

Courtcare Flexi Ltd

# Courtcare Flexi

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Courtcare Flexi is a domiciliary care service which provides care and support to people living in their own homes. They can provide support to older people, adults with dementia, learning disabilities or autistic spectrum disorder, mental health needs, physical disabilities or sensory impairments. They can also provide support to younger adults and children.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection young adults with physical and/or learning disabilities who were living at home with their parent(s) received packages of support which included personal care.

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

#### Right Support

Staff supported people to have choice, control and independence over their lives. The service supported people to have maximum possible choice, control and independence. The service encouraged people to be involved fully in discussions about their care and support.

Relatives told us their family members were supported to decide on their chosen activities and meals and how they wanted their care to be delivered. People were supported by staff to pursue their interests and to achieve their aspirations and goals.

People could communicate with staff and understand information given to them as staff supported them consistently and knew them well. People received care that focused on their quality of life and followed best practice.

#### Right Care

Improvement had been made to the risk management systems. Risks were assessed and there was detailed guidance for staff on how they should provide safe care which mitigated known risks. Young people who showed distressed behaviour had a detailed positive behaviour support plan in place. Training for staff who were involved in physical intervention was up to date.

Staff understood how to protect people from poor care and potential harm. Staff had training on how to

recognise and report abuse and knew how to report any concerns. There were sufficient numbers of staff who were appropriately skilled to meet people's needs and keep them safe.

Staffing numbers were appropriate to keep people safe and the registered provider followed thorough recruitment procedures to ensure staff employed were suitable for their role. There were systems in place to ensure people were protected from the spread of infections.

#### Right Culture

Improvements had been made to the providers governance systems. Staff supervision and staff meetings took place regularly and used to develop and motivate staff, review their practice or behaviours, and focus on professional development.

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.

Care plans had been improved and were person centred with detailed information and guidance about people's likes, dislikes, preferences. People and their relatives were involved in planning all aspects of their care and support and were able to make changes to how their care was provided.

Records were regularly reviewed to ensure care met people's current needs. This helped to provide staff with up to date information about how each person's support was to be delivered. People's dignity and human rights were promoted, and people were encouraged to make decisions about their day to day routines.

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 and update

The last rating for this service was Requires Improvement (published 14 May 2021)

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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 ●

# Courtcare Flexi

## 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

One Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own properties. At the time of inspection, all the packages of support involving personal care were provided to young people and young adults living at home with their parent(s).

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

#### Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 22 June 2002 and ended on 23 June 2022. We visited the office location on 22 June 2022.

#### What we did before inspection

We reviewed information we had received since the provider registered the service with CQC. This included

any notifications (events which happened in the service that the provider is required to tell us about).

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager who was also the Nominated Individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We contacted five staff members for feedback about their experience of working at the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at three 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 training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives, without exception, were very complimentary and positive about the staff that supported their family member. One relative told us, " I feel my [family member] is very well looked after. They are kept very safe and the staff are very supportive." Another relative commented, "Using the word safe is underestimated, they are magical staff."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Improvements had been made to the risk management systems and we saw risk assessments in place for all known risks, for example, use of hoists, personal care tasks or health needs such as epilepsy or PEG feeding (nutrition and hydration via a tube directly into the stomach).
- There were detailed positive behaviour support plans in place for young people who showed distressed behaviours. This meant staff had access to clear guidance on what behaviour the young person may show, how this could be positively de-escalated and how to provide safe care and support if physical intervention was required as a last resort.
- Parents were happy with how risks were managed by staff. One told us, "They are aware of [family members] risks. We have regular staff and the communication is good."

Staffing and recruitment

- The provider followed their recruitment procedures to ensure people were protected from staff that may not be suitable to support them.
- There were sufficient numbers of staff to keep people safe and meet their needs. One relative told us, "We have a regular carer who is very understanding. They understand my [family members] needs. They are very flexible."
- Rota's showed that each person always had support by enough numbers of regular staff that ensured consistency. The registered manager told us this was important to people because it reduced their anxiety.
- Staff told us they felt staffing numbers were sufficient to meet the needs of people using the service. One said, "Staffing isn't a problem, it's very good. There's always enough staff to support people with their activities."

