

Dunsmore Care Solutions Limited

Flexicare South Midlands

Inspection report

Wharf Farm
Kilsby Lane, Hillmorton
Rugby
Warwickshire
CV21 4PN

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Tel: 01788570999

Website: www.flexicaresouthmidlands.co.uk

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Flexicare South Midlands is a domiciliary care agency providing personal care to people in their own homes. This includes people living with dementia, physical and learning disabilities, autistic spectrum disorder, mental health needs, sensory impairment, younger and older adults. The service provides daily care visits and, 'live in' care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection, the service was providing personal care to 35 people.

People's experience of using this service and what we found

People told us they felt safe with the support they received from staff and their care was provided by regular care workers. People did not feel rushed during their care and knew who to speak to if they wanted to complain or raise a concern. Most people gave us positive feedback about the service and felt comfortable raising concerns knowing they would be dealt with.

People said staff had enough time to get to know them and treated them with kindness, respect and dignity. People told us that staff were well trained. The registered manager and director had a clear set of values about the care people have a right to receive which they based on compassion, consideration and dignity. The feedback we got from people echoed these values.

Staff understood their responsibilities about safeguarding people from abuse and took measures to manage infection control. Training and development was valued and promoted amongst the staff team, and feedback from staff about their training and ongoing support was positive. There was a positive working culture and everyone we spoke to was happy working for this service.

We found some issues relating to the management of certain medication which the registered manager responded to promptly and kept us informed of progress in response to this. We also found some events had not been reported to us. These were made retrospectively following the inspection visit. In response to these issues we have advised the registered manager to review guidelines in relation to the administration of certain medication and telling CQC of certain events and incidents.

People were involved in planning their care and told us the care they receive was what they wanted, based on their needs, preferences and changes in circumstance. Carer staff were responsive to people's health and wellbeing and found the management team quick to respond to any issues identified with the people they support. People's wider needs were understood and recognised; Positive partnership working with other agencies and professionals meant people were supported to achieve their desired outcomes. One person described the impact of the care provided to them as "life changing."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Flexicare South Midlands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 November 2019 and ended on 11 November 2019. We visited the office location on 5 November 2019.

What we did before the inspection

We reviewed information we had received since the last inspection and sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 10 members of staff including the director, registered manager, senior care staff, care staff, a team leader and administrator.

We reviewed a range of records including two people's care records, complaints and compliments, and a variety of records relating to quality assurance systems were reviewed.

After the inspection

We spoke with 10 people who used the service about their experience of the care provided. We continued to seek clarification from the registered manager on evidence we found during the inspection.

Is the service safe?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with their care worker. One person said "I feel safe. [Care worker] will always come and check on me and wake me enough to tell me she is here. If I don't want to get up she will get on with jobs and let me sleep." Another person said, "I am safe with their staff and there are lots of examples I could choose. One is when they get me out of bed they both have done all the training, are experienced carers and sensitive to my movements and needs while ensuring safe practises. They talk and listen to me if I'm uncomfortable and adjust if needed. I feel safe in their personal care."
- The provider had robust systems and processes to safeguard people from the risk of abuse. Staff had received training in safeguarding and were confident recognising and reporting concerns if they needed to. Staff told us they had confidence the management of the service would respond to any safeguarding concerns and would refer outside of the service if necessary. The registered manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us, (CQC) where necessary.

Assessing risk, safety monitoring and management

- People told us staff knew how to manage risks associated with their care. Staff told us risk assessments were clear and stored in people's homes for them to access whenever they were needed.
- Records showed risks associated with people's care needs were identified, assessed and guidance was in place for staff to manage these.
- Staff told us their training helped them identify and manage risks such as those relating to manual handling and gave them confidence to carry out their role. One staff member told us how they minimised risk's relating to one person's oral hygiene routine. They said, "We found [person] needed us to be really chatty with them throughout. This was much better for them and they were much happier."

