Flexicare (Oxford and Abingdon)

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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

Overall summary

We undertook an announced inspection of Flexicare (Oxford and Abingdon) on 16 December 2015. We told the provider two days before our visit that we would be coming.

Flexicare is a small local Oxfordshire charity which provides a sitting service in the homes of families who have a child/children with severe physical and/or learning disabilities which may include problems with mobility, feeding, breathing, communication and seizures. Three part time care coordinators and a team of volunteers support up to 41 families.

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

Summary of findings

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.

Children's relatives told us they benefitted from very caring relationships with the staff who knew how to support them. Children were assessed prior to staff supporting them. Children received care from staff who were knowledgeable about their needs and how best to support them.

Staff understood the needs of children and provided care with kindness and compassion. Relatives spoke positively about the service and the care their children received. Care plans highlighted children's needs and interests.

Children were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. Most medicines were administered by relatives. However, where staff administered medicine children received their medicines safely as prescribed. Staff assessed risks associated with children's care and took action to reduce risks.

There were sufficient staff to meet children's needs. Visits were not arranged unless the service had capacity to fulfil the commitment. The service had robust recruitment procedures in place which ensured staff were suitable for their role. Background checks were conducted to ensure staff were of good character. Staff were supported through supervision, appraisal and training to enable them to provide a high degree of care.

Relatives told us they were confident they would be listened to and action would be taken if they had any concerns. Where concerns were raised the service took action to rectify the issue. The service had systems to assess the quality of the service provided. Systems were in place that ensured children were protected against the risks of unsafe or inappropriate care.

Relatives were involved in creating children's support plans. Visit times were confirmed before the visit took place and relatives knew who would visit to provide a service. No missed visits were reported or recorded. Relative's told us it was a reliable service.

All staff spoke positively about the support they received from the registered manager. Staff told us they were approachable and there was a good level of communication within the service. Regular meetings were held where staff could discuss relating to the service provided.

The registered manager led by example. Their vision for a family focussed, flexible service was echoed by staff.

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. Relatives told us they felt their children were safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet children's needs.

Children received their medicines as prescribed. Staff were trained before administering any medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for children. Staff spoke positively of the support they received.

Children had sufficient amounts to eat and drink and received support with eating and drinking where needed.

The service worked with health professionals to ensure children's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring.

Relatives told us children benefitted from caring relationships with staff.

Children's independence was promoted and they were encouraged to do things for themselves where they could.

Children were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives.

Is the service responsive?

Good

The service was responsive.

Children were assessed and received person centred care.

Concerns were dealt with appropriately in a compassionate and timely fashion. A complaints policy was in place and available to children's families.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and empowered and motivated staff to deliver high quality care.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

Flexicare (Oxford and Abingdon)

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 the 16 December 2015. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting children and their relatives who use the service. We needed to be sure that they would be in. This inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with eight relatives, three care coordinators and the registered manager. We looked at six children's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also reviewed information we held about the service.

In addition, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their 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.

Good

Is the service safe?

Our findings

Relative's told us their children were safe when receiving care from the service. Comments included; "Flexicare staff have a health care background. We know our child is safe", "There are emergency plans in place" and "It is very difficult to use the normal baby sitter as they do not have the skills and ability to care for children safely with such complex needs".

Children were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager. They were also aware they could report externally if needed. One member of staff said "We have all had the safeguarding training. I would inform the manager". Another said "We all have contact details on our phones for the local authorities. I'd call them and the manager". All staff and volunteers received regular training in safeguarding children. The service had systems in place to notify the appropriate authorities with any safeguarding concerns.

There were sufficient staff deployed to meet children's needs. The registered manager told us the service did not take on new clients unless they had capacity. "We have four part time coordinators and 22 volunteers so we only take a family on if we have a gap. There is a waiting list at the moment". They went on to say "Our sitters (volunteers and staff) usually visit a family maybe three to four times a month and visit times vary. All visits are pre-booked. There is a team of sitters for each family so between them we cover their needs and children are supported by many other agencies and of course their families".

