

Flexicare (Oxford and Abingdon)

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## 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

We undertook an announced inspection of Flexicare Oxford and Abingdon on 27 July 2017.

Flexicare is a small local Oxfordshire charity which provides a sitting service in the homes of families with children living with severe physical and/or learning disabilities. This may include needs around mobility, meeting nutritional needs, breathing, communication and seizures. Two part time care coordinators and a team of 17 volunteers supported 41 families.

There was a registered manager in post. 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.

Parents told us children benefitted from very caring relationships with the staff. There were sufficient staff to meet children's needs and children received their care when they expected. Staffing levels and sitting schedules were consistently maintained as visits were not arranged unless the service had capacity to fulfil the commitment. The service had safe, robust recruitment processes.

Parents were involved in creating childrens' support plans. Visit times were confirmed before the visit took place and parents knew who would visit to provide a service. No missed visits were reported or recorded. Parents told us it was a reliable service.

Children were safe. Staff understood their responsibilities in relation to safeguarding children. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified. Children had sufficient amounts to eat and drink and received support with meeting their nutritional and hydration needs where needed.

Where risks to children had been identified risk assessments were in place and action had been taken to manage the risks. Children were assessed prior to staff supporting them and received care from staff who were knowledgeable about their needs and how best to support them. Most medicines were administered by their parents. However, where staff administered medicine children received their medicines safely as prescribed.

Parents told us they were confident they would be listened to and action would be taken if they raised a concern. We saw a complaints policy and procedure was in place. The service had systems to assess the quality of the service provided. Learning was identified and action taken to make improvements which improved children's' safety and quality of life. Systems were in place that ensured children were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

## 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.

Parents told us they felt their children were safe. Staff knew how to identify and raise concerns.

There were sufficient staff available to meet childrens' needs.

Children received their medicines as prescribed. Staff were trained before administering any medicines.

### Is the service effective?

Good ●

The service was effective.

Staff had the training, skills and support to care for children. Staff spoke positively of the support they received.

Children received support with eating and drinking where needed.

The service worked with health professionals to ensure childrens' physical and mental health needs were maintained.

### Is the service caring?

Good ●

The service was caring.

Parents told us children benefitted from caring relationships with staff.

Childrens' independence was promoted and they were encouraged to do things for themselves where they could.

Children were cared for by staff who were knowledgeable about their needs and what was important to them in their lives.

### Is the service responsive?

Good ●

The service was responsive.

Children were assessed and received person centred care.

Care plans were personalised and gave clear guidance for staff on how to support children.

Concerns were dealt with appropriately in a compassionate and timely fashion. A complaints policy was in place and available to families.

### **Is the service well-led?**

The service was well led.

The registered manager led by example and empowered and motivated staff to deliver high quality care.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

**Good** ●

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## **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 the 27 July 2017. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting children who use the service. We needed to be sure that someone would be in.

This 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We were unable to speak with children due to their dependency. We spoke with six parents, three care staff, and the registered manager. We looked at four childrens' care records, four staff files and staff training records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a child's route through the service and getting their parents views on their care.

## Is the service safe?

### Our findings

Parents told us their children were safe when receiving care from the service. Comments included; "One hundred percent (safe)", "The volunteers (staff) are all one hundred percent safe. It's the only time I can go out and I feel comfortable about it. There is not much family support. It gives me peace of mind" and "I feel that the volunteers have been in a medical profession or have had disabled children too. When they came at night (evening), my children went to bed fine. If I didn't feel it was safe, or if I wasn't happy with it, I wouldn't have done it."

Children were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to the registered manager or the on call coordinator. Staff were also aware they could report externally if needed. Comments included; "This would require immediate action. I would tell [registered manager] straight away and if needed I can call the police and inform safeguarding", "I would immediately call the manager or the on call coordinator. I can also call the social worker, the local authorities or the paediatric nurse" and "I'd initially contact a coordinator plus the social services". The service had systems in place to report concerns to the appropriate authorities.

Risks to children were managed and reviewed. Where children were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one child had a specific condition that meant they did not have control of their limbs and suffered from 'painful spasms'. Staff were provided with guidance on how to safely transfer the child to prevent any excessive movement. Another child was not independently mobile and required hoisting for all transfers. Details of how to safely transfer the child were listed in the care plan and included use of the hoist and specific slings with positioning guidance.