Staffing and recruitment

- Staff told us they were unable to start working with people until the provider had received all required pre-employment checks which included an enhanced Disclosure and Barring Service (DBS) and satisfactory references. A DBS is a pre-employment check which helps employers make safer recruitment decisions. This prevented unsuitable caregivers from working with vulnerable adults.
- People told us they did not feel rushed and their care calls were usually on time. In the event of carers running late people were notified promptly and given an explanation. One person told us, "The carers have not been late at all since we have had them." However, one person we spoke with was unsure what their call times should be but was confident in contacting the register manager or director if this became an issue for them.
- Records showed calls were scheduled routinely to the same staff at the same time. Where two staff were needed, the same staff were usually paired together to ensure consistency.

Using medicines safely

- People received their medication as prescribed. However, we found one person was being administered medication covertly but there was no evidence this had been agreed in a person's best interests. We also found a discrepancy in the medicine administration record (MAR) for the same person. Immediate action was taken by the registered manager who contacted the pharmacy and G.P, and a medication review took place the following day. The registered manager accepted there was a discrepancy in the records and assured us action would be taken to rectify this.
- Staff received training in medication administration and their competency had been assessed to ensure staff followed best practice guidelines. Staff showed good understanding of safe administration of medicines and measures they would take if there were any concerns. For example, one staff member told us they would only give medication as per instructions in the care plan and followed protocol for administering as required medication and controlled drugs.
- People who were supported with medication told us they were happy with the support they received and had never experienced medication errors.

Preventing and controlling infection

- Staff told us action they took to prevent and manage the spread of infection. This included wearing personal protective equipment (PPE) such as gloves and aprons, disposing of out of date food, spotting signs of people becoming unwell and helping to keep home environments clean and tidy.

Learning lessons when things go wrong

- Systems and processes were in place for regularly auditing medication and only one medication error occurred in the last 12 months. The registered manager was honest and accepting of issues identified regarding medication administration which required their immediate attention.
- The registered manager told us there have been no accidents since Flexicare have provided services and only one incident has occurred in the last 12 months which was notified to CQC and the local authority. Flexicare responded to the incident appropriately and no further action was necessary.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider ensured assessments were carried out in partnership with people, their families and other relevant healthcare professionals and reviewed regularly. People confirmed this.

Staff support: induction, training, skills and experience

- The provider ensured staff had access to and completed training relevant to their role as part of their induction and ongoing development needs. Staff had completed the Care Certificate which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care as part of their probationary period.
- Continuous training was provided monthly by a recognised and trusted external organisation. Staff gave positive feedback about the training available to them and felt supported and equipped to complete their role effectively.
- Staff had regular opportunities to discuss any concerns and training needs during supervision and an annual appraisal. Staff valued their supervision as it enabled them to reflect on their performance and made them feel valued. Some staff had achieved higher qualifications such as NVQ Level two and three in health and social care and planned to do levels four and five to increase their knowledge and skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained guidance on how to support people to eat and drink safely and how to promote a healthy and balanced diet whilst maintaining independence and choice. Care package timetables detailed support people needed throughout the day with areas of risk highlighted in large, red font. This acted as a reminder for staff who supported people nutritionally at risk and required encouragement to eat and drink.
- The provider had a priority list for people solely reliant on Flexicare for their food and drinks. Emergency contact details were available for those living close to people on their priority list to maintain communication in the event of emergencies such as inclement weather. The registered manager told us three employees have 4x4 vehicles which have been used a number of times when the weather had made it difficult for care staff to get to people on the priority list.

