Care Quality Commission

Dunsmore Care Solutions Limited

Flexicare South Midlands

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

Overall summary

We inspected this service on 13 March 2015. The inspection was announced. The service was meeting the Regulations at our previous inspection on 29 November 2013.

The service delivers personal care to people in their own homes. At the time of our inspection 50 people were receiving the service.

There was a registered manager in post. 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.

People told us they felt safe with all of their care staff. The provider had taken measures to minimise risks to people's safety. Staff were trained in safeguarding and understood the action they should take if they had any concerns that people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

Summary of findings

Care plans included risk assessments for people's health and wellbeing and described the actions staff needed to take to minimise the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff when they started working for the service.

The registered manager assessed risks in each individual person's home and advised staff of the actions they should take to minimise the risks. People's medicines were administered safely because the provider's medicines policy included training staff and checking that people received their medicines as prescribed.

Staff received training and support that enabled them to meet people's needs effectively. Staff had opportunities to reflect on their practice and consider their personal career development.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people, their families and other health professionals were involved in making decisions about their care and support. Staff understood they could only care for and support people who consented to being cared for.

Staff referred people to other health professionals for advice and support when their health needs changed and supported people to follow the health professionals' advice.

Staff were allocated to people within a close geographical area of each other to ensure the amount of time spent travelling did not affect the amount of time available for care and support. Staff had regular rounds so they got to know people well.

People told us their care staff were kind and respected their privacy, dignity and independence and became 'part of the family'.

The provider asked people about their preferences for care during their initial assessment of needs. People told us they received care from a regular team of staff who understood their likes, dislikes and preferences for care.

People knew their complaints would be listened to and action taken to resolve any issues. Records showed the provider made improvement to the service in response to complaints.

People were encouraged to share their opinions about the quality of the service with through telephone conversations, visits by the management team and regular questionnaires.

The staff and management team shared common vision and values about the aims and objectives of the service. People were supported and encouraged to live as independently as possible, according to their needs and abilities.

The provider's quality monitoring system included regular checks of people's care plans and staff's practice. When issues were identified the provider took action to improve the quality of the service people received.

Summary of findings

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. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and actions agreed to minimise the risks. The manager checked that staff were suitable to deliver care and support to people in their own homes. The manager minimised risks to people's safety in relation to medicines.

Good

Is the service effective?
The service was effective. Staff had training and skills that matched people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved other health professionals in people's care when needed.

Good

Is the service caring?
The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were kind and respected their privacy and dignity and promoted their independence.

Good

Is the service responsive?
The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People and staff were confident that complaints would be dealt with promptly and resolved to their satisfaction.

Good

Is the service well-led?
The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff felt supported and motivated by the management team, which encouraged them to provide a good quality service.

Good

Flexicare South Midlands

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.

The inspection took place on 13 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a live-in and domiciliary care service and we needed to be sure that someone would be available to meet with us at their office.

The inspection was conducted 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.

The provider completed a Provider Information Return (PIR). This 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. We looked at the feedback from questionnaires we sent to people who use the service, relatives, staff and other health professionals.

We also reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke by telephone with 15 people who use the service, three relatives and two members of care staff. We spoke face to face with the registered manager, the office manager and five care staff. We reviewed three people's care plans and daily records, to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed records of the checks the management team made to assure themselves people received a quality service.

Good

Is the service safe?

Our findings

All of the people and relatives who responded to our survey said they felt safe with the service. People told us, "It's all okay. I feel safe" and "I feel safe with all the carers that I have had."

The provider had policies and procedures to protect people from harm and to minimise the risks of abuse. Staff wore uniforms and photographic identity badges, and received training in safeguarding during their induction at the agency. Care staff told us, "People know our uniform and they trust us in our uniforms."