There were sufficient staff deployed to meet childrens' needs. The registered manager told us the service did not take on new referrals unless they had capacity. "We have two part time coordinators, we are recruiting a third, and 17 volunteers so we only take a family on if we have space. There is a waiting list at the moment". They went on to say "Our sitters (volunteers and staff) usually visit a family maybe once or twice a month and visit times vary. All visits are pre-booked. There is a team of sitters for each family so between them we cover their needs and children are supported by many other agencies and of course their families".

Children's parents told us staff were punctual and reliable. One parent said, "They always turn up on time. They are very pleasant. I couldn't fault them." Another parent said, "I have never had any issues. I have never been let down."

Children received their medicine as prescribed. Many parents administered childrens' medicine but where staff administered we saw they had been appropriately trained and their competency checked. Protocols were in place to guide staff where children had 'as required medicine'. These protocols had been created in consultation with GPs and parents. For example, one child had a 'seizure management protocol' provided by a consultant paediatrician. This protocol guided staff to manage any prolonged seizures with medicine. Details of the medicine and dosage were included along with the appropriate times to call the emergency

services. Records of medicines were held by parents in the childrens' homes.

We spoke with staff about medicines. Their comments included; "Generally the parents take care of any medicine. However, I am trained and as an ex-nurse I am confident with medicines" and "I am trained (medicines) and I was quite recently checked by the community childrens' nurse. All the records are in the child's home and I think we have some good guidance regarding medicines".

## Is the service effective?

### Our findings

Parents told us staff knew childrens' needs and supported them appropriately. Comments included; "The volunteers are primarily ex nurses who have experience with children", "They understand where we're coming from as parents. They are amazing how they deal with my daughter's behaviour", "They have definitely got the right experience. I would say their experience comes from their previous jobs, they are kind and caring and they have got natural care in them" and "Definitely have the right skills and experience. I get the feeling that nothing is a problem. I feel that the volunteers have been in a medical profession or have had disabled children too".

Children were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included safeguarding children, moving and handling and first aid. Staff also shadowed experience staff for a minimum of three visits before working alone and were introduced to children by staff known to the child. Staff spoke with us about their training. Staff comments included; "The training was pretty good. I had autism training from the community childrens' nurse and specific training for particular needs. It gave me a lot of confidence" and "Generally I find the training very helpful. We are pretty much up to date". Training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been organised.

Staff told us, and records confirmed they had effective support. Staff met frequently with their line manager and had formal annual reviews on their performance. Staff had development opportunities and could request further training. For example, one staff member was supported to attain a qualification in care at a national level. Staff commented on the support they received. One said, "I do feel well supported. We meet every week and debrief on our experiences with families. I am also supported to develop and I know if I asked for anything I would get it". Another said, "I am never under any pressure, there is always someone to phone to help me if I need it. I feel supported and [registered manager] is always available. We constantly discuss issues".

Children received effective care. For example, one child had 'sensory sensitivities' and could be 'routine fixated'. A 'positive behaviour plan' was in place that gave staff detailed guidance to effectively support the child. Risk factors were identified as were 'slow' and 'fast' triggers to behaviours. Prevention strategies were highlighted such as 'getting the child's attention before talking to them and initiating 'positive social interaction'. This guidance had been provided by a senior clinical psychologist.

We discussed decision making and consent with the registered manager. They said, "The parents are the decision makers but we try to include the children. We give children choices and options with the everyday decisions". One staff member said, "I offer choices to children and treat them the way I would wish to be treated". One parent said, "The carers offer my son choices as appropriate. They will let him lead. They might ask him if he wants a bath or go straight to bed." All care plans, risk assessments and protocols had been created in consultation with children's parents and where possible, children.

Most children did not require support from staff with eating and drinking. Where children did need support guidance to staff was provided. For example, one child received food through an external tube. Oxford Health NHS had provided detailed guidance relating to the feeding regime which emphasised 'sterile protocols'. Contact details for the child's dietician were contained in the care plan. We spoke with this child's relative. They said, "My son is PEG fed. We know all the volunteers are specifically trained for my son's support plan". Another child's care plan noted [child] has a good appetite and feeds himself'.

