

Flames Healthcare Ltd

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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 well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flames Healthcare Ltd is a domiciliary care agency. They provide personal care to people living in their own homes.

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 the inspection 2 people were receiving personal care.

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

Recruitment processes were not always followed to ensure staff working with people were of good character. Staff worked with people prior to having satisfactory references from previous employers and before having a disclosure and barring check. This meant the provider could not be assured of staff's conduct in previous employment.

Risks to people had been assessed however the strategies to mitigate these risks had not always been recorded. The tasks people required support with on each call were not always documented.

Management oversight required improvement. When information was audited the registered manager did not always analyse the information fully to ensure improvements were identified and actioned.

People were supported by staff who knew them well and had training to understand their needs. People had a consistent staff team supporting them. People knew the registered manager and were able to contact them when required.

Staff protected people from infections by wearing appropriate personal protective equipment such as gloves, masks and aprons as required.

People were protected from potential abuse and harm. Staff received safeguarding training and understood the procedures to follow if they had any concern. People felt safe with staff.

People were supported to access healthcare as needed. Staff liaised with healthcare professionals and ensured referrals were made if appropriate.

Staff were supported by the registered manager, they received regular supervisions and team meetings. Information was shared with staff.

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.

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 requires improvement (published 21 June 2022) and there were multiple breaches of regulation.

Following our last inspection, we served a warning notice on the provider. We required them to be compliant with Regulations 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, by 25 August 2022.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 22 April 2022.

We undertook this focused inspection to check and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. Breaches of legal requirements were found.

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 not changed from requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Flames Healthcare Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified continued breaches in relation to safe recruitment of staff and management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Flames Healthcare Ltd

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 completed by 1 inspector.

Service and service type

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

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

This inspection was announced.

We gave the service 48 hours' 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 02 February 2023 and ended on 09 February 2023. We visited the location's office on 02 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 spoke to 2 people about their experience of the care provided. We spoke with 3 members of staff including the registered manager who is also the provider and care staff.

We reviewed a range of records. This included 2 people's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. The rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the provider to be compliant with the regulation by 25 August 2022.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At the last inspection we found safer recruitment processes had not consistently been completed. At this inspection we found policies and procedures were still not consistently followed.
- Staff did not consistently have Disclosure and Barring Service (DBS) checks completed before they started to work at the service. The risk assessments completed by the provider stated staff without a DBS check were required to be supervised at all times. Rotas evidenced supervision of staff was not put into place whilst awaiting their DBS checks.
- Not all staff had references sought prior to staff commencing their employment. The provider was therefore not assured of staff conduct in their previous employment.

The provider had failed to ensure staff were recruited safely. This placed people at risk of harm. This was a continued breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People knew which staff were coming to support them on each call and staff generally arrived on time. One person told us, "I only have 3 staff that come so I know who is coming each day. The staff are all fantastic." A staff member told us, "We (staff) remind people at the end of the visit who is coming to see them on the next visit."

Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed infection prevention and control and medicine management procedures were followed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found medicine management required improvement. We were unable to assess if the concerns found had been rectified as the staff no longer supported anyone with medicines. However, staff had been trained in medicine administration.
- The provider had policies and procedures in place to reduce the risks of infections.
- Staff wore appropriate personal protective equipment (PPE) effectively and safely. One staff member told us, "Yes we wear PPE and we were taught steps on how to wear and remove PPE and disposing them." A person told us, "Staff always wear gloves, aprons and masks."
- All staff had completed training in infection prevention and control.

Assessing risk, safety monitoring and management

- Risks were not always recorded as assessed and mitigating strategies were not always implemented. However, people had consistent staff who knew them well and understood the risks. One person told us, "Staff know me and the risks my health poses."
- Environmental risks had been assessed and strategies to reduce these risks had been implemented.
- People told us they felt safe with staff and staff understood their individual risks.

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.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.

Learning lessons when things go wrong

- Staff recorded all accidents and incidents which included any falls a person may have. The registered manager reviewed this information and shared any learning with staff.

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 requires improvement. At this inspection the rating has changed to good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had the skills and knowledge to meet the needs of people they supported. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the provider to be compliant with the regulation by 25 August 2022.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found staff had not always received appropriate training to meet people's needs. Although training had improved and staff received the majority of required training, staff still had not received face to face training in manual handling at the time of the inspection site visit. However, the provider had booked this in for the following day.
- All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff received an induction, training and completed shadow shifts before lone working. One staff member told us, "I had detailed induction and I completed 2 weeks of shadow shifts before lone working."

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

- Not all care files contained the tasks staff were required to support a person with for each call. However, staff knew people and were knowledgeable about what support each person required. One staff member told us, "I have time to read the care plans and whatever changes occur the care plans are updated as soon as possible."
- People and their relatives were involved in completing the care plans and risk assessments. One person told us, "I have a copy of my care plan and I was fully involved in it."
- The registered manager assessed people's needs before they started using the service to ensure staff were able to meet their individual needs.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

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

- People's likes and preferences were recorded in their care plans. Where possible, staff encouraged people to choose healthy eating options.
- Staff received training in food safety, and when required they supported people to prepare their own meals.

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

- Staff identified when people were unwell and supported them to receive medical care and visit their GP. One person told us of a time when staff identified their ill health and sought medical support immediately.
- People's oral health records evidenced staff supported people appropriately with any oral hygiene needs they may have.
- People had an emergency grab sheet or hospital passport kept in their home. This document provides healthcare professionals with information about people's individual needs, support with communication and prescribed medicines in the event of an unplanned hospital admission

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.

- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. People's capacity was assessed, and the outcome recorded.
- Records were not always in place to evidence when a person had given consent to share information with their relatives. However, the registered manager and people told us this had been requested.

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 requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice which required the provider to be compliant with the regulation by 25 August 2022.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Systems and processes were not effective in ensuring safer recruitment procedures had been followed. We found staff had started lone working prior to having a DBS check and/or references. This put people at potential risk of harm.
- Systems and processes had not identified when risk assessments relating to staff being supervised had not been followed.
- Systems and processes had not identified when there was missing information in care plans, risk assessments or tasks requiring staff support. This meant staff did not always the information required to ensure safe care and support was offered.
- Audits completed did not always analyse the information fully. For example, call times were audited but did not detail how many missed or late calls had occurred or if there were any trends.
- The provider had not completed any actions plans to identify when improvements were needed or who was responsible

The provider failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. This was a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported.

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 told us they knew the registered manager and staff and felt well supported by Flames Healthcare. One person told us, "I know [registered manager] and can always contact them if and when I need them." Another person said, "[Registered manager] keeps an eye on things and sorts any problems."
- Staff felt supported by the registered manager. One staff member said, "Yes we are supported, and we have a meeting once in a month or if something has arisen, we quickly have a WhatsApp group call and our manager inform us." Another staff member said, "The manager is approachable and listens to us."
- Informal feedback was regularly sought from people. The provider had recently sent out a survey for people to feedback on the support they receive. However, these had not been returned or analysed to drive improvement. One person told us, "They (staff) ask me and always want to know if I'm OK or have any problems."

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 understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The registered manager shared information with significant people. Relatives were kept up to date on any changes or concerns with people's needs.
- Staff liaised with healthcare professionals to coordinate better care for people.
- The registered manager was engaged and open to the inspection process and remained open and transparent throughout.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure staff were recruited safely.