

Flow Care Services Limited

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Inspection report

Challenge House
616 Mitcham Road
Croydon
Surrey
CR0 3AA

Tel: 02033559898
Website: www.flowcareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flow Care Services Limited provides personal care for people who live in their own homes. At the time of the inspection there were four people receiving 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. The service provided staff to work in hospitals and care homes but we did not inspect these part of the business as it is outside our regulatory remit.

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

The provider had improved their recruitment practices since our last inspection, although they had not obtained a full employment history for each applicant as part of checking their suitability in line with the regulations. The registered manager told us this was an oversight and they would improve going forwards.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. This was because the provider did not always follow the Mental Capacity Act (MCA).

The registered manager did not always have sufficient oversight of the service through their system of checks and audits. These systems were not robust enough because they had not identified and resolved the concerns we found, such as those relating to recruitment and the MCA.

Staff understood and managed risks to people as the provider had assessed risks and put clear guidance in place for staff. There were enough staff to support people safely. Staff followed suitable infection control practices, including the safe use of personal protective equipment (PPE) to reduce the risk of COVID19 transmission, and received training on this. Although we did not find any evidence people had been harmed, records relating to medicines were not always in line with best practice.

Staff received a suitable induction with ongoing training and support on how to meet people's needs. People were supported to maintain their health and staff understood people's healthcare needs. People received food and drink of their choice.

People and their relatives liked the staff who supported them and developed good relationships with them. People received consistency of care from staff who knew them well. Some people were matched with staff from the same cultural, religious and linguistic background when requested. Staff treated people with dignity and respect. People were involved in their care and their care plan were based on their individual needs and preferences. The provider had systems to listen to and responded to any concerns or complaints.

A registered manager was in post who understood most of their role and responsibilities, although their

knowledge of recruitment and the MCA required some improvement. Staff understood their role and responsibilities. Staff felt well supported by the management team. People, visitors and staff told us the service was well-led and the provider engaged well with them.

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

Rating at last inspection

This service was last inspected on 10 January 2020 and was not rated.

Why we inspected

This inspection was prompted because the service was unrated at our last inspection with one breach so we needed to check the service had improved and gather evidence to rate the service. We found the service had made some improvements in relation to recruitment although further improvements were required and we found new concerns relating to the MCA and oversight of the service. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive 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 

Flow Care Services Limited

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

Our inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because the service is small and the registered manager is often out working with people. We wanted to make sure someone would be available to meet with us.

The inspection site visit took place on 25 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as allegations of abuse. We checked for feedback we received from members of the public, the local authority and clinical commissioning groups (CCGs). We did not request the provider to complete a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager who was also a director and a second director. We reviewed a range of records. This included care records and risk assessments for two people and records relating to staff recruitment, training and support. A variety of records relating to the management of the service were also reviewed. After the inspection we spoke with two relatives of a person using the service and one support worker. We were unable to speak with any people using the service as they were unavailable or unable to speak on the phone.

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 unrated. At this inspection 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.

Staffing and recruitment

At our last inspection the provider had failed to follow robust processes in recruiting staff. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- The provider carried out most of the expected recruitment checks such as criminal records, fitness to work, right to work and work and character references.
- However, both staff files we checked lacked a full employment history from leaving school with unexplained gaps. The provider told us they would improve in relation to this.
- There were sufficient staff to support people safely. People received consistency of care from staff who knew them well. Relatives told us staff timekeeping was good and there had been no missed visits.

Using medicines safely

- The registered manager did not always ensure a record for each individual medicine staff administered to people. Although we did not find evidence people had been harmed, this meant the provider was not following guidance from CQC, including the details outlined by NICE, so people were at increased risk of harm.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager assessed risks relating to medicines management and put detailed care plans in place for staff to follow.
- Only staff who had received suitable training, with regular performance checks by management, administered medicines to people.
- The registered manager regularly observed staff administering medicines to check they remained competent. They also regularly audited medicines records to check people received their medicines safely.

Assessing risk, safety monitoring and management

- The registered manager assessed risks relating to people's care, such as any environmental risks or those relating to moving and handling. Sufficient guidance was in place for staff to follow to reduce any risks and

the provider reviewed risk assessments to ensure they remained reliable for staff to follow. Relatives told us staff understood and managed risks relating to people's care.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems continued to protect people from the potential risk of abuse and the registered manager understood how to respond to any allegations of abuse.
- Our discussions with staff showed they understood their responsibilities in relation to safeguarding adults and staff received training to keep their knowledge current.
- The registered manager told us there had not been any accidents or incidents in the past year. However, the registered manager understood how to check people received the right support and how to reduce the risk of reoccurrence.

Preventing and controlling infection

- Staff followed suitable infection control procedures to keep people safe. People and their relatives told us staff wore suitable personal protective equipment (PPE).
- Staff received training in relation to infection control, including COVID-19 and PPE usage, and followed best practice to reduce the risks to people. Staff also received training in food hygiene and people were satisfied with how staff handled their food.
- The management team carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.
- The provider assessed risks related to COVID-19 for staff and people using the service.