We asked staff about childrens' nutritional needs. One staff member said, "We support some children with eating and some have special diets. We are informed by parents about foods and what children like and dislike". Another staff member said, "Some children have specific feeding routines and needs and I have been trained for this".

## Is the service caring?

### Our findings

Parents told us their children benefitted from caring relationships with the staff. Comments included; "The volunteers are all lovely. There is nothing negative I can say about them. One lady would come with a bag of things which she knew my daughter would be interested in. They are like family", "They're amazing, absolutely amazing. They are brilliant with my daughter", "Flexicare is fantastic. They are very caring ladies" and "If my son is not feeling very settled the ladies just sit with him to reassure him. They do what he wants. They are lovely with him".

Staff spoke with us about positive relationships at the service. Comments included; "I think this service is amazing. We are true carers. We love the children and we care for the families", "Yes, I do have lovely relationships with my regular children, we know each other so well" and "The children are wonderful, it is why I do this".

Children's dignity and privacy were respected. When staff spoke about children to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. Staff used children's preferred names.

Parents told us staff treated children with dignity and respect. Comments included; "Definitely, they treat my daughter well. The volunteers have a calming effect upon my daughter's behaviour. They understand her just as the parents do. It is like leaving a parent behind. It is very, very good", "The volunteers do what we do as parents. They treat my daughter as if she's normal. They involve her with everything. If the volunteer is doing something with her siblings, my daughter will join in. They treat her as she should be treated" and "Absolutely treated with dignity and respect. The ladies are very aware of my son's needs. They are aware he's becoming a young man. They have always treated him brilliantly. They are very mindful of what he might want. It has made the biggest difference ever".

We asked staff how they promoted children's dignity and respect. One staff member said, "I just always remember how I would like to be treated". Another said, "I treat the children as individuals and I always use the child's name. I offer them choices and, where appropriate, I respect that choice".

Children's independence was promoted. Staff were guided to encourage children to do what they could for themselves. For example, one child's care plan noted 'has a good appetite and is able to feed themselves'. Staff were advised to allow the child to eat independently but to supervise the meal. One staff member spoke with us about promoting independence. They said, "We encourage children to do things for themselves and to have input into their care along with the parents".

Parents told us they were involved in their children's care. One relative said, "There is one care plan at home and one on file. There are updates on each visit. We go through what needs to be done for my son and my girls". Another relative explained how they were involved in creating their child's care plan. They said, "One of the managers came at the beginning and talked it all through. She wanted to know how to manage my daughter's behaviours. There was a lot of paperwork to fill in including about behaviours. They spent a lot of

time with us. We were left leaflets and additional information".

The service ensured childrens' care plans and other personal information was kept confidential. Childrens' information was stored securely at the office and we were told copies of care plans were held in their homes in a location of their parents' choice. The services confidentiality policy stated information would not be shared without 'prior permission'.

## Is the service responsive?

### Our findings

Children's' needs were assessed prior to accessing the service to ensure these could be met. Children and their families had been involved in their assessment. Care records contained details of children's' medical histories, likes, dislikes and preferences. Also included were names, interests and hobbies. For example, one child liked 'cuddles, stories and songs'. Another enjoyed watching 'childrens' programmes on TV'. One parent told us how staff supported their child to pursue their interests. They said, "What is amazing is that Flexicare will look after my son or they will take my daughters out. They will even take all three out. They will even come swimming with me. The volunteer who came had such a nice time. What they provide for me has been invaluable".

Children's' care records contained detailed information about their health and social care needs. Parents reflected how each child wished to receive their care and gave guidance to staff on how best to support children. For example, one child had 'limited verbal communication'. Staff were guided to use 'simple instructions' and break down any tasks or activities into 'steps' so the child could understand. Staff were also guided to use 'positive instruction. For example, if a child was climbing staff were guided to say 'please sit down' as opposed to 'don't climb'. Staff we spoke with were aware of and followed this guidance.

