

Flamelily Independent Living Ltd

Flamelily Independent Living

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

What life is like for people using this service:

There were no clear auditing systems meaning that the registered manager did not have full oversight of the service. Errors and omissions in records had not been followed up and pre-employment checks were not always completed correctly.

Most staff had been trained and checked for competence in administering medicines.

Staff completed induction training courses however we received negative feedback from staff about the online training system.

The service was developing at a steady rate, taking on new care packages only when there were sufficient staff to do so. However, the registered manager and care coordinator had to step in to cover care calls if staff were unwell as there were not enough care staff to cover absences.

Some care plans were not person-centred and lacked detail that would enable staff to complete care tasks as people preferred. People were happy with the care they received and had forged positive relationships with their care staff.

Consents were sought by the provider and staff before care was delivered and people and their relatives told us they received respectful care that maintained their dignity.

We received positive feedback from people and staff members about the registered manager and care coordinator.

More information in the detailed findings below.

The service met the characteristics of good in most areas.

Rating at last inspection: This is the first inspection of Flamelily Independent Living since they registered with the Care Quality Commission to provide services in November 2017.

About the service: Flamelily Independent Living is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 17 people.

Why we inspected: This was a scheduled inspection to assess the quality of the service during their first year operating.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to

monitor information we receive from and about 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?

The service was not always safe

Details are in our findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our findings below.

Good ●

Is the service caring?

The service was caring

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

Flamelily Independent Living

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection team consisted of two adult social care inspectors 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 service.

Service and service type: Flamelily Independent Living is a domiciliary care service. Staff deliver personal care support to people living in their own homes. Services are provided to both younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. We visited the office location on 13 November 2018 to speak with the registered manager and to review care records and policies and procedures.

What we did: Before the inspection we checked information that we already had about the service. We

looked at notifications from the provider. Notifications are specific events that the provider is required to tell us by law. When we inspected we had not received any notifications from the provider. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection.

During the inspection we spoke with staff, reviewed five staff recruitment and supervision files, six care records and records relating to health and safety, safeguarding and other aspects of the service. We spoke with three care staff, a care coordinator, the registered manager and a director of the service. The expert by experience spoke with seven people who were supported by staff from the service. We contacted seven health and social care professionals for feedback about the provider.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. People we spoke with felt safe and did not raise concerns about how safely they were cared for. One relative, when asked if they thought the service was safe told us, "Safe, yes. They come three times a day. On time and consistent". Another relative told us, "We feel safe yes. They always walk behind him to make sure he's ok... No accidents or falls. Definitely trust them".

Supporting people to stay safe from harm and abuse

- ☐ The provider had a safeguarding policy and procedure. The procedures had been suitably updated with service specific information and were available to staff and people using the service.
- ☐ There had been no safeguarding alerts made at the time of our inspection however the registered manager understood what action they should take if concerns were noted.

Staffing levels

- ☐ Recruitment procedures were not always thorough and a recent independent audit commissioned by the provider had identified missing documents in staff recruitment files. The registered manager had made efforts to update records so they met with current best practice, for example, references they had taken by telephone had now been supported with written references.
- ☐ Disclosure and Barring Service (DBS) checks had not always been completed if staff had had recent checks completed in previous roles. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The provider sought DBS checks for staff who had been in post for three months or at the point of recruitment for people who had no recent check.
- ☐ People told us there were not always enough staff to support them. When asked if there were sufficient staff one person said, "No not enough staff when people are sick they haven't got enough flexibility to cover it". In these situations, the registered manager or care coordinator would cover the care call.
- ☐ The provider had recently recruited additional staff and as they increased the size of their team they increased the number of care hours delivered. The provider was careful in not overstretching the service.

Assessing risk, safety monitoring and management

- ☐ Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included risks due to health and support needs of the person including falls, infection control and fire. However, risks assessments were not in place to manage possible hazards in people's homes. Risks such as floor coverings that could be trip hazards and appliances that may be used by staff should be considered and risks minimised.. We identified further work was required to minimise avoidable risks to people and staff.