All of the staff who responded to our survey told us they knew what to do if they suspected a person was at risk of abuse. Care staff we spoke with understood their responsibilities to keep people safe. A member of care staff told us, "If I had any concerns, I would report them to the supervisor. They take me seriously." The registered manager had notified us when they had referred one person to the local safeguarding team, because they were at risk of abuse. Records we saw showed that the manager and local authority commissioners worked together to make a plan to minimise risks to the person's safety and wellbeing.

A member of care staff told us, "The supervisor does risk assessments and makes sure care will be delivered safely." The care plans we looked at included premises' risk assessments, related to each individual's home, and guidance for staff in case of emergencies. Care staff told us they were confident that the emergency systems were effective, because, "The supervisor and care manager are usually the ones on call. They are only ever a phone call away." The provider told us, "We are a seven day service. The management team share the on-call rota and are all trained care workers, so any one of us can cover in an emergency. The on-call phone is switched to whoever is on call so people only have one number to remember."

The care plans we looked at included risks assessments for people's health and wellbeing. The guidance for staff described the equipment and number of staff needed, and the actions staff should take to support people safely to minimise the identified risks. A member of care staff told us they always had the equipment they needed and worked with the recommended number of staff, because, "The supervisor or care manager will come out for a double up job at short notice."

One person we spoke with told us, "They stay for the whole hour and they ask if there is anything else." The provider made sure there were enough staff to meet people's needs. The registered manager told us a person's initial needs assessment included making sure they had enough staff, in the right location, and who would be available at the times people wanted. All the people and relatives who responded to our survey told us care and support workers arrived when they were expected and stayed for the agreed length of time. Care staff we spoke with told us they had enough time to deliver all the care and support as agreed and sufficient time for travelling between visits.

We saw the provider's electronic records of the checks they made that staff were suitable to deliver care and support before they started working at the service. The provider checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The two electronic staff records we looked at showed the results of the checks, and confirmed that staff had valid driving licences and insurance and had completed an induction programme. This showed that staff were recruited safely, which minimised risks to people's safety

We saw there was a system to administer medicines safely. The service had not reported any medicine errors in the previous 12 months. One person we spoke with told us they were confident they had the medicines they needed because staff, "Arrange the repeat prescriptions."

Care staff we spoke with told us they felt safe in giving medicines because they had training and they always had a medicines administration record (MAR), which listed each medicine and the times they should be given. Staff told us medicines were delivered directly to people's homes in measured amounts, marked with the time of day and day of the week, which made them feel confident about administering medicines. Care staff told us they had no concerns about medicines, because the MAR sheets were always checked by the next care staff and by the office at the end of the month.

The care plans we looked at included people's MARs from the previous month, which were checked by the supervisor.

Good

Is the service safe?

We saw staff signed and explained whether medicines had been administered, or the reason why not. A member of care staff told us, “Occasionally a person declines to take their medicines. I leave it and try again later or leave a note for their family.” Staff told us they knew which medicines were ‘most important’ because the leaflets about each medicines were in the person’s care plan. One member of care staff told us, “I make sure I give them the most important tablets first. I understand the reasons, impact and side effects of medicines because the leaflets are available.”

Good

Is the service effective?

Our findings

All of the people who responded to our survey told us they received support from familiar, consistent care and support workers. One person responded with, "There is nothing I can add as they give excellent service." All of the relatives that responded to our survey told us that care and support workers had, "The right skills and knowledge needed to give my relation the required care and support."

Care staff told us they had an induction to the service, which included shadowing experienced staff and training. One member of care staff told us they felt confident to meet people's needs. They told us "When I started I shadowed a couple of times because I had experience of caring. If I had been a novice I would have had more shadowing opportunities." The registered manager told us, "One of the managers calls at the person's house to check the person is happy with the new member of staff, before they become permanent or a regular member of the person's care team."

Staff told us the training was effective and improved their understanding of how it felt to receive care and support. One member of care staff told us, "When I had moving and handling training, I went in the hoist, so I know how daunting it feels." We saw the provider's electronic records reminded them when staff were due to attend refresher training and staff told us they could ask for specialist training, according to their interests. The provider was a qualified trainer in end of life care and had delivered training to staff who wanted to specialise in this type of care.

