

Connect 2 Flexicare Limited

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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 ●

Summary of findings

Overall summary

This inspection took place on 23 and 24 January and was announced. This was the services first inspection since registration on 01/02/2017.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, and children. At the time of our inspection the service was supporting 16 people.

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

Relatives we spoke with told us they felt their family member was safe and well cared for. One relative told us, "I'm really pleased, I don't wake up in the morning and worry who is there with [mum]. Another relative commented, "So far we have found it good. [She] is very happy." Staff told us the service was good to work for. One member of staff said, "If there are any issues the registered manager will come out to the clients house and sort them out there and then."

Professionals we spoke with told us the service was professional and friendly and that the service communicates openly and engage with people and professionals very well. They added they provide holistic care and go the extra mile to ensure the comfort of people using the service.

Staff received training in safeguarding. They told us they would not hesitate to report any concerns they had. We were told that there was an on call system and someone was always at the end of the phone if staff wanted to discuss anything.

We did not see that supervisions were being carried out on a regular basis. However, staff told us they felt supported and could always speak to the registered manager at any time. We discussed this with the registered manager during our visit. They told us they will ensure formal supervisions take place and documentation provided to evidence this.

Safe recruitment procedures were carried out. Files we saw contained relevant documentation required to ensure only suitable staff were appointed. Staff received appropriate induction, training and support. Mandatory training was completed by new staff before they were able to support people. Following this the member of staff worked alongside an experienced member of staff until they felt confident to work alone. The registered manager introduced new members of staff to the people they would be supporting prior to any planned visits.

Medicines were managed safely; we saw staff completed charts correctly. The registered manager carried

out regular spot checks to ensure staff were competent and followed correct procedures in line with the services policies and procedures.

Complaints were responded to and used as a way of improving the quality of the service. We saw evidence of complaints being responded to in a timely manner.

The service had effective monitoring systems in place to drive improvements and ensure the safety of people using the service.

People had access to healthcare services to maintain good health. People were supported to attend appointments when required. People were supported to have maximum 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.

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 their family member was safe and they knew who to contact if they had any concerns.

Safe recruitment checks were in place to ensure only suitable staff were appointed

Is the service effective?

Good ●

The service was effective.

Staff acted in accordance with the Mental Capacity Act 2005.

Staff had knowledge and training to carry out their role effectively.

People had access to healthcare services to maintain good health.

Is the service caring?

Good ●

The service was caring.

People's dignity was maintained at all times.

Relatives told us staff were kind and caring.

People were able to be as independent as they wanted to be.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in the way they preferred.

People knew how to make a complaint and had information in a format they understood when they first joined the service.

Is the service well-led?

Good ●

The service was well led.

Effective monitoring systems were in place to improve and monitor the quality of the service.

The management team inspired staff to provide a high quality service.

Relatives and staff told us the service was well managed.

Connect 2 Flexicare

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 23 and 24 January 2018 and was announced. This was the services first inspection.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect the service or the people using it.

The provider had submitted a Provider Information Return (PIR). A PIR 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.

As part of our inspection we spoke with four relatives by phone and email. In addition we spoke with the registered manager, the care coordinator, three members of staff and received feedback from two healthcare professionals who were involved with the service.

We looked at four recruitment files, five care plans, medicine records and records relating to the management of the service.

Is the service safe?

Our findings

The service carried out comprehensive assessments prior to offering people a service. This included identifying people's practical, social and emotional needs. From this information a detailed care plan was formulated ensuring support was individually tailored to suit individual situations on how people want to live their lives.

The service used an electronic clock in system when staff arrived at people's home to allow the office to ensure that staff are where they should be and on time. This thereby reduces the risk of people missing a care visit.

Risk assessments were carried out during the initial assessment which included moving and handling and environmental risk assessments. Care plans demonstrated identified risks were addressed and appropriate measures put in place. Where people required a specific risk assessment for their condition these were detailed and specific to each person. For example, we saw that one person received nutrition via a percutaneous endoscopic gastrostomy (PEG). A PEG is used as a means of providing a person a means of feeding when oral intake is not adequate, for example because of swallowing difficulties. We saw that staff had received specific instructions to follow to ensure the person received nutrition and medicines via this route. In addition training had been completed by staff supporting the person and competency spot checks were carried out by the care coordinator to ensure staff were competent in this procedure.

Additional risks were incorporated into people's support plans. We saw one support plan that identified 'the person may become agitated without provocation'. If this happens staff should wait for up to 15 minutes for the person to calm down. If this does not work contact the office and wait outside the person's house until further support arrives. This demonstrated the service ensured the safety of people and staff and actively took action to reduce risks.

Safe recruitment procedures were carried out. Files we viewed contained relevant documentation required to ensure only suitable staff were appointed. We saw checks such as Disclosure and Barring Service (DBS) checks, written references, and proof of identity and of address were obtained.

Medicines were managed safely. Staff used electronic systems to confirm medicines had been given. We saw these were completed correctly. The registered manager was able to check the charts at any time on the office computer system. If any anomalies were identified staff could be contacted to rectify this. As required medicines (PRN) had a protocol in place to ensure staff followed the correct procedure. At the time of our visit no one was receiving controlled medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines or controlled drugs.