Relative's told us there were sufficient staff to support their children and staff were punctual. Comments included; "Staff are never late, never rushed" and "Always on time always". One relative told us about staff consistency. They said "The family know the carers. They are consistent. My child knows and trusts the staff as there is a regular person who attends on each visit".

Staff told us there were sufficient staff to meet children's needs. Comments included; "There is enough staff. We are organised in a way that we are never short" and "Because we only take on the work we can manage we are always well prepared where staff are concerned". Records confirmed staff were punctual for visits and there were no missed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. One member of staff said "I had to jump through a lot of hoops to be here". Another said "I've had all the usual checks, police, identity and references".

Risks to children were managed and reviewed. Where children were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one child was prone to seizures. A 'care management' plan was in place to inform and guide staff how to keep the child safe. This included actions to be taken in the event of a seizure. The actions were listed in a 'time frame' to ensure staff took action at the appropriate time. For example, 'if the seizure is severe and lasts five minutes' staff were instructed to 'follow the emergency medication plan' which gave details regarding actions with medicines. Clear descriptions of the types of seizures were highlighted for staff and included emergency contact numbers for the GP and parents. All risk assessments were created in collaboration with the parents and any relevant health care professionals.

Children received their medicine as prescribed. Many parents administered children's medicine but where staff administered we saw they had been appropriately trained and their competency checked. Protocols were in place to guide staff where children had 'as required' medicine. These protocols had been created in consultation with GPs and parents. One relative said "The medication routine has changed over the years. Now we write in the book what is needed and the staff give it from the packets".

Good

Is the service effective?

Our findings

Relative's told us staff knew their children's needs and supported them appropriately. Comments included; "My child has really complex needs. Staff come and shower, give meds and get them ready for bed. We use Flexicare in the evening. They are very good", "Flexicare never failed to support even with really awkward times. I can rely on them more than any other service" and "I am very happy with the service, a good set of carers. The service is very popular and it can be difficult to get a sitter. A nice back up to Social Care. It is a life line". The registered manager said "Volunteers are carefully matched to the needs of each family dependent on their skills base, current training and location. Each volunteer or staff member are given a detailed care sheet for each family they visit".

Children were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Staff also received specific training relating to children's particular care needs. One member of staff said "We have the skills and we keep up to date. All the coordinators have a medical background and volunteers get specific training, such as medicine relating to the child. Three of us are trained nurses".

Staff were supported through supervision, (one to one meeting with their line manager), regular meetings and appraisals. Staff met with the registered manager every week to discuss issues and professional development. One member of staff said "Because we are such a small team we work really well together. Very supportive". Another said "We have appraisals and we meet formally every week. We are constantly on the phone or sending emails. We really support each other". Staff could raise issues at supervisions. For example, one volunteer had asked to be removed from visiting one family for personal reasons. We saw the registered manager actioned this request.

We discussed decision making and consent with staff. One member of staff said "It is different as we are dealing with children, not adults. However, we make sure they are involved as much as possible and given choices all the time". All care plans, risk assessments and protocols had been created in consultation with children's parents and where possible, children.

Children were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, nurses from the specialist childrens community nursing team and other specialist healthcare professionals. The service worked closely with health professionals to ensure children received effective care. The registered manager said "We fill in the gaps between social services and health services. We are arranging a meeting with the children's community nursing team respite service to ensure relevant information can be shared".

One child had a piece of surgical apparatus fitted to keep them safe and well. This could sometimes become blocked putting the child at risk. Healthcare professionals had provided guidance on how to recognise the symptoms of a blockage and actions to take if such a blockage was suspected. This included calling the emergency services. Staff we spoke with were aware of this guidance.