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and wellbeing for signs of change. If staff recognised the need for someone to see a health professional, this was discussed with the person and consent sought. Staff respected people's independence and choice to contact health professionals themselves if they wished to do so.
- The provider introduced the 'Yellow Bracelet' scheme which is an electronic information sharing system

designed for people receiving care at home who may require emergency care in hospital. This is a new initiative introduced in Northamptonshire in partnership with other agencies. The Yellow Bracelet provides key information about the care people receive at home to improve information sharing between community and hospital and lead to improved outcomes for people. Every person receiving a service from Flexicare south Midlands had been issued one.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us the management team were quick to respond to their concerns or suggestions to promote people's health and well-being. For example, one member of staff thought alternative pressure relieving equipment for a person would be more effective as the one in use was no longer suitable for the individual's needs. This recommendation was acted on through discussions with district nurses and new equipment was sourced. The staff member got feedback from the person who said it was much more comfortable.
- The provider liaised with other healthcare professionals on people's behalf to improve their outcomes. One person was supported to access healthcare at home which meant they received closer monitoring and intervention of identified healthcare needs. We spoke to this person and they said, "Flexicare have adapted and had a meeting with doctors and nurses and now they come to see me twice a week. It's better now than it was because I only got there once a week."

Ensuring consent to care and treatment in line with law and guidance

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff we spoke with showed good understanding of mental capacity, seeking consent, and the importance of offering choice. This included choices for food and drinks, clothing, personal care and people's daily routines. One person told us "Staff listen to me and act on what I say. They might offer alternatives or challenge if they think my safety is at risk or there are better ways. Then we would discuss alternative ideas, so a decision can be made. This feels healthy and as it should be."
- Care plans showed mental capacity assessments had been done for people who required them. We found one assessment had been completed but not signed or dated with no evidence of a best interest decision on file. This was brought to the register manager's attention who assured us this would be rectified.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care was provided by regular care staff whom they described as kind, compassionate, friendly and respectful. One person told us, "I really love the fact they have found me one main carer. By the end of the second week we were comfortable and familiar with each other rather than having a rail of different people all the time." Another person said, "They're wonderful, I'm very pleased with their work and what they do for me."
- Staff described what caring meant to them which included being compassionate, respectful, thoughtful, understanding and having time to get to know people. One staff member said, "Caring is not just about going in to do tasks, it is becoming a friend to people, showing you care." Another staff member told us they viewed caring as, "Making a difference in someone's life. Cheering them up, I like to lift their spirits."
- The registered manager valued people's differences. Staff were employed from different backgrounds and the provider understood their responsibilities for equality and diversity. Staff told us they had time to get to know people as individuals and their personal history.

Supporting people to express their views and be involved in making decisions about their care

- The provider understood the importance of people being involved in planning their care. People told us their assessments and reviews were carried out in their own homes, so care could be planned in partnership with them and their families, based on their needs and preferences. One person told us, "One of the partners spoke to me about my preferences for my care and his idea was to select the right person for me. I think we are well matched."
- People were given the opportunity to express their views about their care through questionnaires and home visits. Most people we spoke with had either received questionnaires or been visited at home as part of ongoing review and monitoring.
- One person told us they had not left the house for over a year because previous care services would not support them out in their community in a wheelchair. Since receiving support from Flexicare they have now been out to the local supermarket to buy food shopping with support from their live-in carer. This person said, "I couldn't ask for a better carer. I'm getting excellent service."

Respecting and promoting people's privacy, dignity and independence

- Staff described how they respected people's privacy and dignity. One staff member told us, "We give people a dignity towel and never leave them fully exposed. We close all doors and curtains." Staff told us when providing personal care, they involved the person which they said helped reduce fear and anxiety.
- Staff promoted people to be as independent as possible by encouraging them to do as much for

themselves as possible. One staff member told us it was all about enabling choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans provided staff with information about how to support people in line with their needs and preferences. One staff member told us, "Care plans tell you what's done from start to finish. They are extremely helpful, and they are accurate. If things change, we tell the office and they re-write it."
- The provider worked with people to maximise their independence and give them more choice and control in their lives. One person was supported to transition from 24-hour care to living in their own property as this was an important outcome they wanted to achieve. Flexicare helped this person to achieve their outcome by speaking with key agencies in health and social care who could assess, plan and facilitate a move.
- Another person told us how care staff supported them with meals by doing the preparation. This meant they had enough energy to cook the food and teach their son how to cook which was important to them as a parent. They said, "It just frees up mental and physical space which gives me more energy to spend quality time with my son."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was supporting people with specific communication needs arising from complex health conditions. The director told us how staff used technology specifically designed to meet the needs of people who could not communicate verbally. Whilst this technology was not directly arranged by the provider, the registered manager was confident staff using the technology were confident in doing so, maximised by continuity of care staff who were familiar with using the system.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider recognised the importance of responding to people's wider needs holistically and gave examples of how they enabled people to maintain contact with their friends, relatives and local community. We were given examples of when staff have done this in their own times, such as driving family members back to their own home after visiting people the provider were supporting.
- One person was supported to attend a college course and assisted to get funding for a specialist car designed for people with mobility needs. This enabled the person to have easier access to their community and social interaction. Another person was supported to maintain contact with friends, by taking them to the pub they used to meet at, which was difficult for them due to a significant change in their health.

