

Flexicare Home Services Stroud Ltd

Flexicare Stroud Ltd

Inspection report

Unit 14a
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Tel: 01453824958

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Flexicare Stroud Ltd is a domiciliary care agency providing personal care to 47 older people and people with a physical disability at the time of the inspection.

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

We heard positive views about the service from people, their relatives and professionals such as, "Flexicare have been absolutely brilliant.", "Flexicare have fulfilled all the requirements we have asked of them." and "It's the best company I've had. I don't feel rushed and they do everything I want them to do."

Strong leadership had created an exceptionally positive culture within the service. This drove an innovative and creative approach with people at the heart of the service, they received the high standard of care and support expected. Staff in all roles were exceptionally positive and motivated to provide a high standard service and were proud to work for Flexicare.

People received care which was safe, and staff understood how to support people to maintain their safety. People's medicines were administered as expected. The provider checked the suitability of new staff through robust recruitment processes. Care staff used personal protective equipment (PPE) and supported people to reduce the risk of infection.

People received compassionate care and they and their relatives felt respected and valued as individuals. Staff exceeded expectations to ensure people's needs were met and they were comfortable and safe.

People received high quality personalised and innovative care delivered by well trained and highly motivated 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.

People's care had been planned with them and was highly individualised. The service worked closely with health and social care professionals to ensure people's needs were met, particularly where people received care at the end of their life.

Rating at last inspection

This service was registered with us on 26 February 2020 and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was Good, published on

30 March 2018

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Gloucestershire. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Outstanding 

Flexicare Stroud 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave the service prior notice of the inspection. This was because 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

We reviewed information we had received about the service. We used the information the provider sent us in the 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 of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including the chief executive officer, the nominated individual, the recruitment and compliance manager, care coordinators, the palliative care lead, a team leader and two care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from seven professionals who work with people who use the service and received responses from four of these.

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 for 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

- People's relatives told us they were assured people were safe when staff visited to provide care and support. One relative told us, "I know (the person) is safe because (the person) would tell me if she wasn't."
- People were protected against abuse. Staff received training on safeguarding adults and were aware of the procedures for reporting any safeguarding concerns. Staff were confident any safeguarding issues they reported would be appropriately responded to. Contact details for reporting any safeguarding concerns were printed on the reverse of staff's identity badges.
- Staff demonstrated a clear awareness and understanding of whistleblowing procedures. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

Assessing risk, safety monitoring and management

- People were protected against identified risks. Risk assessments identified the potential risks to each person and described the measures in place to manage and minimise these risks. Care plans described the actions staff would take to ensure people's safety. People's relatives commented, "The carers are spot on with checking her skin. There's no pressure sores."
- Staff were trained to promote people's safety, for example they received training in minimising the risk of falls and fire safety in the home.
- Environmental risk assessments had been completed for identified risks in and outside of people's homes to ensure the safety of people receiving care and the staff who supported them.
- Plans were in place for staff to follow in the event of staff being unable to gain entry to people's homes.

Staffing and recruitment

- Suitable staffing levels were in place to meet the needs of people using the service. An electronic rota system ensured people received continuity of care from staff who knew them.
- People told us they felt assured that they would receive their care. Telephone calls would be made to warn people of any late visits, and this practice was confirmed by people using the service and their relatives. One person told us, "They come more-or-less at the same times and they've never missed a call. A lot of carers will text me directly if they're running late."
- A plan was in place to ensure people with the highest needs were prioritised to receive their care in the event of any disruption to the service provided such as in bad weather.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment, as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable staff from working with people.

Using medicines safely

- People were satisfied with how they were supported with their medicines. Electronic records of people's medicines were used which enabled regular audits to be carried out to ensure people were receiving their medicines correctly. A relative told us how staff had supported a person when medicines were not supplied and the pharmacy had to be contacted.
- Staff had received suitable training to support people to take their medicines.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place to reduce the risk of spread of infection.
- Staff had received training in infection control and COVID-19. People and their relatives told us staff used personal protective equipment (PPE) such as disposable gloves and aprons appropriately. One person told us, "They wear full PPE -masks, gloves and aprons."
- Staff we spoke with confirmed they had access to sufficient stocks of PPE. The service had been pro-active in making and supplying face coverings for staff and people using the service at an early stage of the COVID-19 pandemic.
- The provider ensured staff were regularly testing for COVID-19 in line with current guidance.

