Flexicare (Oxford and Abingdon)

Flexicare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 2 October 2018 and was announced. Flexicare is a small Oxfordshire 'sitting' service that provides support to families who have children living with severe physical and/or learning disabilities. At the time of inspection, the service was delivering personal care to 36 families.

At the time of our inspection a registered manager was in place at the service. 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.

This was the first inspection of the service under its current registration.

The service had recruitment process in place. However, records did not always clearly reflect the provider had made all necessary checks when recruiting new staff. We recommended that the provider refers to current regulations and guidance relating to recruitment.

Staff were trained to administer medicines. Recording processes and guidance were not always detailed and robust, however, staff had received child specific training to ensure they were meeting their medication needs safely. We recommended the provider seeks guidance in line with best practice on medicine management.

Processes were in place to protect children from the risk of abuse and risks to children had been assessed. Staff spoken with had a clear understanding of their responsibility to raise any concerns or issues. Children received safe care.

Risks to children's health and wellbeing were assessed before any support was provided. This was regularly reviewed to ensure children continued to be assisted in a safe manner.

The service was responsive when things went wrong, were open and reviewed practices and had a robust system in place to manage incidents.

Children's care needs had been assessed and staff were provided with relevant information both within their training and in children's care plans, to meet their needs.

Staff received an effective induction, training and ongoing development. Parents who used the service were complimentary about the standard of care at the service.

Children's privacy and dignity were respected by the staff supporting them.

Staff said they felt supported by the registered manager. Parents and staff were regularly consulted about the quality of the service. Parents felt comfortable raising any issues or concerns directly with staff and there were arrangements in place to deal with any complaints.

People, their relatives and staff were positive about the registered manager and their leadership of the service. There were systems in place to assess and monitor the quality and safety of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service is rated as Requires Improvement.

Children received their medicines as prescribed. However, recording of administration was not always clear

Children were supported by suitable numbers of staff. Recruitment processes were not always robust.

Parents told us they felt staff kept their children safe.

Staff understood how to recognise and report any concerns they had about children's safety.

Children received support from staff who were aware of relevant risks and knew how to support them.

Children were protected from harm by effective prevention and control of infection.

Is the service effective?

Good

The service is rated as Good.

Parents and staff told us that the family's needs were assessed prior to care commencing.

Children were supported by staff who had the skills and knowledge to meet their needs.

Parents were happy with the support their children received with their food and drink.

Staff supported children where required, to manage their health needs.

Staff told us they felt supported by the management and received annual appraisals.

Is the service caring?

Good

The service is rated as Good.

Children received care that met their needs. Parents told us staff were kind and caring.

Parents commented positively on how the staff approached care.

Staff provided care that was respectful of children's privacy and dignity.

Staff had a good understanding of children's individual needs and preferences.

Is the service responsive?

Good

The service is rated as Good.

Children received care and support which was personal to them.

Parents and their children's preferences and choices were respected.

Care records were reflective of children's needs.

Parents told us they felt supported by staff to raise any concerns or complaints.

Is the service well-led?

Good

The service is rated as Good.

The provider had systems in place to check and improve the quality of the service provided.

The provider worked in partnership with other agencies for the benefit of families who used the service.

Staff felt supported by the management team, and were clear about their roles and responsibilities.

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 the 2 October 2018. It was an announced inspection. We told the provider 48 hours before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting children who use the service. We needed to be sure that someone would be there to support the inspection.

This inspection was carried out by one 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR 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 requested feedback from commissioners and community professionals. We received two responses.

We spoke with 11 parents, eight staff and volunteers (staff) and the registered manager. We looked at six children's care records, five staff files and related training records. We also looked at a range of records relating to the management of the service, including feedback regarding the service, incident and accident records.

Requires Improvement

Is the service safe?