Records showed staff had regular opportunities to discuss their practice or any concerns at one-to-one supervision and appraisal meetings with their line manager. Care staff told us they felt supported and were encouraged to improve their skills and to consider their professional development. Care staff told us the management team were approachable and they were comfortable talking with them at any time. Care staff said, "The management will make time for me, for any concerns I have" and "We are always welcome to come into the office for a chat and tea and to see other staff."

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The registered manager told us they completed mental capacity assessments to check people had the capacity to sign a contract with them. They told us, "If the person does not have capacity we involve their representative, which might be a relative or advocate." The three care plans we looked at were signed by the person or their representative. We saw people signed their consent to care and treatment, unannounced spot checks by a supervisor, medicines administration and to support with managing their finances, where required.

Care staff understood their responsibilities under the MCA. They told us people made their own decisions about how they were cared for and supported. A member of care staff told us, "Not everyone is able to state their needs, but if a person declines support I will move away and offer again later." All the people, relatives and staff that responded to our survey told us the service helped people to be as independent as they could, which included making their own decisions.

People told us they chose their meals and drinks. Some people needed staff to shop for and cook their meals and others only needed support to heat their meals and clear away. People told us, "I do the menu, they cook my meals" and "I like [Brand name] foods. Staff heat them for me." The registered manager told us staff training included food hygiene, nutrition and the consequences of dehydration. One person we spoke with told us, "They always leave me with a drink." We found staff received specialist training from other health professionals for people who needed assistance to maintain their nutrition. Staff kept a daily record of people's dietary intake, and of any other concerns about people's eating and drinking, to make sure prompt action was taken to minimise the risks of poor nutrition.

People told us the care staff supported them with their health needs, and arranged for other health professionals to visit them when required. One person told us the care staff had called the 'virtual ward nurse' for support and advice when they were concerned about their health. A virtual ward is an office based health support service, which manages a person's health needs at home through partnership working between the person, hospital staff, GP, care staff, out of hours and emergency services, via one dedicated phone number and email address.

One person told us staff understood the impact of their condition, were observant for any signs of changes in their

Good

Is the service effective?

health needs and kept a record to share with the district nurse. A member of care staff told us, "When you have a regular round, you get to know people. You know if they are different. I can call a GP if someone needs one, and I let the office know." One care plans we looked at showed the provider and other health professionals worked together to support a person to be in their own home, in accordance with the person's preferences.

Good

Is the service caring?

Our findings

All of the people and relatives that responded to our survey told us the care and support workers were caring and kind. One person we spoke with told us, "They are like an extension of the family."

Care staff understood the importance of developing positive relationships with people and their families. The provider made sure people enjoyed a continuity of care because staff were given a regular round of calls. This enabled care staff to learn about people's needs and abilities and get to know and understand them well. Care staff told us, "I have regular clients, so I can become friends with them and their families" and "When you have a regular round, people treat you like their family."

People told us their care staff were thoughtful and 'went the extra mile'. One person told us, "[Name] often brings me some of her home made cakes." Care staff recognised the importance of making the person feel valued as an individual. One member of care staff told us, "Some of my work is about just chatting to people, a smile and a bit of warmth is what they want. It is a nice experience."

Care staff told us, "You have to read the care plan to check about people's preferred routines. You need to look at the person's whole life to understand them." A live in carer told us they were able to plan their day better because they knew the person's preferences. For example, staff supported the person to, "Get the chores done in the morning so that they can rest in the afternoon." The care plans we looked at included people's current goals and outcomes, which ensured staff understood their purpose in supporting people. Care plans included instructions for staff, such as 'encourage' and promote', to ensure that people understood their options, but made their own decisions.