Children received effective care. One child required two staff to support them as they had complex needs. The care plan stated 'one of whom will have a nursing background'. Records confirmed two staff supported this person on visits and the guidance was followed.

Where children had communication difficulties care plans gave staff guidance on the child's preferred method of communicating. For example, one child had difficulty communicating verbally. The plan noted the child had 'good understanding but no speech'. Staff were guided to use the child's 'talking book' as this was their preferred method of communication.

Most children did not require support from staff with eating and drinking. Where children did need support guidance to staff was provided. For example, one child required assistance, a special diet and regular drinks. The guidance stated 'has a pureed diet and needs drinks every two hours. One relative said "The staff give my child food, they sit next to my child in their highchair. There is good eye contact from the staff and yes, they engage with my child".

Good

Is the service caring?

Our findings

Relatives told us their Children benefitted from caring relationships with the staff. Comments included; “Flexicare have a small staff team. It is a caring staff team”, “I am very happy with this service, there’s a really good team of carers who come”, “My children are always pleased if the ladies are coming. The staff make all my children special, the extra story at bedtime. The staff are amazing”, “Person centred care to suit family and child not just their protocols and processes” and “It is a wonderful service just wonderful”.

Staff told us they enjoyed working at the service. Comments included; “The children we see are wonderful and the one’s we see often we have very good relationships with”, “I love doing this. I must do I’ve been doing it so long now” and “Some children we visit are always asleep because it is night time but we have excellent relationships with the parents”.

Children were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Children’s support plans were created in collaboration with parents and contained details of children’s likes, dislikes and interests. For example, one care record stated the child ‘enjoys singing’. Another stated the child had interests they liked to share with staff. Staff told us the child liked to “Chat and copy the sounds staff made”. They also liked “Looking at and listening to story books”. When staff spoke about children they were expressing genuine warmth and affection that demonstrated a personal and individual approach to the children they supported. One relative said “They genuinely care about my child”.

Relatives told us they were informed who was visiting them and when the visit was scheduled. One relative said “You always get a confirmation call, the night before, from the team”. Information was also available to relatives. For example, care files were kept at the children’s home. This contained a copy of the care plan, support guidance and any protocols relating to the child’s care. One relative said “A big red file is kept at the house, care plans and emergency plans are all kept in this”. Another relative said “There is always good verbal feedback and you can take as much time as you like over feedback. There is a form filled in and I have a copy and they have a copy. It gives brief feedback”.

Relatives told us staff treated children and their homes with dignity and respect. One relative said “Staff always speak very gently, to my child”. Another said “They treat my home with respect, if they bring something to eat for themselves they always clear up”. The language used in care plans and support documents was respectful and appropriate.

Children’s independence was promoted. Staff were guided to encourage children to do what they could for themselves. For example, one child’s care plan noted ‘has a good appetite and is able to feed themselves’. Staff were advised to allow the child to feed themselves but to supervise the meal.

Good

Is the service responsive?

Our findings

Relatives told us the service responded to their needs and wishes. Comments included; "I have used Flexicare for thirteen years and staff adapt what they do as the child grows" and "There are no problems at all, and I am very happy with the service".

Children's medical histories and current condition was assessed and individual care plans were in place to support them. For example, one child could present behaviours that challenged. This behaviour included pulling their own hair and pinching themselves. Triggers to this behaviour had been identified and measures to reduce the child's anxiety and avoid the behaviour were highlighted for staff to follow. This included singing to the child and hugging them. Staff we spoke with were aware of this guidance.

The service responded to the needs of children and care was provided in line with parents' wishes. Parents had stipulated the type of care their child required and when they needed support. For example, one parent had stated their child was 'easy to engage in play and likes books and quieter games'. They also stated their child could occasionally be 'quite boisterous'. The care plan gave staff guidance on how to engage with the child. One member of staff said "All the care is personalised. It is easy as it is in their own home". Another said "We know children like certain programmes or this meal. Disability baby sitters is how I would describe it, it is very personal the way parents have set it out for us. I have played with Lego for hours".