Our findings

The provider had a procedure in place relating to the administration of medication. The registered manager advised that they follow the local authorities and NHS joint shared care protocol which provides guidelines for administering medication in the home setting. This protocol stated that, "The child's individual medication record must be signed and completed by the member of staff after administration of each dose of medication". However, we found that there were not always clear recording processes in place when staff administered medicines. We reviewed a sample of attendance records where medication had been administered by staff. Staff had regularly recorded that medication had been administered but the time of administration had not always been recorded. There was no record of what dose had been given in line with the prescription. The registered manager advised that they had recently changed the documentation to ensure that the medication, dose and time of administration was included each time a child was administered medication. They advised this is the form they will be using going forward.

The provider had some guidance in place relating to administering 'as required' (PRN) medications. However, details of how and when children's medicines needed to be administered was not always clear. The service did not always have protocols or guidance to direct staff on when to administer PRN medication or what signs and symptoms to look for. For example, in a care plan for a child prescribed a PRN medicine, there were no guidelines regarding when this medicine might be required. This meant it was not always clear from the care plan when the child would need to be administered their PRN medicines and to ensure this was done safely and in line with pharmaceutical guidance. The registered manager advised they are looking at ways to implement this.

Parents we spoke to told us where their child required medicines that staff did this safely. One parent said, "As soon as they see the signs, staff give it (medication) to her." Another parent told us, "They do, more than happy with that. They are really good". The registered manager told us that a child's parents lead on all the decision making relating to medication. Only medicines provided in original pharmacy-labelled packaging were administered. Staff who needed to administer children's medicines during their visit had been trained to do so and their training included a competency assessment. Staff received medication awareness training in addition to child specific training where specific medications needed to be administered. All staff received training from a specialist community children's nurse to enable them to administer medication safely based on a child's individual needs. Staff were very clear on their responsibilities in administrating medication and understood the risks relating to this. The registered manager told us they will only administer medicines if parents had instructed them to do so and signed the medication consent section on the attendance record that gets completed at each visit. The registered manager advised that staff must verify the medication before administration. This included ensuring that the name of medication is prescribed for that child, dose and route of administration, time of administration, and that the expiration date has not passed. Once the medication had been administered staff would record on the attendance record that this had been completed.

We recommend the provider seeks guidance in line with best practice on the recording, administration and management of medicines.

The service kept recruitment records of staff. Records showed the provider had completed some checks including Disclosure and Barring Service (DBS) checks. These checks are used to identify if potential staff were of good character and were suitable for their role. However, records did not always reflect that the service was meeting the requirements as defined in Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, some staff records we looked at contained gaps in staff's employment history and did not always give reasons for leaving their previous employment relating to working in a health and social care setting. The provider had not always obtained satisfactory information about any physical or mental health conditions which were relevant to the staff's capability, after reasonable adjustments are made, to properly perform tasks in their employment. We discussed this with the registered manager who had some awareness of these requirements in meeting Schedule 3 and agreed to action this immediately. We signposted the registered manager to the relevant guidance to ensure they meet the regulations when recruiting new staff.

We recommend that the provider refers to current regulations guidance on the required recruitment procedures and records.

Children were supported to be safe by staff who understood what safeguarding meant. Staff received training about safeguarding and reporting procedures. Staff had guidelines in place should they suspect a person was being abused or at risk of abuse. The registered manager told us the service worked within the local authority's safeguarding policies and procedures. Staff told us they could report any concerns to the registered manager, a coordinator or the local safeguarding authority if needed. One staff member said, "If there is a safeguarding [concern] I would report it immediately and share this information. Parents are aware we have a duty of care [to the child]". Staff's knowledge of safeguarding systems and procedures showed us they knew the different types of potential abuse and who they could report this to. Some staff had the role of 'safeguarding lead' and were fully trained in all safeguarding matters. Staff were in the process of receiving safeguarding training specifically to support children with a disability. Parents told us they felt staff at Flexicare kept their children safe. Comments we received included, "Yes, 100%", "Yes, I do totally" and "Yes, [name] is safe".

Staff knew about the provider's whistleblowing policy and said they would use it, where needed. One staff member said. "Yes, if necessary. The well-being of the children in my care is paramount".