Accidents and incidents were responded to appropriately. Incidents were recorded and actions taken as appropriate. For example informing the GP and significant others.

People's risks from infections was minimised because staff ensured they followed correct procedures for infection control. Staff told us they were provided with personal protective equipment such as gloves and aprons to support people receiving a service.

Environmental risk assessments were completed prior to staff working in people's homes.

Is the service effective?

Our findings

We received positive comments about the skills and experience of staff. Comments included, "They have an understanding and have got patience. I don't get up in the morning and worry who is there with [mum]. If a new member of staff is on the team they meet [mum] first so she is not worried by a new face." "So far we have found it good, [my wife] is very happy. [She] has to visit a hospital in London on a regular basis, the staff are available to accompany [her] on these visits."

Staff received appropriate induction, training and on-going support which was an essential part of continuing development. Staff received training in line with people's specific needs. Staff told us the training was good and enabled them to provide quality care. The service did not use agency staff and we were told recruitment was on-going.

People were supported by staff that had access to a range of training to develop their skills and knowledge they needed to meet people's needs. Staff received training in manual handling, safeguarding, medication, infection control, and other training specific to the needs of people they supported. For example, PEG training, autism awareness, challenging behaviour, and working with a visually impaired child with cerebral palsy. We saw evidence of training completed in staff files we viewed.

Formal supervisions were not always carried out by the provider. However, staff told us they spoke with the registered manager on a regular basis and said they could contact them at any time with any concerns or issues they had. We discussed the arrangement of supervisions with the registered manager and they told us this would be an area for improvement. They acknowledged the requirement to ensure evidence was recorded when supervisions took place.

People were supported to maintain a balanced diet. Staff supported people to shop and cook meals of their choice. One relative told us, "We mix and match. Sometimes I buy the food for staff to cook [mum] other times staff take [her] out to a café. Or if I am cooking I will offer staff food to sit and eat with [mum]. We were aware the relative lived close by and this enabled them to do this."

We saw that the service supported one person who required a specific diet because of their culture. Risks to people with complex needs in relation to eating and drinking were managed. For example, we were aware one person was unable to take food orally and had a PEG insitu to enable nutrients to be provided in this way.

The service worked with other healthcare professionals to enable specialist input to be provided. We saw input from various healthcare professionals when required. Such as Parkinson's nurses and community psychiatric nurses. People were supported to receive on-going healthcare support. We saw that one person who attended regular hospital appointments was supported by the services staff team to attend the appointments.

Staff had knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice to ensure people's human rights were respected. We saw consent to care had been sought in line with legislation. Six people using the service had given another person authority to take decisions about the service provided. In instances where people lacked capacity to make decisions relevant significant others were involved in the process. For example, appropriate referrals were made to other health and social care services to ensure correct decisions were made in relation to people's health. Relevant documentation was in place to support this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires 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 interest and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when it is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This particular service required a different process which is not covered by the DoLS team. Applications were made directly to the Court of Protection if the service felt someone was being deprived of their liberty.

Is the service caring?

Our findings

Relatives we spoke with told us they were satisfied with the service. They told us staff were patient and kind. One relative told us, "[Mum] has regular staff who [she] is familiar with." We were aware the registered manager introduces new members of staff to people before they begin supporting them. Comments from another relative were, "We usually have (name of staff) they are good and know what's what." We spoke with the member of staff and they told us, "My clients all want me to come back."

Spot checks were carried out by the care coordinator. We saw records relating to the spot checks carried out and they included observations relating to 'did the member of staff treat the person with dignity and respect'. Staff told us examples of ensuring they maintained people's privacy and dignity. Examples included, closing doors and making sure people were adequately covered during personal care.

People were supported to express their views and staff were skilled in anticipating people's needs. We saw one person who was unable to communicate verbally used a computer to communicate with staff. This was programmed to the person's specific communication needs. Another example we saw was one person used their eyes as a way of communicating. For example, blinking their eyes in a specific way to communicate with staff. The staff we spoke with told us they were able to interact with people with communication difficulties and can interpret their needs well.

The service enabled people to receive support to help them understand and be involved in their care and support. The registered manager made referrals to other agencies such as guardianship services and advocacy services when necessary.

People were able to negotiate and make changes to their routine. People were given a rota with names of staff who would be providing support for the week ahead. People and their families were able to access the daily care records remotely, on the services system, giving them an opportunity to see what has taken place.

The service ensured that people had access to the information they need in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. We saw that where people were unable to communicate effectively alternative communication aids were accessed. For example computer aided systems for people unable to communicate. In addition regular reviews and meetings were held for people unable to read.

Care plans identified people's support needs and preferred way of communicating. Feedback we saw from a family member said, 'The staff are experienced in dealing with people living with dementia and provide a first class service'. One care plan we viewed made reference to '(person) would enjoy pampering including having their nails painted red. Staff to give (person) light massage to hands and feet.' Care plans enabled positive outcomes for people and acknowledged their preferred communication method.