Using medicines safely

- ☐ We identified some areas for improvement around medicines. There were medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines. They told us their independence was respected and that they managed their own medicines where possible.
- ☐ There were up to date policies and procedures in place to support staff and to ensure that medicines

were managed in accordance with current regulations and guidance. However, on some medicine administration records (MAR) there were missing signatures. The MAR chart provides a record of which medicines are prescribed to a person and when they are given. Staff administering medicines are required to initial the MAR chart to confirm the person has received their medicine.

- ☐ The medicines care plans and MARs did not contain any guidance or information to support the administration of "when required" (PRN) medication. This meant staff did not have access to information to assist them in their decision making about when such medicines could be used, for example if people were in pain.
- ☐ Risk assessments were not in place to support staff to administer medicines safely and in a person-centred way.
- ☐ Staff had received training for the safe handling of medicines. However, records did not evidence that all staff had received an annual assessment of their competency to administer medicines in line with best practice guidance and the provider's policies and procedures. The registered manager told us about 80 percent of staff had been assessed that they were competent to administer medicines.

Preventing and controlling infection

- ☐ Staff had received training in infection control and had ready access to personal protective equipment (PPE) supplied by the provider, such as disposable gloves and aprons.
- ☐ The provider had made arrangements for staff to use shoe covers to minimise potential contamination and soiling of people's carpets.

Systems and processes

- ☐ The provider had a system of assessing and regularly reviewing people and their care plans and provided regular supervisions and spot checks for staff.
- ☐ Some systems and processes could be improved. Further details are in the well-led section of this report.

Learning lessons when things go wrong

- ☐ The registered manager reviewed accidents and incidents and, once investigated, put actions in place to minimise future occurrences.
- ☐ The provider had recently introduced staff meetings and at each meeting, everyone supported by the service was discussed and discussions held as to how best to support them.

Is the service effective?

Our findings

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on best available evidence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ Peoples needs were assessed before the service commenced supporting them. This assessment was used to form a basic care plan which was updated as the provider learnt more about the person.
- ☐ Some care plans were not person-centred. The registered manager showed us examples of more recent care plans which were holistic and included person-centred information such as how many pillows a person preferred to sleep on. Most care plans however remained in a less detailed format. The provider was working to update care plans to the more detailed approach.

Staff skills, knowledge and experience

- ☐ A comprehensive selection of training courses was available to staff members through an online training provider. We saw records that showed that staff had completed most of the available courses including safeguarding, fire safety, duty of care and dementia training. One staff member told us they felt that the training could be improved and thought the online courses were brief.
- ☐ In addition to online training, the provider arranged face to face practical training for areas such as moving and handling and first aid so staff could learn the physical techniques in addition to the theory learned online.
- ☐ Staff received regular supervision with a member of the management team. Spot checks were also completed by the registered manager and the care coordinator to ensure staff were correctly dressed, wearing ID badges and that they worked with people in a positive and person-centred manner while delivering care.
- ☐ Annual appraisals had not yet taken place for any staff due to the service being relatively new. Some staff were approaching a year in post and would participate in an appraisal at that time.

Eating, drinking, balanced diet

- ☐ Some staff had completed training on nutrition awareness. The service supported people with a range of nutritional needs including PEG feeding. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a tube. Staff told us, "[Person] is peg fed. We are trained to do flushes and feeds. We use gloves and aprons... Meds are via the peg three times a day".
- ☐ Peoples nutritional preferences and dietary needs were reflected in some care plans. Staff supported people to meet their nutritional needs.
- ☐ One person told us, "The carers do my meals three times a day. My daughter does my shopping and gets ready meals in. They leave me drinks. I choose my meals. I feel I'm very well looked after. Foods always the right temperature. I've always got water and fruit juice. What they do is sufficient for my needs they never rush me. I'm very pleased I've got them here they're like family to me".