Risks to children were identified, reviewed and managed. These included those risks associated with food allergies, mobility, specific health needs and behaviours which may be challenging. The provider also conducted a home risk assessment at the initial registration visit before care commenced. This assessment included risks relating to security in the home, access to appropriate moving aids and hoists and whether there was any risk regarding pets in the home.

One child had a health condition which meant they could often suffer from issues relating to their muscles, which could often be painful. There was a clear risk assessment and management plan in place on how to mitigate these risks and manage them when they occurred. This included what signs and symptoms to look out for and guidance on what steps staff should take if this was to occur. Another child had a specific health condition requiring specialist equipment which meant that they may be at an increased risk from gastric bacteria. Records clearly identified measures staff should take to reduce this risk. Where children had allergies, records clearly indicated what these were.

Where children had a history of seizures and required emergency medication, a clear individualised seizure protocol was in place to direct staff how to manage this risk. However, where a child had a history of seizures but were not prescribed emergency medication we saw that records did not always clearly reflect how the

service was meeting this specific health condition. There was not always clear direction to staff of what to do in the event this may happen again. All staff had received specialist seizure training to ensure they continue to deliver safe care. In addition, all staff had received child specific training to enable them to manage any individual risks to children. Parent's told us where their child suffered from seizures, staff knew what to do. One parent said, "…they know what to do if she has a seizure".

There were enough staff working to provide safe care for children. In addition to the registered manager, the service employed three care coordinators who took it in turns to share the responsibility for scheduling visits. The service also employed 20 volunteers (staff) who were trained to provide care to children. The coordinator responsible for scheduling each visit carefully identified the most appropriate staff member to allocate to that visit. The registered manager told us they speak to parents to confirm their visits times at the time of booking and one day before to confirm the visit would be going ahead as planned.

There was a system in place for recording accidents and incidents. Staff understood their responsibility in reporting and recording when an accident or incident happened. One staff member said, "I would report it and document it fully". There had been one incident recorded in the previous 12 months. The registered manager had taken action and investigated the incident. However, there was no record of the outcome of the investigation or any lessons learnt that had been disseminated. Staff told us they discussed any incident or lessons learnt at their weekly meetings. One staff member said, "We discuss any issues or concerns regarding families at our weekly meeting". One parent told us following a historic incident that the service reviewed the care needs of the child and, "now two volunteers come to support my daughter instead of one, since that incident".

Systems were in place to support the prevention and control of any infections. Examples of this included staff being aware of when to wash their hands and adhere to food hygiene standards. Staff told us they were provided Personal Protective Equipment (PPE) including gloves and hand wash cleansers. This helped prevent potential cross-infection.

Good

Is the service effective?

Our findings

Children's needs were assessed prior to the service commencing support to ensure their specific needs and requirements could be met. Parents told us that care needs were assessed before care commenced. Comments we received included, "They did… Two workers came out to our home", "Yes, they did. They really got to know him (child) and us as a family," and "Yes they got to know me, and [name] before we started to have the home visits".

The registered manager told us that they always did an initial visit in pairs so that they can spend time with the child and their parents to understand what support they required. Care plans were then developed which detailed and guided staff on how to meet, the child's identified support needs. For example, assessments identified preferred methods of communication and staff were provided with guidance on how to effectively communicate with the child. Assessments also covered the child's individual needs relating to their physical health and personal care. Staff told us they used the care planning guidance to support them in providing personalised care which met children's needs in the right way and at the right times. One staff member said, "They (parent) explain how things should be done and, if appropriate these would be recorded in the child's folder (care plan)". Another staff member told us, "Each child has an individual care sheet with specific information about the family and child and siblings, when appropriate".