Relatives knew how to raise concerns and were confident action would be taken. Where relative's had raised issues they told us the service took immediate action. The services complaints policy was available to all relatives and staff and details of how to complain were held in care plans. Relative's comments included "There has never been cause for complaint", "We know the senior people, they are not a remote business" and "Flexicare have listened and responded to any concerns". The service had never received a formal complaint. The registered manager said "Communication between us is very good. We deal with any issues that crop up long before the formal complaint stage is reached". Any issues raised by families were recorded and dealt with promptly and appropriately.

The service responded to families requests in a flexible manner. For example, one family was going out for the evening but did not know what time they would be able to return. They asked the service if 'the sitter could stay late'. The service responded by saying 'there is no curfew'. We spoke with the member of staff who supported this family. They said "It was not a problem, we planned well and they were able to stay out without a deadline to get home. That's what we do". A relative said "Flexicare is the name and Flexicare is what they do".

Relative's opinions were sought and acted upon. Families were regularly given feedback forms where they could pass comments and raise issues relating to the service. They could also attend the 'user committee meeting' held four times a year. The committee comprised of staff, volunteers and families. Issues were raised and discussed at committee meetings. For example, at one meeting families raised the issue where they thought an information leaflet needed updating and could be improved. This was taken forward by the service and a new leaflet produced and distributed. Families could also share information and experiences between themselves at these meetings. The registered manager said "Families find it really valuable to exchange experiences and realise they are not alone".

Good

Is the service well-led?

Our findings

Relatives told us they knew the registered manager and felt the service was supportive and communication was good. Comments included; "I often contact the office and leave a message, Flexicare are very good at getting back", "There are good relationships. The team listen to you and welcome feedback" and "There are socials and fundraising. Flexicare reach out to families. You know the senior people".

Staff spoke positively about the registered manager. Comments included; "Fabulous, I adore her", "She knows everything, I am astonished with her knowledge" and "Competent and flexible. A joy to work with". One member of staff talked about team work within the service. They said "It really is an all round team effort from the manager, staff and families. That is why it works so well".

The registered manager spoke to us about their vision for the service. They said "I have been doing this a very long time trying to fit in between other agencies and meet the needs of families agencies do not cater for. My personal vision is to carry on being a family focussed, flexible service that seeks to reduce the stress of these families". Staff we spoke with expressed similar views with great commitment. They all mentioned supporting families. One staff member said "We provide support where no one else does. That's why we are here".

The registered manager monitored the quality of the service and looked for continuous improvement. For example, staff maintained attendance records for every visit that noted any issues or events occurring during the visit. The registered manager regularly reviewed these documents to identify any patterns and trends. For example, during one visit the child had a seizure and was given medicine in line with the care plan. This child's care plan was later reviewed. Quality assurance visits were also conducted by senior staff. Care coordinators would attend visits with volunteers to ensure the quality of care was being maintained.

Accidents and incidents were recorded and investigated. For example, one accident recorded a child had 'slipped forward' and cut their lip. The injury was minor and first aid was given which resolved the incident. The registered manager had investigated and concluded it was 'an unforeseen and unpredictable accident'. The registered manager said "We have so few accidents but we look at each one to see if we need to review the child's care". The registered manager also looked at accidents and incidents collectively to look for patterns and trends.

Regular staff meetings were held to allow staff to discuss issues and look to improve the service. This included reviewing children's care and updating care plans to reflect children's changing needs. Individual cases were discussed and plans made to address any issues. Records confirmed families and children were assessed three times a year to ensure the service was meeting their needs. Families not currently using the service were also contacted to ensure accurate information was held should the family need to use the service.

The service had a board of trustee's who's skills and experience included employing people, finance, nursing and NHS hospital management. The board met regularly with the registered manager and supported them in all areas of managing the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.