Staff providing consistent, effective, timely care

- The registered manager adapted the support provided to people to ensure their needs were consistently met. One person living with dementia needed to be supported as soon as they woke up in the morning however this happened at different times depending on when it got light in the morning. The registered manager ensured that visits to that person were earlier in the summer and later in the winter to maximise the visits that met the person's needs as they would often go out as soon as they awoke.
- The registered manager and care staff recognised when the care they provided was no longer the most appropriate care for people. The registered manager had involved health and social care professionals to address people's changing needs so they could be moved to a more suitable service.
- People told us, "The managers come in quite often to make sure I'm alright we have lots of chats. My care plan is ongoing". A relative told us, "He's got an ongoing care plan. They're really good as, at the moment, there's something changing every couple of weeks".

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 Act 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.

- Staff completed training in the MCA and told us they would ask permission before supporting people.
- People's care files contained some signed consents however these were not always signed by the person receiving care and supporting documents such as lasting powers of attorneys were not retained. A lasting power of attorney (LPA) is a way of giving someone you trust, the legal authority to make decisions on your behalf if you lose the mental capacity to do so in the future, or if you no longer want to make decisions for yourself. In one instance the registered manager told us that a person's spouse insisted on signing even though the person had capacity. In another care file, a partner had signed on behalf of the person as they could no longer physically sign the consent. We recommended adding a note to explain why the person did not sign themselves.
- People felt involved in their care, they met the registered manager approximately every two weeks and could change their care arrangements as they wished.

Is the service caring?

Our findings

The service involves and treats people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- ☐ A relative told us, "They provide personal care, they talk her through everything. The first thing they do is always greet her with a hello [person], how are you today?"
- ☐ We saw feedback from another relative that described the service they had received for their late relative as, 'just brilliant. Kind, friendly, respectful, compassionate and reliable carers with excellent communication'. They were also touched that the registered manager had stayed in contact while their relative was in hospital and had attended their funeral.
- ☐ A staff member told us that the registered manager had taken a person to the hospital to visit their spouse after they had become unwell. They had not been asked to do this but took the person there in their own vehicle and remained with them for about three hours so they had plenty of time together. The staff member told us that the registered manager "really cared".

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

- ☐ Staff supported people who had varying communication needs, from people living with dementia to those using communication aids such as letter boards. Staff also took time to get to know people well so they could speak to them with familiarity and people were comfortable communicating with staff.
- ☐ Most people we spoke with told us they had 'ongoing' care plans. The registered manager visited them to discuss the care they received and if changes could be made to better meet their needs the registered manager would implement them.

Respecting and promoting people's privacy, dignity and independence

- ☐ One person who used the service told us, "I'm disabled. They provide personal care, I'm very happy. They certainly do ask permission to do things. I feel I'm very well looked after, she [care worker] sits and helps me. They're caring and kind and understand my needs".
- ☐ A relative told us, "Definitely person-centred. They always ask before they do anything. They're definitely good with his privacy and dignity, always keep him covered. He would tell me if he wasn't happy. They're caring, kind and compassionate".
- ☐ Staff received training in delivering person-centred care and as a result of staff having regular people to support they could get to know people's preferences about care provision.
- ☐ Care records were stored in a locked cabinet in the providers offices. They were accessible only to authorised staff.

Is the service responsive?

Our findings

People received personalised care that responded to their needs.

Personalised care

- ☐ Care plans were not always person-centred however the registered manager showed us a recently completed plan which was in a revised format and more person-centred. The provider was working towards updating all care plans in the new format.
- ☐ Though care plans did not hold sufficient information about people, staff had forged positive working relationships with people and had learned a great deal about them enabling them to deliver more care in a person-centred way.
- ☐ The registered manager knew the people supported by the service very well. Throughout the inspection we asked them for information and though this was often not recorded, the registered manager was able to answer all our questions about people. We recommended that the registered manager record all information about people as in the event they were unable to work, that information would not be available to staff.