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 unrated. At this inspection this key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was unclear on their responsibility to follow the MCA and carry out assessments in relation to the care their service provided.
- The provider did not always check whether people had someone legally appointed to make decisions relating to their health and welfare to ensure they consulted with that person where appropriate.
- The provider did not always follow the MCA when they suspected people lacked capacity in relation to their care. The registered manager told us they suspected one person lacked capacity in relation to medicines management. However, they had not assessed the person's capacity in accordance with the MCA, nor did they make decisions in their best interests in line with the Act.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the provider followed the MCA. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Our discussions with staff showed they understood their day to day responsibilities in relation to the MCA and they received annual training in this.

Staff support: induction, training, skills and experience

- Staff received regular training in a range of topics to meet people's needs plus a suitable induction shadowing experienced staff when they started work. Our discussions showed staff understood their role and responsibilities well.
- Staff received regular supervision to review any concerns and training needs with annual appraisal to

review their performance. The registered manager also carried out regular unannounced spot checks on staff to check they performed their roles as expected. Staff felt well supported by the registered manager.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- The provider assessed what support people needed in relation to their healthcare needs and recorded this in their care plan for staff to refer to. People told us staff understood their healthcare needs and relatives agreed. Staff were available to accompany people to healthcare appointments if requested.
- Staff supported people by serving pre-prepared meals in line with any religious and cultural requirements. People were supported by staff from the same cultural background who understood their dietary needs and preferences.

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

- Before providing care to people the provider met with them and their relatives and reviewed any professional reports to check they could meet their needs. In urgent cases, where it was not possible to meet with people in advance, the registered manager oversaw the process to ensure people's needs were met.
- The provider continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people, their relatives and others involved in their care.

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

At the last inspection this key question was unrated. At this inspection 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

- Staff treated people with kindness, dignity and respect. Relatives were positive about staff. Comments included, "They are caring. They know what my [family member] needs" and "They provide a very good service. They come on time and do look after [family member]." In our discussions with staff we noted they spoke about people in a caring way.
- People received consistency of care as the same staff cared for them each day. This meant staff developed good relationships with people and understood them well.
- Staff received training in equality and diversity to understand people's needs relating to any protected characteristics such as their age or any disabilities.
- The provider provided staff to meet people's ethnic, cultural and religious needs and also provide only male or female staff to meet people's needs and preferences.

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

- People were supported and encouraged to express their views and made their own decisions relating to their care. Staff gave us examples of encouraging people to choose their own clothes and food and respecting their preferences for how they received their personal care.
- The registered manager found out people's preferences during the assessment process and supported staff to meet them through working closely with them.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff respected their privacy and dignity when carrying out personal care.
- Staff understood how to maintain people's confidentiality and had received training in this.
- Staff understood the importance of supporting people to maintain their independence by involving them in their care as much as possible and gave us examples of how they did this during personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was unrated. At this inspection this key question has been rated good. meant people's needs were met through good organisation and delivery.

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

- The registered manager involved people in their own care plans and tailored them to meet people's individual needs and preferences. Relatives told us staff followed their agreed care plans and they were very happy with their care.
- The provider reviewed people's care plans regularly so they reflected their current needs and were reliable for staff to follow.

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.

- The registered manager told us they could provide information about the service in alternative formats if required.
- People's care plans reflected their preferred methods of communication for staff to refer to. This included information about any communication aids and any support required in relation to these.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints in the past year. People were informed how to complain and the complaint procedure was suitable, unchanged since our last inspection.
- People and relatives told us they were encouraged to raise any concerns and the registered manager would always listen and take them seriously.

End of life care and support

- The registered manager told us no one using the service at the time of our inspection was on end of life care. However, training was available to staff in relation to end of life care and the provider told us they would work with local hospice to ensure joined-up care.

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 unrated. At this inspection 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.

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

- The registered manager had several auditing systems in place to check people received a good standard of care and that the regulations were met. However, these systems had not identified the concerns we found. This meant the audits were not robust enough. Our findings also showed the registered manager did not fully understand their role and responsibilities. Although we did not find evidence people had been harmed, the lack of oversight meant people were at increased risk of harm.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives spoke positively about the registered manager.
- The registered manager worked closely with people and staff providing support, personally developing and reviewing care plans and risk assessments and observing staff practice through regular spot checks.
- The provider understood their responsibility to submit statutory notifications to CQC, although none had been required in the past year.

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

- The registered manager planned people's care in partnership with them and their relatives. This ensured care was centred on individual needs.
- The registered manager checked people were satisfied with their care by calling and visiting regularly as well as holding care plan reviews with the person and their relatives.
- Relatives and staff told us the provider communicated well with them and listened to any suggestions they made.

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 provider had systems to involve people and their relatives in any investigations if things went wrong, although there were no examples of this from the past year.

Working in partnership with others

- The registered manager gave us examples of working with other health and social care professionals involved in people's care such as GPs, district nurses, occupational therapists, physiotherapists and the welfare team to support one person.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>For people aged 16 or over who were unable to give consent because they lacked capacity to do so, the registered person did not always act in accordance with the 2005 Act.</p> <p>Regulation 11(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not ensured systems or processes were established and operating effectively to ensure compliance this regulation. The systems did not enable to registered person to assess, monitor and improve the quality and safety of the services provided. The registered person did not always maintain securely an accurate, complete and contemporaneous record in respect of the care and treatment provided to the person.</p> <p>Regulation 17(1)(2)(a)(c)</p>