Care staff told us the supervisor visited new people, created their care plan with them and made the initial visit to make sure the care plan met their needs and expectations. Care staff said, "The supervisor makes the first call and then writes up the care plan" and "When I have a new person, the supervisor attends with me. I meet the family and the supervisor shows me what I need to do." All the relatives who responded to our survey told us their relation was always introduced to new care and support workers before they provided care or support.

All of the relatives and staff who responded to our survey told us that people were treated with dignity and respect. One relative commented, "At all times the staff that attend to my husband treat him with respect and kindness. Well done everyone." Staff told us the provider made sure they understood what dignity and respect meant, because they had training during their induction and the provider's policy and procedures were explained in their handbook. In the care plans we looked at, we saw the guidance for staff was detailed and specific in how to support people to maintain their privacy and dignity during personal care. For example, the guidance included 'check that curtains are closed' and 'use towels', to minimise the risks of compromising people's dignity.

Good

Is the service responsive?

Our findings

People who responded to our survey told us they were involved in decision making about their care and support needs and that the care agency involved people who were important to them in decision making. All the relatives who responded to our survey told us they were consulted as part of the process, with their relative's consent.

Relatives we spoke with told us, "[Named staff] visited and completed the care plan in partnership with [Named relation] and myself" and "They always consult me." People we spoke with told us they decided how they would be cared for and supported. One person told us, "I provide a rota of what needs to be done." The three care plans we looked at included people's preferences for how care and support were delivered at each visit and their likes and dislikes. For example, the actions for staff explained which wrist one person liked to wear their watch on and which days and times another person liked to go out.

People told us the manager listened to their views about how their care and support was delivered and responded appropriately. Three people told us the provider had changed their care worker when they asked them to. A relative told us that when their relative had made a decision, the decision was agreed and recorded to ensure all staff knew about it. Records we looked at showed the manager worked flexibly with people and their relatives to provide the care and support they wanted, within the constraints of their contracted hours and staff's availability.

We looked at three people's daily care records, which described how people were, their appetites, moods and visits from other health care professionals. A member of care staff told us, "The daily records are good. We are encouraged to write a lot, like a diary." Another member of care staff said, "On my days off cover is arranged from another carer. They keep notes about people's moods, what they have done and any concerns, so I know everything I need to know when I come back."

Care staff told us when they reported changes in people's needs and abilities to the manager, they undertook a review straight away. A member of care staff told us, "Whenever I say I need extra time or equipment for a person, it is sorted." The manager told us, "When people's needs change we review their care plan. They may need to sign their consent again, if we need to put in extra support. One person needed support at home from an external health care professional, and additional hours from our staff, to make sure their needs could be met at home." The three care plans we looked at had been regularly reviewed and updated when people's needs changed.

Care staff who responded to our survey told us the managers were accessible and approachable and dealt effectively with any concerns they raised. A member of care staff told us, "I would share any concerns or complaints with the supervisor. I know they would investigate. I have confidence they will sort it out."

The provider told us they had weekly management meetings to discuss issues, including care plan changes. The provider told us, "Decisions are local and immediate. Our business depends on good feedback. It is important for our personal reputation and to grow the business. Most of our new business is by word of mouth."

People and relatives who responded to our survey told us that care staff and office staff responded well to any complaint or concerns they raised. One relative commented, "There have been one or two issues in the last couple of years, but they have been dealt with in a very satisfactory manner."

The provider used concerns and complaints to make improvements to the quality of the service. No formal written complaints had been received, but issues raised by people who received the service, were responded to in accordance with the complaints procedure. One complaint resolution we looked at, showed the action taken to resolve the issue and the agreement made. We saw the manager put a memo in the person's care plan folder to ensure staff understood what had been agreed and acted in accordance with the agreement. The manager told us they had phoned the person to check they were happy with the outcome of their complaint, and the person had been complimentary about the staff's response.

Good

Is the service well-led?

Our findings

All the people and relatives who responded to our survey told us they knew who to contact if they needed to. They told us that the agency asked them for feedback about the quality of the service. One relative commented, "It's an excellent service I cannot fault it. My relation's life has changed for the better since this care company took over his care."

