

Flexi Coventry Limited

# Flexi Coventry Limited

## 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

### About the service

Flexi Coventry Ltd is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and younger adults with a range of needs. This includes people with physical disabilities. At the time of our inspection the service was providing the regulated activity personal care to nine people. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The provider also has a newly registered care home, at the same location. This was not inspected, or rated during this inspection, as it has not opened yet and was not providing a regulated activity.

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

People and relatives spoke positively about the service they received. Risks associated with people's care and home environments were identified, assessed and well managed and staff knew how to keep people safe. People received their medicines safely and when needed, by staff trained in medicine management. The prevention and control of infections were managed in line with government guidance and provider procedures.

People and their relatives had confidence in the ability of staff to provide effective care. Staff were recruited safely. Staff development was supported through an induction when they started work and ongoing training.

People's dietary needs were met, and they were supported to access healthcare professionals when needed, to help them live healthier lives.

People received personalised care and developed positive relationships with staff who they described as, "kind and respectful". Staff had a good understanding of the care and support needed and provided this safely with care and compassion. People's right to dignity and privacy were respected and their independence was promoted.

Care plans were developed in partnership with people to ensure they reflected people's preferences, religious and cultural beliefs and values. The management team encouraged people, relatives and staff to provide feedback about the service. Feedback was used to drive forward improvement and learn lessons.

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.

The registered manager had systems and processes in place to monitor and review the quality of the service

provided, for example, audits of care plans. Staff felt supported by the management team, who worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was good, published on (published 12 July 2019).

#### Why we inspected

This was a planned inspection to provide a rating for the service.

#### 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Flexi Coventry Limited

## 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 2014.

#### Inspection team

The inspection team consisted of 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. The inspector visited the service and the Expert by Experience gathered feedback about the service from people and their relatives via the telephone.

#### Service and service type

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

#### 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.

#### Notice of inspection

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 registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the clinical commissioning group (CCG) 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 also used information gathered as part of monitoring activity that took place on 18 March 2022 to help plan the inspection and inform our judgements.

#### During the inspection

We spoke with one person who used the service, three relatives and viewed surveys about their experience of the care provided. We spoke with nine members of staff including the director, registered manager, quality and assurance manager, five carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including three people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

#### After the inspection

We received feedback from a healthcare professional who works closely with the service and reviewed the provider's policies and procedures.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person said, "There has never been anyone I have felt unsafe or uncomfortable with." One relative said, "I am certain [Person] is safe. They have never left them in the hands of someone who doesn't know them or understand their needs."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the managers.
- The registered manager had a good knowledge of safeguarding procedures and understood how to raise any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Staff demonstrated a good understanding of how to manage and reduce risks. One member of staff confidently described how they would support one person, if they had an epileptic seizure.
- Comprehensive assessments had been completed on people's care and support needs. These included detailed guidance to inform staff how to support people safely.
- Risks associated with people's care and home environments were assessed and well managed.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example, adverse weather conditions.

Staffing and recruitment

- People and relatives told us they were happy with timings of their care calls. One relative said, "The staff are always on time and never leave, until all tasks are completed."
- Staff were recruited safely and there were enough staff to provide people's planned care calls.
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. This was monitored by staff in the office to ensure people had received their planned care and ensured that calls were not missed.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One relative said, "They give [Person] their regular medication and it's all documented properly."
- Staff completed training to administer medications and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- People and relatives told us staff wore personal protective equipment (PPE). One person said, "Staff always wear full PPE and explained all the guidelines for COVID-19 to me."
- Staff received training in infection and control and demonstrated they understood their responsibilities; this was confirmed by the relatives.

#### Learning lessons when things go wrong

- The management team demonstrated a proactive approach to risk reduction. Incidents and accidents were recorded and analysed for patterns and trends to prevent reoccurrence. For example, referrals had been made to the speech and language therapy team and epilepsy nurse to seek specialist support.