Improving care quality in response to complaints or concerns

- At the time of inspection the provider had only received one complaint in the past 12 months which was resolved to the complainants satisfaction. People told us they had never had to make a complaint but any issues they did raise regarding their care were responded to quickly.
- People knew who to contact if they wanted to make a complaint or share concerns about their care and had confidence these would be addressed. One person said, "If I am not happy with something I tell them and they correct it."

End of life care and support

- In response to helping people plan for end of life care, the provider contributed to the development of a document on advance care planning in partnership with the local authority and other agencies. This was to help people plan for end of life care in response to families who found these conversations difficult to discuss. The registered manager told us families fed back to them it helped create an environment to bring the subject up.
- The registered manager told us some staff would volunteer to provide end of life care as they are confident and comfortable with the demands it can place upon them. Appropriate end of life training was provided on this specifically. At the time of the inspection, end of life care was being provided and these people had consistent live in carers. Feedback received from family members was positive. One person said "Great care shown during [person's] last few days. I will miss you all."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management did not always understand their responsibilities or have oversight of their quality assurance systems.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The inspection identified some notifiable incidents had not been reported to us by the registered manager. Providers are required to notify CQC of certain events, changes, and significant incidents as part of their statutory requirements. The manager acted promptly after the inspection visit and made retrospective incident notifications.
- In response to an issue with medication identified during the inspection, the provider was advised of their responsibilities regarding the administration of covert medication and evidence required for these arrangements. The provider took immediate action and contacted the person's pharmacy and G.P and a medication review took place. Written confirmation was provided by the G.P but did not evidence a mental capacity assessment or best interest meeting had taken place.

Continuous learning and improving care

- The registered manager and team leader told us they regularly checked medicine administration records, daily logs and care plans. However, there was no evidence presented to us to show what was checked, when, and actions taken in response to identifying the need for improvements. The registered manager assured us they would complete and record future checks.
- In response to supporting more people with dementia, the registered manager connected with a local dementia society which held monthly groups and training. Staff had attended these sessions and found them positive as they equipped them with strategies to support people with dementia. In response to families requesting more support, staff also took families with them to these sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Providing person centred and consistent care was valued as fundamental by the registered manager. This was achieved through regular monitoring and reviews of care with people using their service to ensure it remained responsive to their needs and preferences.
- The provider created a supportive working environment by having an 'open door' policy and recognised the importance of professional development. Staff felt valued and gave positive feedback about their managers and employment, likening it to being part of a family.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- Our inspection did not identify incidents which required the provider to act on their duty of candour. However, in response to issues identified during inspection, the registered manager was open and honest regarding their understanding of these issues, was keen to address them promptly and learn from these mistakes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality surveys and reviews enabled people to provide feedback on the service they received. Results seen showed people were happy with the service they received.
- People we spoke with told us the manager was easy to contact if they had any issues regarding their care. One person said, "I know who the manager is. If I have a question they are easy to get in contact with." Another person said, "The service is very well run. I am informed of carer's breaks in advance, who the carers will be, and the dates involved."

Working in partnership with others

- The management team gave examples of where they have worked closely with outside services and professionals to improve outcomes for people, and ensure care is provided in line with people's assessed needs. This included supporting people with complex healthcare needs who were supported by various professionals.