Learning lessons when things go wrong

- Accidents and incidents were analysed by the registered manager for any patterns or trends which may require a response to keep people safe. At the time of our inspection no themes had been identified through the ongoing monitoring.

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 Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider adopted a research-based approach to providing high quality personalised care to people using the service. This approach described as "connecting thinking to doing" was part of a broader approach driven by the chief executive officer (CEO). As well as using published research, the provider worked in conjunction with a research organisation founded by the CEO which aimed to create a better world in health and social care for future generations.
- Research in the areas of loneliness, the benefits of animals for people including those living with dementia and an approach to provision of care in small local areas had shaped how the service was delivered in response to people's needs.
- Research had shown the benefits of stroking dogs or cats in terms of enhancing mental wellbeing and reducing blood pressure. The provider initiated visits by the therapy dog to people who may no longer have pets of their own. One person told the service, "I am very grateful for all they do, (staff) even brought the dog to see me."
- Taking into account research into loneliness the provider initiated a programme of letter writing by children of the management team to people who lived on their own. It was identified the period of lockdown during COVID 19 would further isolate people as some people's only social contact was with care staff. People's responses to the letters clearly showed how much they appreciated the contact.
- Research into providing care through small largely locally based staff teams was followed and adopted. This approach had ensured people were assured they would receive their care by staff who knew them all through the year.
- Feedback from people and their relatives showed the effectiveness and positive impact of the innovative approaches used. People responded positively to the loneliness campaign writing back to the letters they received and expressing their appreciation. A relative told us, "A therapy dog goes in to see (the person), and they send me lovely photos."
- People's needs were assessed to ensure their needs could be met by the service.
- Technology was used to monitor visit times and provide important information to staff. This supported the registered manager and staff to ensure people received their care as planned. A relative told us, "I have the app. It's very helpful and better than notes." and "there's lots of good information on the daily app regarding how the visits have gone."

Staff support: induction, training, skills and experience

- People using the service were supported by staff who had received induction and training relevant for their role, such as promoting independence, fire safety, moving and assisting, and dementia. Staff were

positive about their roles and told us they received enough training and support.

- The provider placed a strong emphasis on staff training. They ensured all staff had achieved the Care Certificate qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of staff working in social care. A robust approach ensured staff renewed their training when required. Staff told us the provider was "Strict on training being up to date".
- Staff were supported in their role through individual meetings and team meetings with the registered manager and senior staff.

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

- People and their relatives told us they were satisfied with how staff prepared meals. A relative commented positively on how staff made suggestions for their relative to order meal choices based on staff observations about the person's preferences.
- Staff had received training in food hygiene to ensure the safety of any meals they prepared for people.

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

- People's health needs were supported through proactive liaison with health care professionals on people's behalf, as well as support to attend health care appointments. A relative commented, "They make sure they contact the appropriate service (e.g. District Nurse) and they always ring me and keep me informed."
- Staff worked proactively with other agencies involved with people's care. We heard positive comments from health and social care professionals about the service. One social care professional commented, "They are one of the care agencies that I am pleased to hear if they are involved."

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.

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

- People's support plans described if they needed any support with decision making in relation to the care and support they received. People and their relatives confirmed staff asked people for their consent and understanding before starting care.
- Staff had received MCA training to enable them to understand how mental capacity may affect people's decision making.
- There were no people using the service subject to Court of protection orders in respect of their liberty.

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 Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff and management were prepared to work beyond expectations to ensure people received care and support using a strong person-centred approach. We heard examples of staff exceeding expectations to deliver kind and compassionate care and support.
- A person using the service had been supported to become active again with staff initially helping the person to exercise and take walks. The person had a previous involvement in horse riding and care staff worked with a local stables and provided ongoing support to enable the person to take up riding once again on a weekly basis.
- A person using the service, died while their spouse was in hospital. Staff were permitted to visit the person's spouse in hospital on the day of the person's funeral. Because they were unable to attend staff sat with them and logged onto the service remotely so the person's spouse could view the funeral. A relative commented, "The fact that you facilitated (the spouse) viewing (the person's) funeral online was truly an act of kindness that could never be repaid, and for this we will be eternally grateful."
- A person using the service told us, "They go the extra mile, on my birthday everybody sends me personal messages."
- A relative told us, a member of staff, knowing the person loved an ice cream, brought one in and sent the relative a photo of the person licking it and beaming.
- Another relative told us the person had a dog which staff would walk when the person was unable to do this.
- One person spent a lot of time in bed. Staff discovered the person did not like some of the pictures on the walls and re-decorated by staff with sensory items such as hanging mobiles in the shape of butterflies which the person enjoyed.
- Initiatives by the provider such as the loneliness campaign were part of the approach of the service to provide compassionate care and support. As part of the provider's loneliness campaign people received parcels of toiletries during the COVID 19 lockdown and letters from children. Four hours free care a month was also available for each person using the service to enable family carers to go out. The service realised some people did not have much disposable income and responded to this by providing them with hampers at Christmas.
- People received care and support from staff who knew them and had developed positive relationships with them. A relative commented, "They are very good and very caring. We are so pleased with what they are doing for (the person)." One person had needs which required a particular continuity of care. Recognising the importance of this to building positive relationships the person received care from the palliative care team where the best continuity could be provided from a small team.

