

Connect 2 Flexicare Limited

Connect 2 Flexicare Head Office

Inspection report

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Date of inspection visit:
27 March 2023
28 March 2023

Date of publication:
02 May 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Connect 2 Flexicare Head Office is registered to provide personal care and support to people in their own homes. At the time of our inspection there were 16 people being supported by the service. The service is also registered to provide the regulated activity of treatment of disease, disorder or injury. However, at the time of the inspection this activity was not carried out.

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

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. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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. However, we have made a recommendation about records relating to decisions made in people's best interests.

We had some concerns about the provider's compliance in reporting certain events to us. However, we fully explored this and found the provider demonstrated an understanding of what and when needed to be reported to us. However, we have made a recommendation about records relating to decisions about safeguarding concerns.

People and their relatives were treated with dignity and respect. Staff were described as kind and caring. Comments from relatives included, "Their kindness and affection extends to us as a whole family, they are just so personal" and "The main group of carers we have are really good and caring, they have [name of person] best interests at heart."

People were supported by staff who were recruited safely and had training to meet their needs. Relatives told us they and the person being supported felt safe with the staff. One relative told us, "They have really respected our need for a core team of the same staff. It is so important that [name of person] has consistent care because it could affect her life and prognosis and they've done that and kept it up for 2 years. They're excellent. No, I can't think of anything I'm unhappy with."

The service worked well with other social and healthcare professionals and promoted individual rights of people. One relative told us, "The management of the service do listen and the react immediately." Another relative told us, "I honestly can't praise them enough. Sometimes there'll be an emergency and they deal with it brilliantly and are so flexible. If we have meetings, they are always done in a personal way and they

always listen to us."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 March 2018).

Why we inspected

We received concerns in relation to staff training and competency. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Connect 2 Flexicare Head Office

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

The inspection was carried out by 1 inspector and 1 Expert by Experience made telephone calls to people and their relatives. 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 houses and flats. The service is also registered for supported living, however, at the time of the inspection this service type was not active.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be

sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 March 2023 when we requested initial information from the service and ended on 31 March 2023. We visited the location's office on 27 and 28 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 3 office staff. We checked a range of required records. These included care plans, staff personnel and training records, a sample of policies, procedures and other guidance, audits, observations of staff practice and medicines administration records. We spoke with 7 relatives. We received written feedback from another relative.

Emails were sent to all staff inviting them to provide feedback to us. We received responses from 26 staff. We contacted community professionals who are involved in the care of people who were supported by the service and received 3 replies.

Is the service safe?

Our findings

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

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

Using medicines safely

- People were supported with their prescribed medicines when needed. The level of support was detailed in each person's care plan. People who had support told us they thought the staff did this safely and with dignity.
- Staff were trained, and their competency assessed to administer medicines. A medicine administration policy was in place to support staff practice.
- Staff maintained records of when they had given people their medicines.
- People received support from staff to make their own decisions about medicines wherever possible.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and their relatives told us, "We've never had an incident where she feels unsafe" and "They [staff] are very patient and thoughtful of what she needs with her care. They always clean her [feeding tube site] on time and never leave anything."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Risk assessments were in place to reduce the likelihood of injury or harm associated with moving and handling, falls prevention, home environment, and medical conditions, where applicable. This included ventilation risk assessment and choking risk assessment as examples.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- People were supported by staff who had been checked to see if they were suitable to work with them. All new staff were subject to a Disclosure and Barring Service (DBS) checks which provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. In addition, any new staff from overseas had written confirmation from their country of origin criminal intelligence unit of no convictions held.

- The provider had systems in place to ensure people received support from a small team of staff. Staff told us they were always introduced to a new service user prior to supporting them.

Preventing and controlling infection

- People were supported by staff who had received training and knew how to prevent the spread of infections.
- Staff used personal protective equipment (PPE) effectively and safely.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared 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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported by staff who had a good understanding of how to promote their decision making.
- We found people's mental capacity was only assessed when required. We found improvements were required to ensure the service recorded people's ability to consent to safety measures which restricted their movement. For instance, people who had lap belts and bed rails did not routinely have a separate mental capacity assessment for each restriction. We discussed this with the registered manager who confirmed people's verbal agreements to lap belts were sought and agreed improvements in record keeping were required.

We recommend the provider seeks guidance from a reputable source on record keeping around people's ability to consent to care and decisions made in people's best interest.

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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff had access to up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills.
- People had their care needs reviewed to ensure any changes were communicated to staff supporting them.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction period which included shadowing a more experienced care worker and training.
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of individual supervision, appraisal and recognition of good practice. Staff told us they felt supported in their role.
- Staff could describe how their training and personal development related to the people they supported. Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice.

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

- People's dietary requirements were recorded in their support plans, for instance, specific information about people's percutaneous endoscopic gastrostomy (PEG) regimes were clearly documented. A PEG is used for supporting people with nutritional intake who struggle or cannot take food orally.
- Information about any risks to people when eating was recorded.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People were able to eat and drink in line with their cultural preferences and beliefs.

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

- The service worked well with external healthcare professionals. Feedback from three professionals confirmed a good working relationship and described the management as "open and honest." The feedback we received confirmed the service was person centred and supported people with their aspirations.
- People were referred to external healthcare professionals when needed. For instance, occupational therapy for adaptations to the home and speech and language therapy when concerns were noted about choking risks.
- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

Is the service well-led?

Our findings

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

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

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

- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse.
- We discussed statutory notifications with the registered manager as we were concerned, we had not been made aware of all events. However, we were provided with reassurances and explanations. We found records relating to decisions about notifications could be improved.

We recommend the provider seeks advice from a reputable source on ensuring records consistently reflect decisions made about safeguarding concerns.

- The registered manager had a very clear goal for the direction of the service. They had recently employed additional management staff to support with improvements to the service.

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

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Relatives told us they knew who to speak with. Comments included, "I'm quite happy to speak up if something's not right" and "We can speak to whoever is on call whenever we need to, anytime."
- Managers promoted equality and diversity in all aspects of the running of the service.
- Most of the staff felt able to raise concerns with managers without fear of what might happen as a result. We received feedback from two staff who felt less supported. We have asked the registered manager to ensure staff have clear communication channels open to them.
- The registered manager sought clarification from us about the requirements to meet the duty of candour regulation. We provided this and during the inspection we were provided with evidence of how the service complied with the regulation.

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

- People and their relatives felt involved in decisions about their care. One relative told us, "I'm completely

involved." People were sent surveys to ask for feedback. The service collated the feedback and acted upon this to help improve the service provided.

- 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 had individual communication plans which detailed effective and preferred methods of communication.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication.

Continuous learning and improving care; Working in partnership with others

- The registered manager had identified areas of improvement required; these included the areas where we found improvements were required. For instance, record management.
- The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.
- The service made timely referrals to external professionals and acted upon their advice or direction to support people to maintain their independence.
- The service had a complaints procedure in place. People and their relatives told us they would not hesitate to contact the service to raise concerns. We found complaints were responded to in a timely manner.
- Staff felt able to contribute to changes within the organisation.