The provider told us, "The most important thing to people and their relatives is continuity of staff and times of calls. We deliver care at agreed times, not within a time period, so we keep staff on the same runs and select staff for the least amount of travel to make sure call times are feasible. If we do not have enough staff in anyone location to deliver care at the time people want, we have to decline the work." Care staff told us, "Our arrival time and everything we do is recorded and signed off by the person or their relative", which meant the manager could be confident that people received the care as agreed.

Care staff told us they learnt about the provider's whistleblowing policy and procedure during their induction, and it was explained in their handbook. Care staff who responded to our survey told us they would feel confident about reporting any concerns or poor practice to their managers. Care staff we spoke with told us, "If I have any problems I can talk about it with them" and "It is really in-depth care."

All the staff we spoke with told us the provider and management team were available and approachable when they needed them. Staff knew that the whole management team had first-hand experience of working face to face with people and respected their experience.

Care staff shared the provider's vision and values. Care staff were motivated and supported to deliver a quality service because the management team acted as role models. Care staff told us the management team had an understanding of, and empathy with staff. Care staff said, "I love it. This is the best company to work for" and "I am very proud to work for them" and "They are brilliant to work for. We really are like a family."

Care staff who responded to our survey, and care staff we spoke with, told us they had all the information they needed. Care staff came into the office every week to bring in their signed timesheets and collect gloves, aprons and their rota for the following week. Care staff told us, "It is an opportunity to have a chat" and "We also get information by text, for example, about cancellations, changes in medicines or working with other staff."

The provider's quality assurance process included checking that people were satisfied with the quality of their care and support. The provider told us, "We have three-monthly quality questionnaires and care plan reviews and re-assessments." We saw records of feedback the provider had obtained from people, by telephone, by face to face visits and by questionnaires.

People were asked if they were satisfied with the time and duration of their calls, their carers' attitude and whether they wanted any changes made.

We saw 42 out of 49 people responded to the questionnaires, which showed people were happy to give feedback to the provider. Most people were very satisfied with the service. Where people had expressed any dissatisfaction, the manager had responded promptly. The manager had arranged to meet one-to-one with those respondents, to review their care plan and discuss and agree how to improve their satisfaction. Care staff told us, "People and colleagues and the management team tell us when we have done a good job."

Care staff told us the management team conducted unannounced checks (spot checks) to make sure staff delivered the service as agreed. A member of care staff told us, "They check we are wearing our uniforms and ID badges, no jewellery, hair is tied back and wearing gloves and aprons." Staff told us the supervisor explained any errors or oversights and good practice straight away and checked with the person if they were happy with their care. The provider told us, "We have built close working relationships with people. I can call in unannounced on a social call with some people. I get to hear about issues before the survey goes out."

The provider information return (PIR) told us of the provider's plans to improve the quality of the service through investment in staff skills and computer software. At the time of our inspection we found they had begun implementing their plans.

The manager showed us the software programme they had recently introduced to improve data management. The software enabled them to organise rotas according to people's locations, needs and preferences, matched to

Good

Is the service well-led?

staff's gender, skills and hours available. The manager told us, "The programme ensures staff are matched to people appropriately." The manager told us they would extend the use of the software to support their quality monitoring process of call times and supporting staff.

The provider told us all staff had dementia awareness training, so they understood the causes of dementia. The provider had attended a local dementia support group training session, about how to care for a person with dementia, to assess its value for staff. The provider told us, "We have now arranged some training sessions with the group for staff and have invited people's families along to share the training free of charge."

The provider told us they recognised good practice and outstanding care by individual staff with a discretionary bonus scheme, which showed their appreciation of staff's loyalty, and to assist in retaining staff. The provider told us, "At our monthly management team meeting we discuss which staff have 'gone the extra mile' and deserve a bonus payment." Six members of care staff had been awarded under this scheme in the previous 12 months.