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

- People and their relatives confirmed staff took account of their views and wishes when providing care to people. A relative told us how staff were working with the person to gain their trust with the goal of enabling them to take a shower.
- A health care professional commented, "They advocated for (the person) when her care was reviewed by the Adult Social Care team to enable her to remain living at home".

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and upheld. One person only received personal care from female care staff, their relative told us "They've listened to me by not putting a man into care for mum."
- Staff acted to promote and preserve people's independence. Staff had received training in reablement to support people to regain independence. A relative told us how staff supported a person living with dementia to use a new washing machine which they were unfamiliar with.

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 Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- Exceptional care was provided to people at the end of their lives, particularly in response to their changing needs. Comments from relatives of people who had received End of life care from the service reflected this such as, "They were all highly professional, friendly and genuinely caring". "The care delivered was outstanding. The staff were thoughtful, kind, professional and compassionate at all times."
- The service adopted a pro-active stance to providing care when people's care needs increased, stepping in to provide additional care hours based on need alone and before funding had been agreed. The palliative care lead described how the palliative care hours were always the first to be covered when organising the rota to ensure people received consistent care in their final days.
- A dedicated 'hand-picked' palliative care team provided care to people at the end of their lives. The team led by a Palliative Care Lead was intentionally small to ensure people and their families knew the team and received consistent care and support. A relative commented, "The complete trust (the person) had built in the staff was demonstrated when we are convinced she waited for (staff member) to come on duty to be present and support us at the time she passed. Which I must say (the staff member) did in the most wonderful way."
- People experienced care which was comfortable, dignified and pain free. Comments received by the service described the care people had received, such as, "Efficient compassionate care", "I cannot thank them enough for the amazing care they provided and for helping us to fulfil her wish to remain at home." All staff had received training in Responding to pain and End of life care.
- Staff engaged with people nearing the end of their life in a positive way. They supported people nearing the end of their life with young families to write cards to be passed on after their death to mark significant events in the future such as birthdays.
- The emotional support given to relatives of people receiving care was positively acknowledged in comments such as "They also made sure my morale was maintained", "The staff were sensitive to the situation and very supportive of us as a family". A person's relative described how staff managed the final moments of the person's life, "I will never be able to thank the staff enough for alerting me to come and speak to (the person) as she was quickly slipping away. I was in tears as I spoke with (the person) for the very last time and I was so touched to see the staff also quietly shedding tears as they had grown so attached to (the person)."
- Following the death of a person the service palliative care team were available to lay out the person's body if the family wished. A relative commented, "On the night (the person died), (staff) came out to join (staff) and prepared (the person's) body with such thoughtfulness and care."

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

preferences

- People received highly individualised care and support in response to their needs and wishes.
- Staff knew the importance of respecting people's individual preferences. People's relatives told us, "They always pay attention to detail and give a personal service. It's very reassuring." and "The team look after (the person) with such loving care. They know her needs and what she likes and dislikes which makes me feel confident with them all." A health care professional told us, "They provided a small team of (staff) who were able to build a rapport with the patient so that care could be provided to minimise her distress during care interventions, as the patient has an advanced stage of dementia." and "There was evidence that the (staff) had extended the opportunities for the patient to have some sensory stimulation and I observed how this had really improved the patients quality of life."
- People and their relatives contributed to individualised and clear care plans which were kept under ongoing review using an electronic care planning system. A relative commented, "Periodically staff get in touch and ask if they can review the care plan. They sometimes make suggestions in (the person's) care. The result was an extra visit has been put in place."
- The care planning system enabled people and their relatives to access their own or their relative's care plans and medicines records. Operating with data protection safeguards, the system provided assurances to people's relatives who lived away that people were receiving their care. A relative commented, "There's lots of good information on the daily app re how the visits have gone. It's been wonderful knowing mum's been seeing a friendly face over the last 2 years."

