

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Flexi Care South Midlands is registered to provide personal care to younger and older people, as well as people who have a mental health illness, physical disability, sensory impairment or a learning disability. Care and support was provided to people at prearranged times who lived in their own home. At the time of this inspection visit, Flexi Care South Midlands supported 31 people who received a regulated activity. Care calls ranged from 30 minutes to one hour in duration. Four people received care 24 hours of the day, seven days a week.

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

People and relatives spoke positively about the service they or their relative received. People and their family members said they felt safe when staff supported them and their support for most of the time, was provided by a consistent staff team. People who received 24/7 support, had the same staff stay with them for several weeks to ensure continuity of care was maintained.

People told us staff for the most part, arrived on time and stayed for the agreed required time to support them. However, some people said they were not always informed if staff would arrive later than planned however, they all said their calls were completed. The manager agreed to follow this up with staff.

People were safe because staff were recruited safely. Staff and the provider knew how to keep people safe and protected from abusive practice by referring to the relevant agencies. Staff received training to help them meet people's needs and when people's needs changed, staff responded to those needs. For people who had complex health conditions, staff were trained so they knew how to care for them to meet their needs.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19 and other infections. People and relatives said staff wore PPE throughout their care calls.

People's plans of care were detailed and accurate for staff to provide safe care. Reviews were completed to ensure staff continued to provide consistent care.

Risks related to people's care were recorded and where required, risks were specific to certain people's health or individual circumstances. There were instructions for staff to follow to manage those identified risks and people's plans of care were personalised.

Staff's knowledge of how to support people was consistent with people's care records and what people told us. Care calls were managed well and staff were matched to people's preferences, such as gender choices being respected.

People and relatives were complimentary about the management of the service. The quality and safety of

the service people received was monitored by the provider and through increased checks recently introduced by a new manager to the service. The manager and staff said they worked well as a team.

The service does not currently have a registered manager in post which is a condition of registration. The provider confirmed an application for the current manager at the service to become registered with us had begun.

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

Rating at last inspection and update

The last rating for this service was good (published 12 December 2019). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Flexi Care South Midlands on our website at www.cqc.org.uk.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels. A decision was made for us to inspect and examine those risks.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has stayed the same. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Flexicare South Midlands

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection visit was carried out by one inspector who visited Flexicare South Midlands offices on 25 July 2022. Prior to the inspection visit, on 20 July 2022 an expert by experience made telephone calls to people and relatives. An expert by experience is someone who has experience of using this type of service. On 25 and 26 July 2022, a second Inspector made telephone calls to staff.

Service and service type

Flexicare South Midlands provides a domiciliary care service to people in their own homes. CQC regulates the personal care provided.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The service did not have a registered manager. The service was managed by a manager who was in the process of registering with us.

Notice of inspection

This inspection visit was announced. We gave the service four days 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.

What we did before inspection

We reviewed the information we held, such as people and relatives' feedback and statutory notifications, as well as information shared with us through external feedback and share your experience information. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who received a service to get their experiences about the quality of care received. We spoke with four relatives and asked them for their feedback about the service provided to their family member. We spoke with seven members of care staff, a care call co-ordinator, a human resources officer and the owner of the service.

We reviewed a range of records. This included two people's care records and samples of medicine records and daily and associated records of their care. We looked at records that related to the management and quality assurance of the service, care calls, environmental risks and records for infection control and risk management. We also reviewed three staff recruitment files.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has stayed the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people and how they received their care were managed safely.
- People's exposure to certain risks were assessed and information was provided to staff so they could support people safely. We saw risks had been considered for falling, mobility and people who had specific health related risks and what staff should do, to keep the person safe.
- Care reviews were completed which included a review of those risks to ensure people's needs continued to be safely supported. Conversations with staff showed us, staff knew how to manage risks.

Preventing and controlling infection

- People and relatives had no concerns about staff practice and how they used personal protective equipment.
- Staff followed their training as well as updates in government guidance which helped keep them and those people they supported, safe.

