disposed of if no longer required.

Is the service effective?

Good ●

The service was effective.

People received care and support from well trained and qualified staff. Their care plans monitored food and fluid intake and they were encouraged to eat healthily.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

The provider worked to challenge and prevent discrimination, both by engaging with the public and supporting people in ways that challenged existing stigma and discrimination.

Staff worked well together internally and across organisations.

Is the service caring?

Good ●

The service was caring.

People's opinions, preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when supporting people.

Is the service responsive?

Good 

The service was responsive.

The agency re-acted appropriately to people's changing needs and reviewed care plans as required. Their care plans identified the individual support people needed and records confirmed that they received it.

People told us concerns raised with the agency were discussed and addressed as a matter of urgency.

Is the service well-led?

Good 

The service was well-led.

The management team was visible and supportive with an open, person-centred culture. Staff were proud of working for the provider, which had clear person-centred values that staff applied to their work.

The manager and organisation enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

There were robust systems to assess, monitor and improve the quality of the service people received. People and their relatives were involved in these processes and in the development of the service.

Adelphi Court

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 checked 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 was an announced inspection and took place on 17 July 2018. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at home and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There were 86 people receiving a service and 27 staff. During the inspection, we contacted 12 people and their relatives' and seven staff. We also spoke with the registered manager and office team during the office visit.

We looked at eight people's care plans and four staff files. We also checked records, policies and procedures and quality assurance systems.

Is the service safe?

Our findings

People and their relatives said the agency provided them with enough staff to meet their needs. This was confirmed by the staff calls register. One person told us, "I feel safe with the service." Another person said, "People from the office check that I'm okay."

The registered manager and office team knew how to raise a safeguarding alert and when this was required. Previous safeguarding alerts had been appropriately reported, investigated and recorded. Staff received safeguarding training and knew the action to take should they encounter abuse. The agency had provided them with policies and procedures to follow to protect people. There was also a lone working policy.

Before a service was delivered, the agency carried out risk assessments that people and their relatives contributed to, if they wished. The risk assessments included all areas of the service provided, identified specific risks to people, action to take and a management plan. This included situations in which people may display behaviour that others could interpret as challenging and could put themselves and staff at risk. The risk assessments were monitored, reviewed and refreshed as people's needs changed. Staff told us when risks to people were identified, they shared information with the office and other members of the team, if they had shared calls. Staff knew the people they provided a service for, could identify situations where people may be at risk and this meant they could act to minimise the risk. The agency kept records of accidents and incidents. Staff received infection control and food hygiene training that people said they used during their visits.

Staff recruitment procedure included a curriculum vitae (CV), application form, job description, person specification and short-listing of prospective staff for interview. The interview contained scenario based questions to identify people's skills, experience and opinions of how appropriate domiciliary care should be delivered. References were taken up, right to work checked and work history and disclosure and barring (DBS) security checks carried out before people were employed. DBS is a criminal record check that employers undertake to make safer recruitment decisions. There was a three-month probationary period. Each stage of the process was recorded.

The agency had disciplinary procedures that were followed as required.

Staff were trained to safely administer medicine and prompt people to take medicine. They had access to regularly updated guidance. The agency checked and monitored people's medicine and records monthly.

The health care professionals we contacted had no concerns regarding the agency providing a safe service for people.

Is the service effective?

Our findings

The agency and its staff enabled people and their relatives to make decisions about when and the way care and support was provided. People said staff understood their needs and met them in a supportive and patient way and regularly checked that the care and support met their needs. The agency also monitored this as part of its quality assurance system. One person told us, "I had a new girl [staff] today, she was introduced by my regular [staff] who made sure she knew what to do for me as [staff] was having a couple of days off." Another person said, "I like the staff continuity, it means people [staff] know what to do and don't have to ask you."

Staff were provided with induction and mandatory annual training. This was based on the 'Care Certificate Common Standards'. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. The training included duty of care, working in a person-centred way, communication, mental health and basic life support. Person and service specific training was provided in catheter, blindness, colostomy and diabetic care. New staff shadowed more experienced staff as part of their induction and did not work alone until they were confident and comfortable in doing so. Random spot checks were conducted by the registered manager to monitor progress of new staff.

Staff received a handbook and signed a document to confirm they had read it. Staff meetings, quarterly supervision and annual appraisals provided opportunities for staff to identify training needs as a group and individually, as well as informal day-to-day supervision and contact with the office and management team.

People's care plans contained health, nutrition and diet requirements and staff monitored people's food and drink intake, as required. Staff advised and supported people to make healthy meal choices whilst acknowledging their right to choose what they wished to eat. Staff said if they had concerns they raised and discussed agreed information with the office, person, their relatives, GP and community based dieticians. Records demonstrated that referrals were made to relevant community health services and they were regularly liaised with. These included local authority commissioners, hospital discharge teams and district nurses.

People's consent to receiving a service was recorded in their service contracts with the agency and care plans.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the MCA, 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of

Protection or Office of the Public Guardian.