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.

- People's communication needs were identified through initial and ongoing assessment. The Provider information Return (PIR) stated, "We will always look for the most appropriate way to communicate with our clients to ensure understanding, and we have a comprehensive Accessible Information Policy".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in activities making a positive impact on their life. The purchase of a minibus has enabled people to enjoy trips out and social gatherings such as a carol concert and to meet other people receiving a service from Flexicare.

Improving care quality in response to complaints or concerns

- A system was in place to manage and respond to complaints. No complaints had been received by the service and the service used a pro-active approach to responding to any issues raised to ensure they were addressed and resolved swiftly. Information on how to complain was provided to people and their relatives.

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 Outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Management of the service was imaginative and leaders facilitated a can-do staff approach and an exceptionally people focused culture. People experienced staff as treating them as unique individuals and their care had enhanced and enriched their lives as described throughout this report. We saw leaders had ensured the provider's aim of providing a streamlined, effective, safe and compassionate service for people became a reality for those who used the service.
- Strong leadership and collaborative work with other organisations, drove continuous improvement in the service. This was part of a broader research-based approach driven by the chief executive officer (CEO) to create a better world in health and social care for future generations. The service worked closely with the Centre for Practical Innovation in Care, a research organisation created and operated by the CEO. People benefitted from provider driven initiatives in areas such as loneliness, research based use of small care teams to ensure consistent care and the use of a therapy dog. During the COVID 19 pandemic, a telephone 'listening ear' service was established. People using the service could phone the office for a chat to support them with their mental health during times when they were isolated.
- The Provider information return (PIR) described the approach, "Our culture is positive, and empowers both clients and personal assistants to achieve their very best desired outcomes."
- Staff were positive in their roles and clearly proud to work for the service, receiving ongoing support to continue to provide a high quality innovative service. We heard comments such as "Well supported, very friendly working environment" and "Well-run organisation. Flexicare is up there."
- The provider adopted a proactive approach to the lack of PPE at the start of the COVID 19 pandemic. The service initiated their own programme of making and supplying masks for staff and people using the service. The service sourced suitable materials and followed information available on the internet to make suitable face coverings until proprietary supplies were available. Initially masks were provided to people using the service and their relatives. The provider also launched an appeal on local radio and was able to source masks for staff until their own production was sufficient. An eventual surplus in masks produced also enabled supplies to be made to NHS staff. The nominated individual arranged to have their first COVID 19 vaccine live on regional television as an example for others to follow.
- As well as working collaboratively with health care professionals, the provider worked in partnership with a number of other agencies in the wider community. For example, working with a local school to provide and distribute food hampers to families during the pandemic. Research which has shaped the delivery of the service has been carried out in conjunction with The Leaders Council and Bath University.
- The provider worked with Proud to Care, which is an organisation that promotes employment in social

care to develop an on-line learning system based on the Care Certificate.

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

- There were effective systems in place to monitor the quality of services and care provided to people. Regular audits were taking place to support the registered manager to meet the regulatory requirements and identify shortfalls in the service.
- The registered manager was able to monitor the care visits provided to people on a daily basis using a screen in their office. This gave real time information about visits planned for the day and staff attendance enabling any issues to be identified and responded to.
- An on-call system of senior staff operated outside of office hours to respond to any issues raised by people, their relatives and staff. The service had been enhanced to provide a senior member of staff early in the morning who could respond quickly to any staff absence and ensure people received their care.
- The registered manager and other members of the management team ensured staff were fulfilling expectations to deliver a high-quality service. Checks through observations based on the Care Certificate qualification were made on staff during visits to ensure standards were being maintained and people were satisfied with the care and support they received.
- The provider ensured they met CQC's registration requirements by completing and forwarding all required notifications to support our ongoing monitoring of the service.

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 was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- People and their relatives had positive experiences when they communicated with the service. One person told us, "If I had a problem I could phone the office and they would listen to me." People's relatives commented, "They constantly keep in touch. If I phone the out of hours, they always pick up.", "The ladies in the office are extremely good and they contact me if there are any issues." and "Sometimes they've been extremely busy (when contacting office) but there's never been any sharpness or asking me to phone back."
- Surveys had been sent out to people and their relatives to gain their views. Results from the 2021 were positive. Staff surveys had also been carried out. The results from the 2021 survey were positive and showed staff felt valued and were happy in their roles.