Staffing and recruitment

- There were enough staff to meet people's needs. Staff usually arrived at the agreed times and stayed for the agreed length of time. A typical comment was, "Yes, mostly they do except when they have an emergency, I do understand that, but they always come. They have never let us down ever." Another person told us, "Yes, it's very rare for them not to be on time and they stay for about half an hour. Sometimes it's a wee bit longer."
- People confirmed the staff team who supported them were consistent. One person said, "I have one carer regularly, that's (staff name) and when she's off I will get someone else, but they are all nice. I haven't had any I don't like."
- Recruitment checks were completed, and the provider said when they recruited staff, all security checks were completed to ensure staff were safe to work with people and of suitable character. This included reference checks and checks with the Disclosure and Barring Service (DBS). The DBS checks provide information including details about convictions and cautions held on the Police National Computer. This helps employers make safer recruitment decisions

Learning lessons when things go wrong

- Incidents were followed up and where appropriate, measures were put in place to mitigate the risk of reoccurrence. Lessons learnt were shared with staff at meetings and through individual staff supervisions.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people told us they felt safe. A typical comment was, "Definitely yes, they are efficient, they do everything (person) needs and they care for them to make sure they are okay. Staff ask how they are feeling...they care."
- Most people confirmed the same staff team supported them which made them feel safe in their own home because staff got to know them and their preferred routines.
- Staff told us they knew how to report safeguarding concerns and how they would escalate an issue if needed.
- The provider had referred to the local authority safeguarding team when concerns were known.

Using medicines safely

- People received their medicines safely. Where staff did support people, records confirmed what medicine was provided and when.
- Frequent checks of medicine administration records and checks of staff's competency and observed practice, ensured medicines were administered safely. Staff described to us what and how they administered medicines safely. Staff were trained to administer medicines.
- Where people had medicines administered on an 'as needed' basis, there were 'as and when' protocols to tell staff, when and how to give those medicines. Staff told us they knew when to administer those medicines.

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 the last inspection this key question was rated as good. At this inspection this key question has stayed the same. 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 . At the time of our visit, the service was not depriving a person of their liberty under authorisation from the Court of Protection.

- Staff understood the need for consent and understanding a person's ability or individual communication style to inform their decisions.

Staff support: induction, training, skills and experience

- People felt confident staff knew how to help them. One person needs equipment to help them transfer. We asked the person if staff knew how to use specialist equipment and they said, "Yes, I do definitely yes."
- Staff felt supported, trained and they were given time and investment through training opportunities to help them care for people. Where staff needed specialist training, in some examples, this was provided by nursing specialists. The provider used a training schedule to ensure refresher training was completed when required.

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

- In most cases, people told us they received support to help them with meals and drinks. Staff understood the need to promote and keep people hydrated, especially during the periods of warm and extreme hot weather.

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

- The provider told us about some external challenges and pressures on the health system when seeking

support from other health professionals in the community. However, the provider and staff used health professionals when they could be accessed, to help support people.

- People told us they had support from staff with ensuring people attended any health appointments. One person said, "Well I would be lost without it. If I have to go to hospital, they will come with me."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems and processes to identify, monitor and improve the service had improved since the last inspection visit. The manager had increased the quantity of quality audits to ensure themselves, people received a quality service.
- We saw evidence of recently completed audits we would expect, such as care plan quality, care reviews, medicines, daily records and call monitoring. Completed audits had in some cases, identified improved practices were needed. Records of those actions demonstrated what steps had been taken to improve, for example observed practices or refresher training was given. The manager told us they used staff meetings to share lessons learnt or improvements to practice.
- People and relatives told us they were pleased with the quality of service. Comments included, "At the moment we are very happy with them and give them full marks." People told us why they liked the service and how it helped them. Comments included, "The care staff, without them (care staff) the service would be nothing" and "Well I would be lost without it (support). If I have to go to hospital, staff will come with me."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people, engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us the service was managed well. One person said, "Promptness, just general caring and friendliness. I think they are pretty good; we get what we want, and we are happy with what we get."
- Most people felt involved in their care and care reviews were completed when required. People felt their individual personalities and routines were respected.
- Staff comments were positive. Staff felt this was a good provider and they felt supported, well trained and valued. Staff said the management at this service was good and approachable.
- The owner told us they had invested in good training and they were proud of the staff team. They told us the manager upon their appointment had brought with them some improved practice and knowledge which helped the service.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Internal communications through staff meetings kept staff updated on latest guidance and best practice. The provider's care call system was used to send staff important messages, so they were kept informed,

especially around people and their needs.

- People who had certain medicines or health conditions that could affect a pregnant staff member was considered, respected and managed through reviews of risk.
- Annual written feedback surveys had not been completed through the pandemic; however, regular reviews and keep in touch conversations were over the telephone to get people's feedback on the care and service they received.
- Staff said regular meetings provided an opportunity for them to discuss and share ideas.

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 service did not have registered manager. The provider had recruited a manager who had begun their application with us to be registered.
- Where reportable incidents were shared with the local authority, they had been shared with us. The provider and manager understood their responsibility to let us know about notifiable incidents.
- The provider had displayed their rating on their website to inform the public of their latest rating.