Children were supported by staff that had received appropriate training and support to undertake their role to meet people's needs. Training included First Aid, Safeguarding, Moving and Handling and Seizure Awareness. Staff received child-specific training to ensure they could meet their individual needs. For example, one child required specialist equipment to enable them to be fed. The provider ensured that all staff working with this child had received training from a specialist children's community nurse. Parents told us they felt staff had the skills and knowledge necessary to care for their children effectively. One parent said, "Yes, all the ones who have been to my house know what needs to be done". All staff had their competency assessed prior to delivering specialist care. Staff told us they regularly met with a manager and received an annual appraisal.

The registered manager told us most children did not require support from staff with eating and drinking. Where children did need this support, clear guidance was provided. For example, where children required support for feeding via a gastric tube, the care plan described the correct sterile approach. Guidance directed staff that equipment "must be cleaned and sterilised before use". The care plan stated, "parents will let you know exact requirements" relating to feeding. Staff told us where required they had specialist training to support children with nutrition. One staff member said, "Some children are unsafe swallowing or on a specialist diet. We receive specific training for this for that child".

The registered manager and staff told us they have a weekly meeting to discuss family needs and ways to improve the service. Staff told us that they feel supported and work well together. One staff member said, "It's very supportive. We meet weekly to discuss our visits with the families and if we need to provide any updates". Another staff member told us, "we are very supportive of each other".

Children were supported to receive health care services when they needed them. All records seen showed appropriate medical or specialist input. The registered manager and staff team worked with other professionals associated with children's care including community nurses, where appropriate. For example, one child's care records contained a detailed feeding plan, completed by a dietitian, to give staff clear guidance on how to meet their specific needs.

We discussed decision making and consent with the registered manager. They said, "Parents make all the decisions but when we do a [visit] we always make sure the child has choices". A staff member told us, "We support them to make safe choices. We give them options that are safe and practical".

Good

Is the service caring?

Our findings

Staff had formed positive caring relationships with parents and their children who used the service. Parents told us their children received support from staff who were friendly and caring. One parent told us, "Yes. They are genuinely caring for the children. They care for the family as well". Another parent told us, "They are very very kind and caring". Children's care plans were written in a respectful way and gave staff detailed guidance about each child including their preferences, likes and dislikes. Care plans indicated how staff should support children emotionally when needed. One care plan stated, "He is comforted by cuddles".

Parents and their children benefited from consistency in the staff visiting them. The registered manager told us they ensured that wherever possible staff remained the same for each visit. This meant that the children the service supported would benefit from the familiarity and consistency of care. Parent comments we received included, "They have three regular people, a group of people to get to know him", "Usually the same person," and "Most of the time, the same people."

Parents told us they felt staff took time to promote choices and listened to how they liked things done. One parent told us, "Yes, completely. They take time to speak to us, not rushing off". Another parent said, "Yes they do. They understand how we want to raise him as well. They are accommodating of our wishes". Care plans identified how children communicated to express their views. One child's care plan said, "He clearly indicates when he is happy and when he is in distress". It went on to say, "It is clear from the noise he makes".

Staff promoted children's privacy and dignity and understood how to achieve this. One staff member said, "You must treat them in terms of their dignity. [Delivering personal care] discreetly". Another staff member said, "Some children are not always aware of themselves. We ensure their privacy is supported". Parents told us their child was treated with dignity and respect. Comments we received from parents included, "They do. They really treat him with respect and dignity", "Staff are always discreet when helping her…" and "Yes I do, very much so".

Children's' independence was promoted wherever possible. Staff were guided to encourage children to do what they could for themselves. For example, one child's care plan stated, "[Name] can sit independently". Parents told us that staff supported their child to be as independent as possible, where appropriate. One parent said, "They do yes. They try to help to get her to move about, so not to sit around all the time. She is very very happy". Another parent told us, "Yes they do their best".

Information relating to children and their families was treated confidentially and respected by staff. Records relating to children's care and support were stored securely.

Good

Is the service responsive?

Our findings

Children had individualised and detailed care plans that told staff precisely how to provide support in the way they needed and preferred. For example, one child's care plan noted "[Name] enjoys playing with soft or noisy toys, being read to, particularly books with noises incorporated and loves being sung to".

