

Flamelily Independent Living Ltd

Flamelily Independent Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Flamelily Independent Living is a domiciliary care agency providing personal care to people living in their own homes in the community. The service is registered to support adults under and over the age of 65, people living with dementia, learning disabilities, mental health conditions and sensory impairments. At the time of the inspection, the service was supporting 37 people.

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.

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

Throughout the pandemic, quality assurance systems had not been fully effective. However, the provider had employed a new manager and quality assurance manager in March 2021. Since then, robust quality assurance processes had been put in place. We saw that these had led to significant changes to the service and there were on-going plans for improvement.

There were enough staff to meet people's needs and ensure that people received their care at the right time in a non-hurried way. Staff had been recruited safely and treated people with kindness and respect.

People received their medicines safely from staff who had received training and whose competency was regularly assessed.

Staff received training in infection prevention and control (IPC), had enough personal protective equipment and were confident about their responsibilities in relation to IPC.

People and their relatives told us they felt safe with staff. People had detailed and clear care plans and risks assessments, which provided staff with personalised information about their needs and ways to reduce any risks identified.

We received consistently positive feedback from people, their relatives and staff about the management of the service and how their feedback was listened to and acted upon.

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

Rating at the last inspection and update

The last rating for this service was requires improvement (published 02 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 20 December 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and in relation to employing fit and proper persons.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Flamelily Independent Living on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Flamelily Independent Living

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

This 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission (CQC). However, the provider had employed a new manager who was in the process of registering with CQC. They are referred to throughout this report as 'the manager'. A registered manager 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

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 would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 three members of staff, including the provider, the manager and quality assurance manager. We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records were reviewed.

After the inspection

We spoke with five people who use the service and five people's relatives. We received feedback from one professional who regularly works with the service and sought feedback from seven members of staff. We continued to seek clarification from the provider to validate evidence found. We looked at the provider's action plan, further quality assurance records and policies.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At two previous inspections, we found that staff recruitment procedures were not always thorough. At the last inspection, the failure to complete appropriate pre-employment checks 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.

- Staff were recruited safely. The provider completed appropriate pre-employment checks, including checks with the Disclosure and Barring Service (DBS). The DBS helps employers ensure that staff are safe to work with vulnerable people. The provider had implemented a tracker placed at the front of staff files. This meant the management team had oversight of tasks required throughout the recruitment process. The provider had also implemented a robust auditing system. Staff files were regularly reviewed, and any errors or omissions rectified promptly.
- There were enough staff to meet people's needs. People told us that their care was usually delivered at the right time, for the right length of time and that they were not rushed. One relative said, "It's working well, their app tells us when they're coming."
- The provider used an electronic rostering system, which enabled them to plan and provide consistency of care more easily. A member of staff told us, "The structures in place allow me to arrive on time and where there is a delay it is communicated with clients." Some staff told us they would benefit from additional travel time; however, all staff were confident they could meet people's needs within the allocated time.
- Staff spoke positively about the training and supervision available to them, which gave them confidence in their role.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and reported any concerns they identified to the management team. Staff told us they were confident that the manager took prompt action in response to any concerns raised.
- The provider had safeguarding policies and procedures in place, which staff were aware of. The management team had oversight of any concerns raised and took action to minimise risks to people, as well as liaising appropriately with other professionals.

Assessing risk, safety monitoring and management

- People consistently told us they felt safe with their carers and that they were treated with kindness. One person told us, "They're very discrete, they keep my privacy... they always respect my dignity."
- Relatives spoke positively about how the service kept their family members safe. One relative said, "They pick up on things, the other week [staff member] came and said [person's] feet look red... she took photos and I could go straight down to the Doctor who put [them] on cream and within two weeks it's sorted, they pick up on little things like that that I wouldn't." Another relative said, "They have my confidence. So much so that I have started to take a little respite again."
- People had detailed and personalised care plans in place, which provided staff with clear guidance on how to meet people's needs. A professional told us, "They appear to know their clients well and have a good insight into their needs, or when they don't have needs. I have had no concerns or worries about the provision of care."
- People had a variety of risk assessments in place, for example, to minimise the risk of falls or in relation to managing health conditions such as epilepsy. These had been developed in discussion with people and with advice from relevant health or social care professionals.
- People had detailed home risk assessments in place, which also considered the risk of fire. Each person had a Personal Evacuation Plan (PEEP), detailing the level of risk and what assistance they required in the event of an emergency.
- The service had a business continuity plan, which detailed a variety of emergency situations which could impact on people's care, such as insufficient staffing levels or adverse weather. The provider had considered measures that could be taken to ensure essential services could still be provided.

Using medicines safely

- People's medicines were managed safely. The provider used an electronic medicines administration system. This did not allow staff to end a care visit without having recorded an outcome for all prescribed medicines. The system could be checked remotely, which enabled the provider to maintain oversight and complete monthly audits.
- Staff had completed training in administering medicines and received regular competency assessments to ensure they continued to administer medicines in line with best practice guidance.

