

Courtcare Flexi Ltd

# Courtcare Flexi

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### 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 five children and 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

Risks associated with people's care were not always assessed and there was limited guidance for staff on how they should provide safe care which mitigated known risks. Young people who showed distressed behaviour did not always have a detailed positive behaviour support plan in place. Training for staff who were involved in physical intervention was not always up to date or specific to young people. Improvements were made recently to the medicine administration chart and needed to be embedded in practice.

Care records were not always person centred in how they were written, and some language required reviewing. Staff recording of daily notes and incidents also included some language which was not person centred.

Quality assurance processes were in place covering key aspects of the service but some were not documented.

Safe recruitment processes were followed. Systems were in place to safeguard people from abuse. Staff participated in COVID-19 regular testing and followed infection control processes. Lessons were learned when things went wrong.

The staff team had a good understanding of people and their support needs. Staff received training for their roles in order to meet the needs of the people being supported.

Staff were caring in their approach and had formed good relationships with the young people and young adults they supported, as well as their parents. Staff maintained the dignity of the people they supported and promoted their independence.

The registered manager was also the provider and they were keen to provide a good service and drive improvements where needed. They were aware of their legal responsibilities and were supportive of the inspection process. Relatives knew how to make a complaint.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

- Young people, young adults and their families were provided with support which offered choice and promoted independence.
- The care provided promoted the dignity, privacy and human rights of the young people and young adults being supported. Feedback confirmed the care was person-centred although improvements were required to the documentation to reflect this.
- The management team promoted a positive culture and were in regular contact with families for feedback.

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

This service was registered with us on 12 November 2018 and this is the first inspection.

#### Why we inspected

The inspection was prompted in part due to a complaint received regarding aspects of a package of care. The service had not had an inspection due to the pandemic so remained without a rating. A decision was made for us to undertake a full inspection of the service.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

## 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.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

**Good** ●

### Is the service caring?

The service was caring.

**Good** ●

### Is the service responsive?

The service was not always responsive.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

**Requires Improvement** ●

# 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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. 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).

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 20 April 2021 and ended on 23 April 2021. We visited the office location on 21 April 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

#### During the inspection

We spoke with the parents of four young people and young adults who use the service. We spoke with nine members of staff including the registered manager, deputy manager and seven support workers.

We reviewed a range of records. This included five people's care records and one medication record. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance documents, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included looking at staff training data and updated care records.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Care records did not always include risk assessments 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). Support plans did not always include sufficient guidance to inform staff of how to provide safe care which reduced known risks.
- There was limited positive behaviour support planning for young people who showed distressed behaviours. This meant staff did not have 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.
- The registered manager responded immediately when these issues were brought to their attention and started to review and develop their care records. Parents were happy with how risks were managed by support staff and we did not find there had been any negative impact caused to people using the service.

### Staffing and recruitment

- Staff who were involved in physical intervention as a last resort did not always have suitable or up to date training. Staff had received some training but it was not always specific to working with young people with learning disabilities. The registered manager explained there had been delays in arranging this training due to the period of lockdown.
- Safe recruitment practices were followed. This meant checks such as with the Disclosure and Barring Service (DBS) were carried out to ensure staff had the right character and experience for their roles.
- When any staffing issue was identified the registered manager took prompt action to follow appropriate disciplinary and human resource processes.
- Staff levels were sufficient to meet the needs of the people receiving support.

### Using medicines safely

- The medicine administration record (MAR) was not always completed in line with best practice. For example, there were unexplained gaps and information about the medicine and their administration was not recorded fully on the chart. This had been identified by the registered manager through their audit process. An updated MAR chart had been put in place and needed to be embedded in practice.
- Staff administered prescribed medicine to one young person and were trained to do so.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse and knew how to follow local safeguarding protocols when required.
- Staff had received adult and children safeguarding training. They knew how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.
- Relatives told us they felt their loved ones were safely cared for.

#### Preventing and controlling infection

- Regular testing took place for staff to reduce the risk of the spread of COVID-19.
- Parents provided positive feedback about the use of personal protective equipment (PPE) by support workers. Staff confirmed they had plenty of PPE.

#### Learning lessons when things go wrong

- The registered manager and deputy manager undertook a weekly review of any accidents or incidents and ensured all follow up action had been taken.
- A culture of learning lessons when things went wrong or a complaint had been received was in place. We saw a form which was used to review any complaints included a section to record lessons learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was limited information in care records about how people's diversity needs including cultural, religious or spiritual needs were supported or met. However, the registered manager told us they considered these needs when matching support workers with young people. For example, a support worker was matched to a family who spoke the same first language, and another young person received support from a worker of the same religion. The registered manager confirmed they would review care plans to include this information.
- There was some consideration in the care plans of people's oral care needs and the registered manager planned to develop this further.
- People had their care and support needs identified and assessed before any care took place. This ensured there were sufficiently trained staff to provide the care and support required.

Staff support: induction, training, skills and experience

- Staff received an induction when they joined the service and completed a programme of mandatory and refresher training including safeguarding, infection control, equality and diversity. Staff told us they felt well trained for their roles.
- Staff usually received specialist training to meet the particular needs of people they supported. For example, some staff had received training in how to safely manage PEG feeding or epileptic seizures. Staff told us they were not asked to do tasks they had not been trained for. Staff who undertook any physical intervention required updated specialist training, to be arranged as soon as lockdown restrictions eased.
- A programme of regular supervision and annual appraisals were in place. Staff felt supported in their roles and we saw staff were encouraged to complete personal development plans. One staff member had recently gained a place at university and felt the registered manager had been very supportive of this process.

