

Flames Healthcare Ltd

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Inspection report

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Date of inspection visit:
22 April 2022
25 April 2022

Date of publication:
02 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flames Healthcare Ltd is a domiciliary care agency. They provide personal care to people living in their own homes. 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 the inspection eight people were receiving personal care.

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

The provider failed to ensure safe recruitment checks were carried out and available for staff who worked in the service. Risks related to COVID-19 had not always been reduced through staff testing. Medicines records did not contain directives to enable staff to administer medicines safely. Risks assessments and care plans relating to people's care did not always detail how staff could keep people safe.

Care plans were not always person centred or contain factual up to date information within them. Systems and processes were not always effective in ensuring all documents were accurate, complete and up to date. Audits completed had not identified the concerns we found on inspection. The manager was in the process of improving how the oversight of the service was completed.

People told us staff were kind and caring and that people felt safe with staff. Staff respected people's right to privacy and dignity and promoted independence. Staff supported people to live healthy lives and contacted health professionals as required. People and their relatives knew how to complain and were confident their concerns would be dealt with.

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, however, documents relating to best interests had not always been completed.

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

Rating at last inspection

This service was registered with us on 19 January 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on a newly registered service.

Enforcement

We have identified breaches in relation to infection prevention and control, medicines, safe recruitment, staff training and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Flames Healthcare Ltd

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses. At the time of the inspection, the provider was supporting eight people with personal care.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post who was also the provider.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 22 April 2022 and ended on 3 May 2022. We visited the location's office on 22 and 25 April 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to three people, and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager who is also the provider and care staff.

We reviewed a range of records. This included eight people's care records and two people's medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care related documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not safely recruited. Staff files did not contain evidence of Disclosure and Barring Service (DBS) checks being completed before staff started to work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- References had not been sought prior to staff commencing their employment. The provider was therefore not assured of staff's conduct in their previous employment.
- Application forms and identification documents were not in place for most of the staff employed. The provider was therefore unable to assure themselves of gaps in employment history, previous training completed and to verify the staff members identity.

The provider had failed to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us that staff were punctual and they did not have any concerns. One person told us, "The best there is [staff]."

Using medicines safely; Preventing and controlling infection

- Medicine management required improvement. When people had 'as required' (PRN) medicines prescribed, records were not always completed to evidence the reason the medicine was administered. This put people at risk of not receiving their medicines as prescribed. However, we found no evidence of harm and people we spoke to were positive about their medicine management.
- People's medicine administration records (MAR) contained codes that were not identified on the MAR chart. Codes are used to describe if a person has refused their medicine or was asleep. MAR charts contained codes with 'T' for taken or ticks. The provider agreed to implement a new system where staff signed when a person had taken their medication and use a code that is defined on the MAR chart if not.
- People were not always protected against COVID-19. Staff were not following government guidance on testing for COVID-19. The government guidance at the time of the inspection was for staff to take two lateral flow device tests, spaced out over a period of a week. Staff were only testing if they were symptomatic.
- Not all staff had received infection prevention and control training.

The provider had failed to ensure infection prevention and control and medicine management procedures were followed. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff wore personal protective equipment (PPE) when they delivered care to people. This was confirmed by people and relatives we spoke with.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had policies and processes in place to safeguard people from abuse. We saw how these had been shared with staff to ensure they had access to the procedure at any time.
- Not all staff had received training in safeguarding, however, they understood how to recognise the potential signs of abuse and how they could report their concerns.
- The provider shared details of any trends and patterns found regarding incidents and accidents, safeguarding issues or concerns with staff so lessons could be learnt.
- The provider knew how to raise any safeguarding concerns with the local authority and notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were supported with their chosen lifestyle and risk assessments in place supported their choices. It was clear people had been involved in discussions about risks known to them.
- Records contain clear guidance for staff on how to reduce known risk for people. For example, a low profiling bed was in place for one person who was at risk of falls from bed. However, staff had not received the training to undertake these tasks safely.
- People's records were stored securely on an electronic system and were accurate and kept up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider was unable to provide evidence of staff training. In some cases, the provider was reliant on training received at staff's previous employment, although no certificates had been seen. Other staff had not completed any training which included commencing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Not all staff were trained in specific care tasks which people they supported had an assessed need for. For example, catheter care, medication administration and moving and handling. This meant people were being supported by staff who were not trained for the role they were undertaking, and this placed them at risk of harm.
- Newly recruited staff completed shadow shifts as part of their induction into the service. However, a formal induction including training and competency checks were not in place.

The provider failed to ensure staff had the skills and knowledge to meet the needs of people they supported. This placed people at risk of harm. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they felt supported in their roles and that they received adequate guidance to meet the needs of the people they support. One staff member said, "[provider] is really supportive, breaks everything down for me and explains everything to me."

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- People were supported to make decisions. However, when a person lacked the capacity to make a decision, a best interest meeting was not held. In the care plans we viewed however, it was clear that staff were acting in people's best interests.
- People had documented consent in place for photograph's, care plans and finances.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person told us, "I am always offered choices, they [staff] never take anything for granted, they always ask."