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- Feedback from people, their relatives and external professionals confirmed, without exception that people received effective care and support from professional and trained staff. One professional said, "They are gifted and skilled staff; it's a wonderful company."
- People and their relatives contributed to the assessment of people's care needs, to ensure they reflected the person's health, wellbeing, communication, cultural and spiritual needs and how they wished to be supported.
- Staff told us, "As the people we support have complex needs, we often support them while still in hospital, alongside the nurses to get to know them and understand their needs." This information was then used to develop care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff spoke positively about their training. One staff member said, "I get a wide range of training to help me support people safely and keep my skills up to date."
- New staff received an induction and worked alongside an experienced staff member until they got to know the person and were confident to be included on the staff rota, to work unsupervised. This was confirmed by relatives we spoke with.
- The management team carried out spot checks on staff practice to ensure that they were providing care in line with their training.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were involved in planning their meals. One person told us, "We sit together and make a shopping list, based on what I want. We then go out shopping and I choose what I want, as we go around the shop."
- Staff had a good understanding of people's dietary needs and followed recommendations made by health professionals. For example, staff told us they had been advised to add a thickening agent to one person's drinks and to give them a bite sized diet.
- The provider had established effective working relationships with other professionals involved in people's care, including GP's and specialist nurses. This supported people's health and wellbeing.
- One person said, "The staff do speak with other services who are part of my care and always involve me in those discussions."

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 and relatives confirmed staff worked within the principles of the Act by gaining people's consent. One person said, "I make my own choices and decisions and they respect that."
- Staff had received MCA training and demonstrated an understanding of the principles. One staff member told us, "People have the right to refuse care and I need to respect that. I can't force them; I would speak to them and try and understand why."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; Respecting and promoting people's privacy, dignity and independence

- People and relatives spoke positively about the staff. One person said, "They are lovely and kind. They never rush me and respect my privacy and dignity."
- Staff promoted people's independence. One relative said, "They encourage [Person] to do things for themselves, giving them time and support to be as independent as possible."
- One social care professional told us, "The staff build up strong relationships with the people they support, enabling them to live their best lives."
- Staff felt supported in their roles. One staff member told us, "We work as a team. Everyone is supportive of each other, to ensure we can offer the best service to the people we support."
- Managers supported staff through team meetings, one to one support and being available over the telephone. Staff told us they could approach the managers at any time.

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

- People and, where appropriate, their relatives were involved in making decisions about their care. One relative told us, about their loved one, who communicated non-verbally, "The staff don't mould [Person], they allow them their freedom to do what they want and support their choices."
- Professionals spoke positively about the service. Comments included, "An excellent service with the person at the centre of everything," and "They are exceptional, at engaging and supporting the most complex people."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received personalised and responsive care. One person said, "The service has adjusted my care package quickly, when asked, they are very responsive."
- The staff demonstrated a shared commitment to providing good care. Staff knew what was important to people such as music, shopping and playing video games. Relatives confirmed staff's good relationships and knowledge of people had a positive impact on their wellbeing.
- People and their relatives were fully involved in planning and reviewing their care, to ensure that it fully met their needs. Care plans were personalised, detailed and up to date.
- Staff told us if people's needs changed, they were quickly informed by the management team and care records were updated.

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 [AIS]. 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.

- Staff knew how to communicate effectively with people. One relative told us, "The staff understood [Person] and responded well to their non-verbal communication and moods sensitivity."
- The registered manager demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and available in different languages.

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

- People were offered a range of social activities based on their personal likes and interests, such as attending church and gardening. Relatives confirmed this.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and told us they would feel comfortable reporting any concerns, as they found the management team approachable.
- Complaints were recorded and analysed by the management team. The director said, "Our aim is to keep people happy. If something goes wrong, we are committed to learning from it and would do our best to make sure it does not happen again."

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the leadership of the service and had regular contact with the management team. Comments included, "The managers are very approachable and helpful," and "Very accessible, a real positive energy, I would recommend the service."
- People and relatives were encouraged to provide feedback about the service and were confident that their views would be listened to and acted on. Examples shared were about call times being quickly changed in response to any changes in a person's care needs.
- Staff gave positive feedback about the culture of the service. One staff member said, "I really enjoy working here. Safety is the most important thing to the provider."
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

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

- There was a clear management structure in place and all staff understood their role and responsibilities in supporting people who used the service.
- Managerial and provider oversight was good. The registered manager demonstrated a good understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- People and staff had access to an on-call duty manager out of office hours.
- The management team welcomed our inspection and understood the need to be open and honest if things went wrong. A proactive approach to risk reduction was embedded, which included monthly analysis of accidents, incidents and complaints to prevent reoccurrence.

Continuous learning and improving care; Working in partnership with others

- The management team completed audits and checks to monitor the quality of the service provided and to identify any shortfalls so these could be addressed. This included checks of care records, staff competencies and care call times.
- Records showed that staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing.

- One professional said, "The service is extremely professional and supportive of both the person and their relatives."