

The Flame Lily Nursing Agency Ltd

House of the Flame Lily

Inspection report

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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

This inspection took place on 16 August 2016 and was announced. House of the Flame Lily provides personal care to people in their own homes. At the time of our inspection there was one person receiving support from the service. We last inspected the service in February 2014 and we found the provider was meeting the regulations.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe. Staff understood their responsibilities to protect people from harm and knew how to report any concerns about people's safety. Staff were aware of risks to people's health or well-being and clear guidance on how to keep people safe was available in their homes for staff to refer to. People received their medicines as prescribed and these were managed safely.

Appropriate recruitment checks were completed before staff started to work in people's homes. Staff had the skills, knowledge and training to meet people's care and health needs. Staff felt supported by the manager and had regular one to one and team meetings. People were supported to make their own choices and decisions about their care and health needs. Staff obtained consent from people and where appropriate, people's capacity assessed. People were supported to meet their nutritional needs and they were supported to access appropriate healthcare professionals when required.

Staff were kind and caring. People's needs were assessed and care records gave clear guidance on how people should be supported. Care plans were personalised to reflect people's individual preferences. Changes in people's needs were quickly identified and care amended to meet people's changing needs. Systems were in place to ask people for their views about their care. Staff knew how to raise concerns on people's behalf and the provider had processes in place to address complaints.

The service was well-led. Staff understood their roles and responsibilities. Systems were in place to monitor the service provided to ensure people received quality care.

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.

People said they felt safe. Staff understood their responsibilities in protecting people from harm. Risks to people had been assessed and were managed safely. People were supported by sufficient numbers of staff. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff with the skills and knowledge to meet their needs. Staff received training relevant to their roles. People were supported to make their own choices and decisions. Staff understood their responsibility to protect people's rights. People's nutritional needs were met and people were supported to access healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and they had good relationships with the staff that supported them. People were cared for by a regular group of staff. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People told us they were involved with making decisions about their care. Changes in people's needs were quickly recognised and prompt action taken to meet changing needs. People were aware how to raise any concerns and were confident any complaints would be addressed.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with the service they received and thought the service was well-led. Staff understood their roles and responsibilities and felt supported in their roles by the provider. The provider had systems in place to monitor the quality of care people received.

House of the Flame Lily

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

Before the inspection we looked at the information we held about the service. We looked at any statutory notifications we had received, which are notifications the provider must send us of certain events such as serious injuries. We considered this information when we planned our inspection.

During the inspection we spoke with one person who used the service. There was a registered manager in post however they were not available to speak with us at the time of the inspection. We spoke with a manager of the service and two members of staff. We reviewed a range of records about how the care was delivered for the person who received support from the service. We looked at how the domiciliary care agency was managed. These included one care record, two staff records and records relating to the management of the service such as audit checks.

Is the service safe?

Our findings

The person we spoke with said they felt safe with the staff that supported them. They commented, "They [staff] are good with me, yes I feel safe." Staff we spoke with had a good understanding how to keep people safe. They said they would report any concerns they had to the manager. We spoke with the manager of the service who demonstrated an awareness of safeguarding procedures and reporting any concerns of potential abuse or harm to the local safeguarding authority. This meant the provider had systems to report any allegations of abuse or harm to keep people safe.

Risk assessments were carried out to minimise the potential risk to people's safety. Staff we spoke with were able to tell us about the risks the person they supported might have. They explained to us how they managed known risks such as fragile skin. One member of staff explained to us about potential risks the person might have and how they reduced these risks to ensure the person remained safe. They shared information with other staff members to ensure the person was cared for safely. Records we looked at clearly identified risks the person might face and clear guidance was available for staff to refer to in order to reduce risks. Information was regularly reviewed and updated when the person's needs changed; any risks to their health and well-being updated. We saw staff provided care as directed in the person's risk assessment. This meant staff understood how to care for the person safely.