Staff told us how they responded to children's' changing needs in line with parents' wishes. Staff comments included; "As the child's needs evolve we have to respond. It's mainly the parents who are the driving force behind changes. We are not in contact with the children that often, sometimes once a week but once a month is more usual. However, we do get informed of changes" and "Flexicare alerts us to any changes to the child's care and we are regularly updated. If a child's feeding regime changes I am informed". One parent said, "When she (registered manager) has not seen my daughter for a while we give her an update and she changes the care plan accordingly". Another parent commented, "As my son's needs have changed he has developed seizures. He is quite challenging. They have taken this on board and the carers have had appropriate training. They want a run-down of where things are up to when they arrive. I have never gone out without knowing my son is in safe hands".

The service responded to families requests in a flexible manner. Parents told us how responsive the service was. Comments included; "The care plan is definitely accurate. My daughter can change on a day to day basis. When the volunteers come we tell them how things are and they take it all in. They are amazing", "They are so flexible for what I need. They are an amazing charity. They are not just about the disable child. They are about the whole family" and "The best thing is the flexibility. It is not just to sit in the house. The volunteers can come with me, such as to hospital. When my son was in hospital I was told the volunteers could 'sit' with him. I didn't take it up but it was so nice to know they were there if I needed them, especially as we don't have family nearby. It is so comforting to know."

Relatives' opinions were sought and acted upon. Families were regularly given feedback forms where they could pass comments and raise issues relating to the service. They could also attend the 'user committee meeting' held four times a year. The committee comprised of staff, volunteers and families. Issues were raised and discussed at committee meetings. One parent spoke about committee

meetings. They said, "I'm a parent representative on Flexicare's management committee so I have a large say. There are three or four meetings a year. The service tends to evolve rather than make sudden changes. Technology has evolved over time, so you can send text requests rather than leaving messages on an answer machine".

Parents knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. Parents comments included; "I have never had any issues. I have never been let down", "They are very approachable by email. I would feel perfectly confident to email them if there was anything I was concerned about" and "There have been no issues at all, absolutely nothing". The service had only one complaint recorded and this had been dealt with compassionately, in line with the provider's policy.

## Is the service well-led?

### Our findings

Parents told us they knew the registered manager and felt the service was supportive, well managed and provided a unique service. Comments included; "Flexicare is very well managed. They have got trustees who have been there a long time. They do a good job of the overall management of the service", "The best thing is that they offer a unique service that no one else does. The volunteers are extremely professional. There can be families who have no other services to access. They do an amazing job in supporting families. We are so lucky", "Flexicare is managed very well in that we don't have any problems and it seems to run smoothly. They keep families like us as families and it gives us a life" and "They are excellent. I am grateful I have got such a good service available. I am very, very lucky."

One parent spoke with feeling about the impact Flexicare has had on their life. They said, "We never used to go out as a couple. People are frightened of my daughter. If we go out now, we go out together as Flexicare has given us the confidence to go out together. Who else can we trust? She is in safe hands. It is amazing".

Staff told us they had confidence in the service and felt it was well managed. Comments included; "She (registered manager) is a really nice person. Her heart is in the right place", "[Registered manager] is great, she is so easy to talk to. She has a mum's point of view and this comes through in the way she works. I could bring up a personal issue and feel confident in how it would be handled" and "[Registered manager] is excellent. She is supportive, definitely approachable and she is a good listener. This is an honest, well run service".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

There was a system in place to record, investigate and monitor accidents and incidents. No accidents or incidents had been recorded for 2017. The registered manager told us, "Incidents are very rare but I would investigate all incidents to find any patterns".

Regular staff meetings were held to allow staff to discuss issues and look to improve the service. This included reviewing children's care and updating care plans to reflect childrens' changing needs. Staff told us learning was shared at these meetings. One staff member said, "We exchange and share learning at weekly meetings and we also attend multi-disciplinary meetings. We then share any information from these with the team". Another staff member said, "I talk through any issues at the weekly meetings and I get texts and phone calls from [registered manager]. I think we have good two way communication.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Staff maintained visit notes and these were regularly audited to identify any issues or updates, such as a child needs changing. Other audits monitored processes and procedures within the service. For example, we saw a recent training audit had identified some staff were two weeks overdue for a particular training module. The registered manager took immediate action and

records confirmed this training was now planned. Another audit identified a child's care plan required a review following the introduction of a new piece of support equipment. A care plan review was scheduled before the next visit.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.