In order to encourage cross agency working, the organisation included details of other services the person was in receipt of and liaised with them to co-ordinate a joined-up service for people. The agency also worked closely with multi-disciplinary teams that included the Surrey County Council training team, the tissue viability team, meals on wheels, occupational therapists, district nurses, physiotherapists and general practitioners.

The health care professionals we contacted had no concerns regarding the agency providing an effective service for people.

Is the service caring?

Our findings

People and their relatives thought staff treated them with dignity and respect, they were listened to and their opinions valued. Staff could achieve this due to the training they had received which meant they could affectively provide support in sympathetic and appropriate way. This was delivered in a friendly, kind and professional manner. People's descriptions of care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

People liked that the agency provided consistent care from staff whenever they could, who understood their needs and wishes. This demonstrated a person-centred approach to the care that was delivered with staff arriving on time, carrying out required tasks and staying the agreed time. Staff understood the importance of the role they played in establishing relationships with people and supporting them to have a good quality of life. This was of importance for some people whose staff visits maybe a large part of or the only point of contact people received. One person told us, "They [staff] are all so very sweet and obliging." Another person said, "The girls [staff] are lovely." A further person commented, "[staff] Very caring and reliable."

The registered manager and staff were knowledgeable about the people they supported. They gave us information about people's needs, interests and preferences that showed they knew people well.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and ongoing training.

Staff also received equality, diversity, inclusion and human rights training that enabled them to treat people fairly and whilst recognizing and respecting people's differences. People and their relatives confirmed followed this training whilst performing their duties. The agency had an equality and diversity policy that staff were aware of and understood.

The health care professionals we contacted had no concerns regarding the agency providing a caring service for people.

Is the service responsive?

Our findings

People were asked for their views and the agency fully consulted with them and involved people in the decision-making process before a service was provided. Staff provided care personalised to people's needs and if problems arose regarding staff or the timing of the support provided, it was quickly resolved by the agency. Staff recognised the importance of understanding people's opinions so that the support they provided was focused on people's individual needs. One person said, "Almost always on time and if going to be late, they let me know." Another person told us, "Get on very well with them [staff], they know what I need and provide it." A further person said, "Two people came from the office to take care of me as the carer [staff] was taken ill on the way to my call."

The agency provided people with a service information guide that was easy to understand and helped them decide if they wanted to use it. The information outlined what they could expect from the agency, way the support would be provided and the agency expectations of them.

On receiving an enquiry, from the county council with accompanying care plan, the registered manager would initially identify if people's needs could be met. They then carried out their own assessment visit during which they would establish with people the care and tasks required, frequency of visits and timing to ensure that they met the person's needs. If the enquiry was private, they would also provide their own needs assessment. As part of the process people's social history and activities outside their home and support needs required were identified to reduce social isolation.

People had individual care plans that they were encouraged to take ownership of and contribute to. The care plans were regularly reviewed, re-assessed with people and updated to meet their needs. Personal information including race, religion, disability and beliefs were clearly identified in their care plans. This information enabled staff to understand people's needs, preferences and choices and respect them. The information enabled staff to provide the care and support needed. The agency matched staff to the people they supported according to their language, any specialised skills required and people's preferences.

The agency did not provide end of life care, but continued to provide a service for as long as people's needs could be met and worked in tandem with district and palliative care nurse teams.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

There was a thorough system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people to make complaints or raise concerns. The agency had an equality and diversity policy and staff had received training.

The health care professionals we contacted had no concerns regarding the agency providing a responsive service for people.

Is the service well-led?

Our findings

People and their relatives said they were happy to speak with the registered manager and office staff about any concerns they may have in the same way that they did with staff who provided them with direct support. People said they had regular contact with the office. One person told us, "They [office staff] are easy to talk to." Another person said, "Good contact with the office."

The agency had an open and inclusive culture with clear and enabling leadership. Its vision and values were clearly set out and staff understood and embraced them. They were explained to staff during induction training, included in the staff handbook and regularly revisited. One staff member said, "There is an open style of leadership that is very supportive." Another staff told us, "Can't ask for more and the training is good."

Staff said the registered manager and office team provided very good support and made themselves available when needed. One staff member said, "They invest in you, providing an opportunity to grow." The management team were in frequent contact and this enabled staff to give their opinions and exchange knowledge and information. Staff said any service improvement suggestions they made were listened to and given consideration. They also had access to a whistle-blowing procedure that they would feel confident using.

The agency established community links and had regular contact with the county council befriending team, making referrals where they felt people were in danger of social isolation.

Staff told us the agency was good to work for and the staff files demonstrated that regular staff supervision and annual appraisals took place.

There was a policy and procedure in place to inform other services of relevant information should services within the community or elsewhere be required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

Records demonstrated that there were random spot checks in people's homes, with their permission and frequent telephone contact and regular service reviews took place. These reviews identified what support worked for people, what did not work and what people considered the most important aspects of the service for them. There were also annual questionnaires sent out to people and staff.

The agency and organisation carried out digital audits that included induction and mandatory training, accidents and incidents, missed calls, safe guarding, people's care plans, staff files and risk assessments.

We saw that information was securely kept and confidentially observed for digital and paper records.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.