Where children required support with their mobility, care records provided clear guidance on how staff should support them in a person-centred way. For example, one child was unable to mobilise without the assistance of hoists and aids. The care plan gave clear guidance on how staff should support the child to mobilise safely using the hoist, this included written guidance and diagrams. Parents told us that staff delivered person centred care. Comments included, "They are learning to use Makaton (signs and symbols) to communicate with [name]", "I think they do that and more" and "They see the individual".

Records showed staff involved people using the service in the planning of their support package. This ensured children's needs were met in the way they wanted and needed. Support plans were regularly reviewed and updated as children's needs changed. One staff member told us, "These plans are updated as the child's needs change."

Parents told us the staff supported their child to engage in activities when they were able. Comments we received included, "Yes they take her for a walk", "They play with him, read with him. They do whatever he wants to do," and "Yes, he likes to play super heroes. They always play with him".

Parents were supported to raise concerns if they needed to. Whilst parents we spoke with told us they have never needed to make a complaint, they knew how to, should this be required. One parent told us, "I just talk to the organiser, [registered manager] if I am not happy". Another parent told us, "They did provide the info to me". Staff were able to explain the importance of listening to, or recognising when people were concerned, and described how they would support people in these instances. One staff member said, "We give a leaflet which details how to complain or raise a concern when we first start supporting a child". At the time of our inspection the service hadn't received any complaints.

Good

Is the service well-led?

Our findings

A registered manager was in post at the time of inspection. 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.

The service had a positive culture that was person centred and empowering. The registered manager promoted openness and transparency as well as equality and inclusion. Parents spoke extremely positively about the service offered by Flexicare and felt it was well managed. One parent said, "Yes they are brilliant. They are a life saver. They are offering a service that is invaluable. We couldn't go out as a family if they didn't offer this service". Another parent told us, "Yeah, definitely. They are always available, reliable. They call back very quickly".

Staff spoke positively about the service and the registered manager. We observed an effective working relationship between the registered manager and staff. The staff we spoke with felt well supported by the registered manager and told us that morale and team work were good. Weekly staff meetings were an opportunity for staff and the registered manager to talk about new policies or procedures and discuss issues affecting children using the service. One staff member said, "The culture is fantastic. It's so supportive". They went on to say, "I do think it's managed well". Staff we spoke with clearly explained how they saw the overall culture and aims of the service, explaining that the support provided for families was their priority.

Parents spoke positively about the registered manager. One parent told us, "Yes, [name], the person who runs it and looks after my daughter. She is very organised, always compassionate and cares for the family she works with. She has a clear personal understanding of what we are going through."

The registered manager had systems in place to monitor the quality of the care provided. For example, the management team had developed regular checks of the daily communication records to make sure staff were delivering care in line with each child's care plan. The registered manager completed a safeguarding self-assessment audit in line with the local authorities safeguarding children's board requirements. This audit identified where the provider was meeting required standards and where there were areas for improvement. Clear action plans were produced as a result of the audit and records showed that required actions were completed. We saw the provider had last completed an audit in November 2017. The provider regularly reviewed referrals into the service and whether booking requests had been met. This meant the provider was able to assess the safety and quality of their services and to ensure they identified areas for improvement.

The registered manager told us they encouraged parents who used the service and staff to share their concerns and opinions to help them improve the quality of the service. Parents told us they were provided opportunities to feedback. One parent told us, "Never fill in a form but they are always asking us if they should do things differently". Another parent said, "Yes, verbal feedback".

The service held regular committee meetings quarterly. The committee membership comprised of previous and current family members being supported by the service, in addition to, volunteers and coordinators (staff). This provided an opportunity to discuss the service and feedback on improvements that could be made.

The provider continued to make links and engage with partnership agencies and the community. A professional from the local authority told us, "They engage in provider events… they are incredibly valuable for the service user group". The provider took a proactive approach to fundraising and delivering community events. This included planning a classical concert that would take place in October 2018.

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 was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.