The service had an equality and diversity policy in place and staff had received training in this area. Staff respected people's preferences and needs under the Equality Act. For example, age, disability, religion and culture.

People's needs were reviewed on a regular basis or as needs changed. One relative commented, "I have regular reviews but I will contact the office before that if I need to". Evidence of reviews were recorded on the services computerised system.

Is the service responsive?

Our findings

Care plans reflected people's physical, mental and social needs. These included personal history, individual preferences, interests and aspirations. These were understood by staff so people had as much choice and control as possible. We saw evidence of this in care plans we viewed. For example, we saw that staff supported a person to attend a park which had a restaurant and sensory room. The recording of the event commented '(person) was relaxed on the special hammock in the sensory room with all the various colourful lighting around [him] after a while we left the sensory room and arrived at (persons) house in time for their favourite television programme.' This demonstrated the service acknowledged people's individual preferences and interests to enable people to have as much choice and control as possible.

The service supported people to access the community and follow their interests. One example we saw was one person previously enjoyed horse riding. Comments from the relative was, "I told them what days [mum] goes to activities. They organise a member of staff who drives to take [her] to her activities. [She] goes to dancing at the local community. Riding for the disabled is next on the list." Other examples we saw of people being supported to access community events was one person who attends church every Sunday, we noted the person had an off road wheelchair that staff supported the person to use.

Technology was used to ensure people received timely care. The service used an electronic care management system that enabled staff, people and nominated family members to have access to the care records which could be accessed from any location. This allowed people and relatives to raise any queries or request changes. In addition the service was able to monitor people's planned call visits electronically. An electronic clock in system when staff arrived at people's homes allowed the office to monitor staff were where they should be and on time. This thereby reduced the risk of people missing a care visit and allowed the service to adequately respond to people's changing needs and prevent unnecessary complications.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. We saw there had been two complaints in the last 12 months which had been resolved. People received a complaints procedure when they first joined the service. People we spoke with told us they were aware of how to make a complaint. One relative told us, "I would contact the office and let them know first." A member of staff said, "If there are any issues the registered manager will come out to the clients house and sort any issues or concerns out there and then."

We saw compliments from relatives about the service, one we viewed commented, 'The service have been providing full live in care and support for my [father] over the last three months. The staff are experienced in dealing with people living with dementia and provide a first class service. They are supported by a professional management team who have risen to every challenge. I cannot thank you all enough for always finding a solution and look forward to you providing my [fathers] care for a very long time.

The service supported people during the end of their life. People's preferences for end of life care was clearly recorded and acted on. We spoke with one relative who told us his family member was receiving end of life

care and said they was more than happy with the service.

Is the service well-led?

Our findings

The service had a positive culture that was person centred open inclusive and empowering. It had a well-developed understanding of equality diversity and human rights. The registered manager was available and accessible to staff including any out of hours emergencies. Staff told us they could pick up the phone and the registered manager would always respond. One member of staff told us, "[Registered manager] is forward thinking and has a vision and projection." Another comment we received from a member of staff was, "I struggled at first but I am fine now." A relative said, "[Registered manager] is very helpful and understanding."

Quality assurance systems were in place to monitor the quality of the service being delivered. The service had daily access to care records as well as carrying out spot checks to ensure staff were competent in their role and care being delivered was of a high standard. The service engaged with people using the service on a regular basis. The service enabled and encouraged accessible communication with people and their relatives. For example, access could be gained to the services system via an app and password given to people and nominated relatives. Care records and daily records could be seen to allow people and their relatives to see what had taken place or what was planned.

Professionals we spoke with told us the service was professional and friendly and that the service communicates openly and engage with people and professionals very well. They added they provide holistic care and 'go the extra mile' to ensure the comfort of people using the service. People were able to access the community and staff supported them when required.

People's views and experiences were used to improve the service. This could be in a variety of ways such as formal meetings, feedback when carrying out spot checks or by the services electronic system. This enabled people to feel empowered to provide information. Relatives told us they could always contact the office if they wanted to discuss anything.

The service showed honesty and transparency following incidents. We saw evidence of this when an issue was raised by a relative relating to a member of staff. Statements from the member of staff were seen following the incident together with constructive feedback from the registered manager. An informal supervision allowed the member of staff to receive feedback and to reflect on the incident. In addition the relative was provided with an apology.

The service worked in partnership with other agencies. We received positive information from a healthcare professional who was involved with the service. They commented the service appeared to be of a high standard. The service shared appropriate information with other organisations for the benefit of people using the service. We were aware the registered manager had worked with relevant parties to enable people to be assessed to see if they would be eligible for Continuing Health Care. Continuing Healthcare is a package of care arranged solely by the NHS in England to meet someone's physical or mental health needs.

The provider has a legal duty to inform us about certain changes or events that occur at the service.

Statutory notifications had been sent to us as required by the relevant regulations.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use the services and other 'relevant persons' (people acting on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager was familiar with the duty of candour process. The provider had an occasion where the duty of candour requirement needed to be utilised.