

Flamelily Care Ltd

FLAMELILY CARE LTD-T/A

Civility Care

Inspection report

SOAR Works
14 Knutton Road
Sheffield
S5 9NU

Tel: 07445837734
Website: civilitycare.co.uk

Date of inspection visit:
04 May 2023
19 May 2023

Date of publication:
16 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Flamelily Care Ltd is a domiciliary care agency providing personal care to 1 person at the time of the inspection.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

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.

Risks associated with people's care and support had been identified and were being monitored.

People were safeguarded from the risk of abuse. Staff received training in safeguarding and could explain what action they would take if they suspected abuse was taking place. People told us they were safe.

Suitable policies and procedures were in place to safely manage medications, accidents and incidents.

The service had recruitment processes in place to ensure suitable staff were employed.

Right Care:

Care was personalised and responsive to people's needs. People who used the service were involved in planning their care. Family members were complimentary about the staff. Staff members demonstrated a good understanding of the people they support and the importance of person centred care.

Right Culture:

Staff recognised when people needed support from other services, and they sought advice and assistance if they were concerned about people's health. People were supported by a consistent staff team who knew them well.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our safe findings below

Good ●

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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 two inspectors.

Service and service type

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

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.

What we did before the inspection

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 reviewed information we had received about the service since it registered with CQC. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who had used the service and 1 relative of a person who used the service about their experience of the care provided. We spoke with 3 members of staff, this included managers, office staff and care workers.

We reviewed a range of records. This included 1 person's care records. We looked at 2 staff files in relation to recruitment, supervision and training. 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. All staff were aware of the need to raise any concerns immediately, so action could be taken to ensure people were made safe. Staff were confident the registered manager would act on concerns they raised.
- People told us they felt safe when being cared for by staff, 1 relative told us, "We have a nice relationship with [the provider], they keep [my relative] safe."

Assessing risk, safety monitoring and management

- Risks to people had been assessed well and their care plans contained guidance for staff to follow so they could reduce risks to people. This included risks associated with people's mobility, nutrition and hydration, health and any risks associated with their home environment.
- The provider reviewed care plans monthly or when a person's circumstances changed.

Staffing and recruitment

- There were enough staff employed to ensure people's needs were met. Staff were allocated enough time during each care visit to meet people's needs effectively. People told us staff turned up on time.
- People received good continuity of care as they were supported by a small number of consistent staff members who knew them well.
- Staff were recruited safely, though we identified some gaps in employment history in recruitment files. The provider confirmed they would update their practice immediately.

Using medicines safely

- Systems were in place to monitor the safe management of medicines and there were processes in place to manage medication errors. The service was not providing medicines support to anyone at the time of the inspection.

Preventing and controlling infection

- There were systems in place to support staff to control the spread of infections. Staff completed training in respect of infection prevention and control, and they had access to adequate supplies of personal protective equipment.

Learning lessons when things go wrong

- Systems were in place to manage complaints, accidents and incidents. At the time of the inspection no complaints, accidents or incidents had occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service started to provide care to them. A personalised care plan was created following the assessment process, so staff knew what care people needed and when.
- People were involved in the assessment and care planning process. This enabled staff to identify people's preferences and ensure their care was tailored to their individual needs and choices.
- People were happy with the standard of care delivered by the service.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their role.
- New staff completed an induction and training to ensure they were well-prepared, competent and equipped to deliver high quality care. The induction process included being introduced to people before delivering care to them.
- The provider monitored staffs' competence via a range of competency assessments, spot checks and discussions with people using the service.
- The provider had not ensured all staff received a planned, structured formal supervision on a regular basis. The provider and staff informed us discussions were held regularly, but these were not always recorded. Staff told us they felt well supported. The provider confirmed they were in the process of formalising their supervision process.

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

- People's nutrition and hydration needs were met. When people were supported with food and fluids, their care plans contained guidance about what staff needed to do for each person, whilst promoting their independence.
- People were happy with the support they received in this area. One person commented, "They cooked my meals and made sure I ate, they were very good."

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

- The service had effective processes in place for referring people to other agencies where needed. Staff were able to talk through when this would be required and how this would be done.
- People's care plans contained important information relating to their health contacts and any medical conditions. At the time of the inspection, no recent support with health needs had been required. The manager was able to describe how this had worked previously.

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

- The provider had suitable systems in place to work within the principles of the MCA. They had a system to check whether people had appointed someone else to make decisions on their behalf, for example by making a power of attorney. This helped to ensure relatives or friends with lawful authority to make decisions for people were appropriately involved.
- Staff understood the importance of supporting people to make their own decisions and obtaining consent from people before care was delivered. People confirmed they were fully involved in deciding on the care they received. One person commented, "Before care started [the manager] came to see me and asked what I wanted, and this is what I got."

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.

This is the first inspection for this newly registered service. 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 were kind and caring and treated people with respect. People we spoke with emphasised how friendly the staff were and how the staff treated them very well. Comments included, " I would recommend them to others. They were caring and thoughtful in their approach" and, "we are very happy with them."
- As people were usually supported by a small number of regular staff, this had enabled the staff to develop positive, supportive relationships with people using the service. One person commented, " We prefer to just have the same carer, we asked about this and [the manager] made sure that it happened."

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

- There were effective systems in place to support people to make decisions about their care and express their views. The assessment and care planning process ensured people remained actively involved in decisions about how and when they were supported by staff.
- Systems were in place for gathering feedback about the service. At the time of the inspection the provider was undertaking work to formalise these systems.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and staff received training in the need to ensure their personal information was protected.
- Care plans included people's goals, regular reviews documented how people were supported to work towards these.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This 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

- People received person-centred care which met their needs. People's care plans contained enough information to support staff to get to know people well and to deliver personalised care to each person. One person told us, "We are able to tell our carer what we need on the day and they do this."
- People were supported by staff who knew them well and supported them in a person-centred way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and met. People's care records contained information to support staff to communicate effectively with people.

Improving care quality in response to complaints or concerns

- The provider had a suitable policy and procedure in place about how and when people could complain about the service. No complaints had been made about the provider at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider promoted a person-centred culture and encouraged staff to be flexible and responsive to people's needs.
- Staff morale was positive. Staff told us they were treated well, and they enjoyed their jobs. Comments from staff included, "[The manager] is very supportive, if we need anything, they sort it out."
- People told us they would recommend the service to their family and friends. Comments included, "I would recommend them to others. They were very keen to help me. We had lots of conversations together, they were very pleasant 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

- The provider had a suitable policy in place in respect of the duty of candour. At the time of this inspection there had not been any incidents which required the provider to take action under this policy.

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

- Staff were clear about their roles and responsibilities. They confirmed they received enough support from the management team to deliver a good quality service. One staff member commented, "I have supervision to discuss my progress. I have had feedback on my practice. I feel supported in my role."

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

- Managers made themselves easily available to people using the service, their relatives and the staff, so they had opportunity to share any concerns or feedback about the service.
- Staff told us they were listened to and had opportunities to share their thoughts about the service.
- We advised the provider to consider how they could implement additional, structured methods of obtaining and analysing feedback about the service, to help them continually evaluate how the service could improve.

Continuous learning and improving care

- The manager closely monitored how the service was being delivered, to help ensure people were receiving safe, good quality care. This included the timeliness of care visits, the duration of those visits and whether

people were receiving the care they needed. The manager regularly completed review visits to service users.

Working in partnership with others

- The provider had worked previously with social care professionals and community health services. Staff were aware of how and when to make appropriate referrals.