The person we spoke with said they received care from a regular group of staff. They told us they knew the staff well and staff stayed with them for the required length of time. They said they always received their calls and they were never missed. The manager we spoke with explained the service worked alongside another domiciliary care agency to support the person. This ensured annual leave sickness or unplanned absences could be managed. This meant the person continued to receive care from staff that they were familiar with. We saw there was sufficient numbers of staff employed to meet the needs of the person using the service.

We looked at the provider's staff recruitment systems and saw appropriate pre-employment checks had been carried out prior to staff starting work at the service. One member of staff told us, "I have had all my checks done." Records we looked at showed staff had completed an application form, attended an interview, had reference and Disclosure and Barring Service (DBS) checks completed. DBS checks help employers reduce the risk of employing unsuitable staff.

The person received their medicines as prescribed. The person we spoke with commented, "I am happy with how my medicines are given." Staff we spoke said they had received training to administer medicines and their competency had been assessed by their manager. They told us the manager carried out regular spot checks to ensure care was delivered safely and this included medicine administration. We saw where people needed medicine administered directly into their stomach through a tube there were the necessary safeguards in place to ensure these medicines were administered safely. We looked at records and saw information about how and when to give medicines was clearly documented. Medicine Administration Records were completed correctly and additional information was available for staff to refer to which helped to reduce the risk of staff administering medicines incorrectly.

Is the service effective?

Our findings

The person we spoke with told us staff were skilled and knowledgeable in their role. They said, "[Staff] are well trained they look after me very well" and "I feel happy they can meet my needs." Staff we spoke with said they had received training which enabled them to perform in their role. For example, moving and handling people safely. Staff told us they had received an induction when they first started working at the service. This included meeting the person they were going to support and working alongside experienced members of staff to ensure they understood how to meet the person's care and health needs. A member of staff said, "My induction was good I feel more confident in the role." Staff we spoke with said they had their competencies tested through spot checks by their manager and received regular one to one and team meetings. They said this meant they understood their roles and responsibilities and were supported by the provider to gain the skills needed to support people's needs.

The person we spoke with told us staff asked for their consent before providing them with care and support. They said, "I consent to my care." Staff we spoke with explained how they sought consent when providing care. One member of staff commented, "I make sure [person's name] is okay with me providing care; I would stop if they were not."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 may lack 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. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that it was.

The manager told us people's capacity to make decisions was assessed. The manager demonstrated knowledge and understanding around the law about people's rights and knew what steps to take if it appeared that someone's ability to make decisions was changing. Staff we spoke with were aware of the legislation and demonstrated knowledge of issues in respect of people's ability to make their own decisions. We looked at information about capacity in the care record we viewed and found the person had been involved in making decisions about their care and support. This meant that people's rights were supported by the service.

The person we spoke with was happy that their nutritional needs were being met appropriately by the staff that supported them. Staff explained they followed the advice provided by healthcare professionals to safely manage the person's nutritional requirements. We saw where people needed food and drink administered directly into their stomach through a tube there were the necessary safeguards in place to ensure this was completed safely.

The person told us staff were knowledgeable about their health needs and said staff supported them to access health care services when this was required. Staff we spoke with explained how they monitored the

person's health and the actions they took if they noticed any change in their health needs. For example contacting the doctor. Records we looked at reflected the information staff shared with us and also gave clear guidance how to meet particular health needs in order for the person to remain safe. We saw where there were concerns about the person's health these were escalated appropriately.

Is the service caring?

Our findings

The person we spoke with said staff were kind and caring. They said, "They look after me." They told us staff listened to their wishes and did as they asked so care was delivered how they wanted it. We saw a caring and compassionate relationship had been built between the staff and the person they supported.