### Using medicines safely

- At the time of our inspection the provider was not supporting anyone with their medicines. However, there were safe systems in place and staff had received medication training if people required that support.

### Preventing and controlling infection

- Staff had been trained in infection prevention and control. They had been provided with regular updates on COVID-19 management and how to work safely, including the use of personal protective equipment (PPE). A relative told us, "Staff always wear PPE."
- Staff confirmed they had supplies of PPE and the providers infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The provider had systems in place to monitor incidents and accidents so action could be taken to promote people's safety.
- The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences. Staff told us the registered manager was open and shared learning from incidents with them, such as revised measures to reduce risks to people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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

- Improvements had been made to the care planning process. The language used in care planning documents had improved and was person and child centred. Care plans were detailed and guided staff to provide care in a person-centred way.
- Relatives told us they and their family members were involved in their care where possible. One told us, "My [family member] has a care plan and I am fully involved with it. Everything is noted in the folder and the cares understand all their needs and know all their likes and dislikes."
- Staff demonstrated they understood what person-centred care was and gave numerous examples of how they supported people differently in line with their individual needs. For example, how one person was supported to go to their favourite places and always got to choose where they went.
- Staff supported people to identify their goals and there were clear plans and targets in place to help people achieve these. For example, one person was being supported to travel safely in a car. This would allow them to go on longer journeys and take part in new experiences.

Meeting people's communication needs

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

- People's communication needs were considered as part of their assessment and their care plans fully described the level of support required. For example, the best way for staff to present information and any communication tools they may need to communicate effectively.
- The registered manager said they could make information available in formats people could easily understand and we saw a sample of these. They included the use of symbols, easy read, Braille, large print and pictorial formats.

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 fully supported to follow their interests and take part in social activities. One relative told us, "The staff engage with [family member]. They take [family member] into the community, swimming and to the park."
- Staff were constantly looking for new experiences and activities for people to participate in. One staff member said, "I enjoy finding out fun things to do and making sure [name] has a good day."

#### Improving care quality in response to complaints or concerns

- A complaints policy was available for people to access which could be made available in a different format if people required it so that people, and those important to them, could raise concerns and complaints easily. One relative told us, "I know who to contact if I want to complain, they do listen and take action."
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.
- Complaints were recorded and monitored to identify lessons learned and how the service could further improve.

#### End of life care and support

- No end of life care was being delivered by the service at the time of inspection. The registered manager said they had provided end of life care previously and would be able to support people with their end of life needs if required.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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: 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

- Staff spoke positively about the support provided by the registered manager. One staff member commented, "The manager is very supportive. If I have any issues, I can call them, and they will tell me what I should do."
- Relatives confirmed there was always management support available when needed. One relative said, "It is well managed and very organised. The manager pops in five minutes before staff arrive to make sure they arrive on time."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.
- The provider had an open and honest approach when things went wrong. Relatives were positive about how open the service was. The registered manager told us about incidents where relatives were informed immediately.

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

- The registered manager had made improvements to their governance systems. Regular audits were completed which reviewed people's care plans, documentations, accidents and incidents, staff files and staff training. The registered manager took action where improvements were identified, and care plans and risk assessments were quickly updated to reflect people's current needs.
- Spot checks were regularly undertaken of staff during their support visits to check their practice and offer advice or guidance where needed.
- The registered manager understood their responsibilities of registration with CQC. There had been no notifiable incidents yet, but the registered manager was able to describe scenarios where a notification to CQC would be required.
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood

these and discussed them in training and communications to keep staff up to date with any changes.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Feedback was sought from people using the service both informally and via feedback questionnaires and during spot checks. The registered manager told us they sent out satisfaction surveys every four months. One relative told us, "I do receive questionnaires. They call me sometimes and we do the questionnaire over the phone."
- Staff were given questionnaires to complete to ask for their views about the running of the service. One staff member commented, "I am always asked for my opinions and we have regular meetings."
- Team meetings took place regularly. We saw a range of subject areas were covered recently, for example training courses, policies and best practice.

Continuous learning and improving care: Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us she ensured information from audits, complaints, feedback, care plan reviews, accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure staff had guidance and up to date information.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions. For example, the provider had implemented different strategies to support a person with their anxieties when current interventions were not working.
- The service worked closely with other organisations in education, health and social care.