Supporting people to eat and drink enough to maintain a balanced diet

- Most children and young adults were able to eat and drink independently and we saw information in care plans about their preferences and abilities.
- When people received their nutrition and hydration through a PEG, staff completed monitoring charts to ensure safe practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked with other agencies to ensure people received consistent care. For example, one young adult benefited from body massage due to stiff joints. The support worker joined the primary carer when they received training from a physiotherapist so they could support the person in this area.
- When young people and their families had health appointments or other commitments, the registered manager was flexible in re-arranging visits. This provided additional support to families when needed.

#### 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.

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 adults 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. All of the people receiving packages of support involving personal care were children or young adults with physical and/or learning disabilities who lived at home with their parent(s). We checked whether the service was working within the principles of the MCA.

- Care records contained signed consent from a parent for the package of support.
- The staff team understood the principles of the MCA and supporting people to make choices.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives were happy with the care their loved ones received. They told us their sons and daughters had formed good relationships with staff they trusted. One relative told us, "The carer we have just now, I wish I could keep them forever and ever. I have a lot of trust in them, they are like another parent figure and have blended in with my family."
- The registered manager, deputy manager and staff team valued the people they cared for and knew them well. One staff member said, "I have got to know the young people so well. I miss them if I take a week off." Another said, "I am passionate about the young people I support and wanting them to get a good service."

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

- Care plans were prepared in conjunction with parents where the young people and young adults being supported were unable to express their views. Parents told us management staff were often in contact with them to check the package of support continued to meet the needs of the person being supported.
- Care records contained information about the routines and preferences of people being supported.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their dignity and privacy. For example, when supporting with personal care tasks, one staff member told us, "I make sure the door is closed and curtains are drawn." One parent told us, 'Oh yes, staff are very aware, they are always covering [person's name] up, giving them privacy. Staff are very good with that.'
- Staff promoted the independence of the young people they supported. One staff member told us, "One young person was anxious about going out, other than on school transport. We have started to go walking outside, [person's name] is so happy. I feel proud in myself we have tried to overcome the barrier about going out. I feel happy that parents are happy." Another staff member explained, "We prompt [name] to dry themselves, brush their teeth, put the dishes in the kitchen and so on. We are trying to promote their independence and help them learn."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The language used in care planning documents was not always person or child centred. At times wording was not appropriate for the needs of the young people being supported and was not sufficiently detailed. For example, a support plan for one young person stated, "I can get aggressive. I am not very patient. I have no social interaction skills." The registered manager began work immediately on making improvements to the language and level of detail when this was brought to their attention.
- Staff did not always use person centred language when they recorded daily notes or incident forms. The registered manager confirmed they were aware of this and had plans to support staff make improvements.
- Although feedback confirmed staff were usually consistent and reliable, one young person had experienced several changes to their support worker which was unsettling for them. The registered manager was aware of the impact of this situation and explained the circumstances.
- People had support plans which set out different aspects of their care and support needs.

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.

- Care plans contained limited information about the communication abilities, preferences and needs of the young people and young adults being supported.
- The registered manager understood the need to make information available in accessible formats where needed, for example, easy read, child focused or using sign language.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place so complaints could be dealt with formally.
- Relatives told us they were aware of how to make a complaint if needed. One relative said, "I have a complaints form in the house. I don't need it, but I have it."
- 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

would ensure appropriate training was provided if this type of care or support was required at a future time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had a quality assurance planner in place and held records of some, but not all, audit processes. For example, the registered manager and deputy manager held a weekly review of incidents and undertook daily checks on notes recorded by staff, but these were not documented. Logs of communication with agencies and professionals were also not always recorded. By the end of the inspection the management team had started to implement improvements to these processes.
- Audit processes had picked up on some of the issues we found in the inspection. For example, the improvements needed to the MAR chart. Care file audits had not identified the improvements needed. For example, care plans were in place but did not always contain sufficient assessment of known risks or provide enough guidance to staff on how to provide safe care. The language used in care planning records was not always person centred and the recording of care review processes needed to be strengthened.
- The registered manager and staff we spoke to understood their role and responsibilities to people using the service. Policies and procedures were in place to support this practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the support provided by the management team. One staff member told us, "Management are supportive, if I have any issues I feel I can call them and they will tell me what I should do." Another staff member said, "So far so good. The managers are fantastic, they are supportive, they are always available, 24/7 on call."
- Relatives confirmed there was always management support available when needed. One relative said, "It is well run, I can't fault them. [Management staff] pop in for reviews and they check in on me. They are only one phone call away. They are very good. I have high praise for them." Another relative told us, "[Deputy manager] calls me very regularly, sometimes visits to check staff. Even if there is nothing I need to speak about, they call."
- Spot checks were regularly undertaken of staff during their support visits to check their practice and offer advice or guidance where needed.

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

- The registered manager was aware of their responsibility to be open and honest when something went wrong. They were aware of the need to inform the local authority and submit notifications to the CQC when required.
- Relatives told us they had confidence any issues raised with the management team would be dealt with promptly and appropriately.

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.
- Team meetings took place regularly. Comprehensive minutes were prepared and staff confirmed these were circulated so staff could review if they were unable to attend. We saw a range of subject areas were covered recently, for example, testing for COVID-19, training courses, policies, plans for community involvement.

Working in partnership with others

- The registered manager was supportive of the inspection process and keen to take on board feedback to drive improvements to the service.
- The registered manager was in the process of establishing links with schools so that more joined up working and consistent care provision could be provided to the young people and young adults receiving care and support. Additional support was provided to some young people when their schools closed during the period of lockdown.