The person we spoke with confirmed they were supported to express their views and to be involved in making decisions about their care and support. Staff we spoke with were able to clearly explain the person's needs and how they communicated with the person to make sure they were providing care in the way the person was happy with. Staff said they provided the person with information so that they could make informed choices about their care. We saw staff speak with the person in a kind manner, speaking clearly to ensure the person understood what they had said and waited for them to respond. We saw information about the person's communication method was clearly reflected in their care records. Staff we spoke with were very familiar with the person's needs and how they wanted their care to be given. They explained to us how they ensured they gave the person choices in how and when they wanted to receive care. For example, when they wanted personal care to be given or when they wanted to have their hair washed. When additional support was required to meet the person's needs staff explained to us how they provided the care required to make the person more comfortable. Records we looked at showed regular contact between the provider and person; we saw the person's care was reviewed regularly to ensure it continued to meet their needs and expectations. This demonstrated staff understood the person's needs and showed that staff gave the person choice about how their needs should be met.

The person told us staff treated them with dignity and respect. Staff told us they were respectful of people's dignity and privacy when providing care. They explained to us how they ensured they provided care in the way the person wanted it to be delivered. For example closing curtains and ensuring items were easily to hand when providing personal care. We saw staff respected the person's dignity by talking in a polite way, listening to them and responding so that the person understood them. This meant people's privacy and dignity was respected.

Is the service responsive?

Our findings

The person we spoke with told us they were involved in developing their care plan with staff. They said they were involved in regular reviews of their care and support needs. The person told us that staff were reliable and they were cared for by a consistent staff team. This was important as the person had complex needs that required staff to be with them for the majority of the day. Staff we spoke with were very clear about how to deliver the care the person needed to ensure they remained safe and as comfortable as possible. They were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs. This enabled them to provide care in a personalised way which was responsive to the person's needs.

Records we looked at reflected the person's needs and the support they received. We saw where there were changes to the person's care or health needs these were recognised by staff and the provider was informed. Changes were reflected in the person's care records and guidance for staff was updated. The care plan was personalised and gave examples how the person liked to be supported. The person confirmed to us they knew how to contact the manager if they needed to. We saw in the records we looked at there was regular contact from the provider to ensure the person was happy with the service they were receiving. This showed the provider had appropriate systems in place to ensure they were responsive to any changes in people's needs.

We spoke with the person about what interested them. They said, "Choose different activities, I watch TV a bit of the time, [staff] read to me or play a game and listen to music." Staff we spoke with said the person they supported chose when they wanted to partake in different interests and they facilitated their request.

The person we spoke with said, "I would speak with [care worker name] if I had any concerns." Staff told us they would support the person to make a complaint, if they needed to and they would contact the manager to let them know about any concerns. We spoke with the manager who told us they had not received any complaints about the service provided. However they said if they received any complaints they would be treated seriously, investigated and the complainant involved in any resolution as per the provider's complaints policy. This meant there were appropriate systems in place to manage complaints.

Is the service well-led?

Our findings

The person we spoke with was happy with the care they received and thought the service was well-run. They said they were happy with the staff group who provided their care and thought they provided a quality service. They told us they were asked regularly if they were happy with the service. They said they felt listened to, and any issues they had were dealt with straight away. This showed people were able to share their views about the service they received.

Staff told us they understood their roles and responsibilities and felt supported by their manager and the provider. They said there was always support available to them by telephone if they needed to discuss any concerns. Staff expressed confidence in how the service was managed. They said they received support from the manager which included one to one and team meetings. These provided an opportunity to discuss any issues they had regarding their role, the person they cared for or their own personal development. Staff told us they would raise any concerns they had with the provider and felt confident these would be addressed. They said they were aware how to whistle-blow if required. Whistle-blowing means raising a concern about a wrong doing within an organisation.

There was a registered manager in post however they were not available on the day of our inspection. We spoke with another manager within the service who demonstrated a good knowledge of the person who was being supported by the service and of the responsibilities to submit notifications to CQC when certain events occurred such as serious injury. We found the provider had systems in place to audit effectively the quality of care people received. We saw spot checks had taken place of staff practice to ensure they were working and performing to the required standard. Staff we spoke with confirmed these checks had taken place. We found systems in place to monitor medicines, care records and saw the views of the person being cared for was sought on a regular basis. We saw positive comments made by the person about the quality of care they received. This showed the provider had systems in place to monitor the quality of service people received.