Preventing and controlling infection

- People and their relatives told us that staff always followed appropriate infection prevention and control (IPC) processes. For example, one relative said, "They're very, very good at obeying the Covid rules, they log in, wash hands, before they leave wash hands and log out, while they're in my house they wear a mask all the time."
- Staff had received training in IPC and told us they were confident about their responsibilities in relation to minimising the risk of infection transmission. Staff told us they had plentiful access to personal protective equipment (PPE).

Learning lessons when things go wrong

- People and their relatives told us that staff and the management team were open to discussing any concerns they might have. One relative said, "It's working pretty well, I mean it would be rash to say they never make mistakes, but when they do, I only need to tell them."
- Staff were aware of the processes for responding to and recording any incidents or accidents. The provider had introduced a new incident form, which ensured that all information relevant to the event was gathered. As a result of recent learning, staff were receiving additional training in relation to recording and responding to incidents.
- The management team analysed any incidents that occurred and sought advice from health and care professionals where required. Whilst the management team were responsible for overseeing incident

responses, the provider reviewed and signed off any incident reports as part of their monthly checks of the safety and quality of the service.

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 now 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

At our last inspection, systems were either not in place or effective in assessing, monitoring and mitigating risks to people using the service. This was a breach of regulation 17 (Good Governance) 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 17.

- Services registered with the Care Quality Commission (CQC) are required to notify CQC of certain events. We found that we had not been notified of one safeguarding incident; however, appropriate action had been taken to minimise immediate risks to the person and a referral had been made to the local authority. When made aware of the omission, the provider took immediate action to review the incident, arrange further training and share learning with the team. The manager and provider understood their legal responsibilities and we saw that CQC had otherwise been appropriately notified of incidents.
- During the pandemic, the provider had not had fully effective quality assurance systems in place. However, a new manager and quality assurance manager had been employed in March 2021. Since then, robust quality assurance processes had been introduced. Staff told us that significant changes had been made since this time. Comments included, "Since our new manager started, the company has grown better and stronger", "[They've] turned things around" and "It's made such a difference, the company feels more professional".
- The manager regularly completed a range of audits which enabled them to have oversight of the service and identify areas where improvements were needed.
- The manager was supported by the quality assurance manager, who had completed an in-depth audit of the safety of the service. As a result, the management team had devised an action plan to drive further improvements to the service. Regular meetings between the nominated individual and the management team took place to monitor the progress being made and any new actions identified.
- The management team were supported by team leaders and coordinators, who had been receiving additional training so that they could also undertake quality assurance tasks such as competency assessments and spot checks.

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

outcomes for people

- People consistently spoke positively about the management team. People knew the provider and the new manager by name and told us that they were very approachable and always available when required.
- People and their relatives were also very positive about staff. Comments included, "They're very good, they've been excellent... they're all extremely pleasing and very helpful", "They're all very, very nice people" and "They each go out of their way in different ways... they've saved my mental health."
- Staff knew people and their individual needs and preferences well, speaking passionately about the relationships they had developed and supporting people in the way they wanted to be supported. One member of staff said, "I always think if I needed care, how would I like to be treated, and that's how I treat [people]."
- Staff told us they had opportunities to give the manager and provider feedback about their experiences and that they were confident their suggestions or concerns would be listened to. One member of staff said, "I feel very supported by the management team, they call to check on staff... we have a great team spirit with management and they are approachable and always there to listen to concerns of staff in order to find solutions to any problems."

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

- Throughout the pandemic, the provider had not formally sought and recorded feedback from people or staff. However, a survey had been prepared which was due to be sent out at the time of the inspection.
- People and their relatives told us they were involved in planning their care. One relative said, "I wrote the care plan actually, it's fluid, because my [family member] now is a lot different to two years ago, so the plan evolves with [them]... communication works quite well."
- Staff told us they had opportunities to make suggestions. One member of staff told us, "I know I can always approach my manager with any concerns or feedback and she always listens to me and if actions are required, she puts that into action."

Continuous learning and improving care; 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 and manager spoke passionately about continuing to improve the service and transparently shared their action plan detailing areas they were working on. We saw that significant changes and improvements had been made as a result of the new quality assurance arrangements.
- The provider and manager had a good understanding of their responsibility to be open and honest with people.
- People told us that their feedback and concerns were listened to and acted upon to improve their care when required. One relative told us, "There were teething problems, things have got a lot better... I think the company is running much better... I just hope we never lose them". Other comments included, "If I have any concerns, we can just chat it out" and, "Sometimes I'll see something but then I can mention it to them and that's it."

Working in partnership with others

- We saw evidence of the service working with health and social care professionals to meet people's needs. One professional told us, "My experience has been good with Flamelily, being able to speak to the necessary people quickly and they have been able to provide me with pertinent and useful information."