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

- Not all care plans contained person-centred information within them. For example, some care plans had no personalised information recorded to support staff to understand how a person wanted to be supported or what actual tasks were required. The provider showed us some recent updated care plans, and these contained more person-centred information.
- People's needs were assessed before any care was provided. However, not all care plans had the necessary information recorded to ensure staff understood and could meet people's individual needs. For example, specific information about their health condition or equipment used. The provider and staff were aware of the additional information; however, it was not recorded in care plans.
- People and relatives were involved in completing care plans and pre assessment documents. One person told us, "I was involved in all my care plans and risk assessments" and went on to tell us the information they contained.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals, people were referred to appropriate health professionals such as, occupational therapists or physiotherapists, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician, staff understood their responsibility to either ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional. One person gave an example of when staff had contacted healthcare support for them, the person said, "I was very grateful, they [staff] organised everything for me and kept my family up to date."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The recruitment and training practices in the service did not promote the values of a caring organisation. People were supported by staff who had not been recruited to safely and who lacked the training and skills to provide care in line with best practice.
- People told us staff respected their privacy and promoted independence. One person told us, "Staff help when I need it, but if I think I can do it for myself they will encourage me and be on hand if I cannot."
- Staff understood people's right to privacy and dignity. One staff member said, "I always make sure [person] has their dignity respected, I close the doors and ensure [person] is covered up as needed." Another staff member told us, "We always talk to [person] so they know what we are doing."

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

- People and relatives told us they were involved in their care planning and decision making. However, we found that care plans consistently lacked the detail to guide staff on how to support people with the care tasks.
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the provider would support people to access advocacy services should they need to.

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

- People and relatives were consistently positive about the way staff treated them. One person told us, "They [care staff] are like friends to me." Another person said, "I look forward to them [staff] coming every day." One staff member told us, "I really enjoy my job, I like caring for people and I feel I've made a difference to someone's day."
- People's care plans included details of their religion and culture. People were able to choose what gender of staff they preferred for personal care. We saw evidence that people's preferences had been respected.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Some care plans lacked information to guide staff on how to complete care related tasks. For example, one care plan stated 'needs help with personal care tasks'. There was no information on what assistance the person required, their preferences or what they were able to do for themselves with prompts. There was a risk that care was not personalised, and independence could be lost for some people.
- Some care plans had not been updated to reflect people's current needs. For example, one care plan stated the person required two care staff to support with moving and handling. However, due to a change in circumstances the person only required one staff member staff and the care plan had not been updated. Another part of the care plan guided staff on how to ensure a person was safe when mobilizing around their home. However, the person was no longer mobile and was cared for in bed.
- People and relatives told us the staff had a good understanding of people's needs. One relative told us, "I know the information is wrong in the care plan, but the staff know what they are doing." There was a risk that new staff or in the case of staff shortages, agency staff would not know how to support people appropriately.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had basic information regarding their communication needs. Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.
- The provider told us they were able to produce information in different formats when required. For example, into easy read, large print or different languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- Staff, people and relatives told us they knew how to complain and felt they would be listened to and their concern rectified. One staff member told us, "If I have any issues or if I am unhappy, I tell [provider] and they sort it."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the provider would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to ensure they were clear about their role and responsibilities. The provider failed to ensure there was an effective and robust system in place to monitor the quality and safety of the service.
- Systems and process were not in place to ensure effective oversight of safe recruitment procedures and ensuring staff had received training to fulfil their role. In addition to this, the provider had not got a process in place to assure themselves staff were regularly testing for COVID-19 in line with the national guidance.
- Systems in place failed to identify medicines which were administered 'as required' did not have a reason recorded why they were required. Systems also failed to identify incorrect codes being used on the medication charts.
- Audits which were in place were ineffective at identifying shortfalls and were not meaningful. For example, the provider had completed an audit of a staff recruitment file. However, the audit was left blank where evidence of essential documents were not in place. Shortfalls or any action required to improve had not been recorded. Where medicine audits had been carried out, the provider had failed to identify the use of incorrect codes recorded on Medication Administration Records (MAR).
- Records about people using the service were not consistent. There were multiple discrepancies between written care plans and what was happening in practice. This meant, there was a risk people would not receive the care they required.
- The governance systems failed to identify requirements of the Equality Act 2010 were not being met. Staff's physical and mental health conditions and any support they may require to undertake their role safely when they commenced employment had not been considered.

The provider failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff were all positive about the management of the service and the support they received. One staff member told us, "I can call my manager at any time and I feel supported."
- We received positive feedback about the culture of the service from relatives and they felt the staff were open and kept them well informed. One relative told us "I can ring the office if I have any queries or concerns, they always listen to me."

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

- The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- People, relatives and staff had not yet been asked to feedback on the service through a survey or questionnaire. However, people told us they were happy with the care they received, staff were mostly on time and they knew who to contact if required.
- People and relatives were involved in reviews of the care they received.

Continuous learning and improving care; Working in partnership with others

- The provider was engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records after the inspection as requested.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "I visit [person] most days and [provider] keeps me updated of any changes and we share information, so we know what we are both doing. I'm happy with everything they [staff] do."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure infection prevention and control and medicine management procedures were followed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff had the skills and knowledge to meet the needs of people they supported.

The enforcement action we took:

Warning Notice