Improving care quality in response to complaints or concerns

- ☐ People told us that the management team would address concerns raised with them. One person told us, "I can talk to the managers if I'm concerned about anything I'm sure they'd sort it out but I've got no complaints I'm very happy". A relative told us, "I could talk to the managers if there were any problems and I think they would sort things quickly. I trust them".
- ☐ Complaints had been dealt with in a timely and effective way. Simple solutions were sought for issues such as minimising staff footprints on people's carpets by providing shoe covers. Other concerns were dealt with before they became complaints.

End of life care and support

- ☐ At the time of our inspection the service was not providing end of life care to anyone. The provider had a policy and procedure for managing end of life care and enabling people to have a dignified death. When providing end of life care, the provider worked with other professionals such as district nurses and GP's.

Is the service well-led?

Our findings

Leadership and management assure person-centred, high quality care and a fair and open culture at all times. Relevant records and audits had not been maintained.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ The provider did not have robust auditing systems in place and we found only two records of medicines audits. The registered manager had intended to complete more checks but had not had the time.
- ☐ Audits had not been completed for other aspects of the service. Recruitment records had been incomplete and care files had not been checked to ensure all relevant information was contained. Care plans did not all contain sufficient person-centred information. Having a robust auditing system would have identified these omissions and action could have been taken to rectify concerns sooner.
- ☐ An external audit was completed by a consultant in September 2018. The audit had found some of the same concerns that we found at inspection and the registered manager had begun to take steps to address areas such as recruitment documentation. They had also commenced working on an action plan to address areas of concern in the service.
- ☐ When we inspected, all administrative tasks were being completed by the registered manager and care coordinator. The provider had recently employed a staff member to complete some of these tasks which will enable the registered manager to focus on the governance of the service.
- ☐ People and staff gave positive feedback about the registered manager and care coordinator who were also directors of the service. Staff told us they supported them both at work and if they had problems in their personal lives. People told us they were approachable and listened to their comments.
- ☐ The registered manager had a clear understanding of the people they supported, they were responsive to changes in people's needs adapting care plans regularly and understanding which staff members worked well with which people. Due to the service being quite small with few staff, the registered manager often had to complete care calls which meant that some management tasks were not always completed such as audits.

Plan to promote person-centred, high-quality care and good outcomes for people

- ☐ The registered manager told us about meetings he had arranged on behalf of a person the service supported. The person was living alone with dementia and had become vulnerable as their condition had progressed, the registered manager had sought a meeting to discuss them moving to more suitable accommodation such as a care home for their own safety.

Engaging and involving people using the service, the public and staff

- ☐ People told us they were encouraged to comment on their care plans and feedback to the management team. One person told us, "I had an assessment the care coordinator came and the managers. They come often to check everything's ok. I've got emergency numbers on my folder". The manager visited people local to the office every two weeks and people living in the New Forest area every month. The frequent visits enabled people to get to know the registered manager and care coordinator and feel comfortable when discussing care and any concerns.

- The provider had recently sent quality assurance questionnaires to people. When we inspected feedback from the questionnaires had not been received.
- Staff were positive about the support they received from the management team and told us they could speak with them about anything and they were always available to them for advice and support.

Continuous learning and improving care

- An electronic care recording system had been purchased by the provider and when we inspected was being loaded with information about people and their care needs. The system will generate rotas as well as contain care recordings and details of support delivered.
- As the service develops and grows, the registered manager has plans to recruit to the registered manager position and was intending to consider whether a satellite office in the New Forest area would be beneficial to the service.
- Currently the provider is not a member of any care provider groups. We recommended linking up with local groups as a means for the registered manager to stay current in their knowledge of social care.

Working in partnership with others

- The provider had successfully sought contracts with local health authorities and the county council.
- A recent complaint was being investigated by the local safeguarding team and the service was cooperating with them and with the Care Quality Commission to address the alleged issues.