

The Flame Lily Healthcare Ltd

House of the Flame Lily

Inspection report

144 Penn Road
Wolverhampton
West Midlands
WV3 0EE

Date of inspection visit:
30 May 2019
31 May 2019

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12 July 2019

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

House of the Flame Lily is a domiciliary care agency providing personal care to younger and older adults living with families or in their own homes in the community. At the time of our inspection they were supporting 1 person.

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

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. Risk assessments were in place which ensured that staff knew what to do to mitigate the risks identified. People received their medicines safely and there were effective practices in place to protect people from infection.

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. Staff received the support they required and had access to training.

Staff were kind and caring and passionate about the care they provided. People told us how well looked after they were, and staff were respectful. People's dignity and privacy was maintained, and people felt in control of their lives.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, likes and dislikes and their cultural and religious backgrounds. People knew who to speak to raise concerns and were confident they would be listened to. Staff were described as compassionate and patient.

The provider was open and honest and strived to look at ways to improve the service. Staff felt well supported and people were confident in the service. Staff liaised with other health professionals and looked at ways to improve people's life experiences.

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

Rating at last inspection

The last rating for this service was good (published 14 September 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

House of the Flame Lily

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.

Service and service type

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

The provider was also the manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection site visit activity started on 30 May 2019 and ended on 31 May 2019. We visited the office location on 31 May to speak with the provider; and to review care records and policies and procedures, we also visited the person in their home. We made telephone calls to staff on 30 May 2019.

What we did before the inspection

We reviewed the information we had about the service which included any notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. 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 this

information to plan our inspection.

During the inspection

We spoke with one person who used the service. We also had discussions with four members of staff, which included two care staff, a senior care worker and the provider. We looked at the care records of one person who used the service, three staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person told us they always felt safe with the staff and that they felt confident in the ability of staff to care for them.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. One staff member said, "If I had any concerns I would ring the office, [provider] always answers or gets back to us straight away, even out of hours. If the matter was very serious I would contact the care quality commission or the local authority."
- The provider understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's risk had been assessed and plans were in place to mitigate the risk identified. For example, there was a plan in place for someone identified as being at risk of seizures whilst moving position from chair to bed.
- Environmental risk assessments of people's homes had been undertaken which ensured the home was safe and free from hazards for both the person and staff.
- Fire and health and safety checks were in place which ensured that people and staff were safe in their home environment.

Staffing and recruitment

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and references had been obtained before they started to work for House of the Flame Lily.
- There was enough staff to meet people's needs and the provider endeavoured to ensure people were supported by the same staff. One person said, "I have the same carers all of the time, I am very comfortable with them."

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff had received training and their competencies were tested.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff were provided with protective clothing such as gloves and aprons and there was information in people's care plans about the prevention of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access.

Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, following a hospital admission for a person, a plan was put in place to ensure the complex transition to hospital went as smooth as possible.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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 fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People and their families were involved in developing their care plan. One person said, "I have always been involved with my care plan and my family was as well when I first started using the service."
- The plans detailed how people wished to be cared for, what staff needed to be aware of, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained, and who received the guidance and support they needed to deliver care effectively.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One staff member said, "I shadowed more experienced staff first and completed some training before I started to work with anyone."
- Staff were given opportunities to review their individual work and development opportunities.

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

- There were clear guidelines in place for staff to follow to support people with food and fluid. One person required their food via a percutaneous endoscopic gastrostomy (PEG) tube. Staff had received training in providing their nutrition and water safely.
- Records showed that people received their PEG feeds as prescribed. Staff monitored the site of the PEG tube and ensured this was kept clean, following the provider's procedures and protocols.
- Care plans were clear and detailed the positioning of the person for optimum PEG feeds and staff confirmed they knew the care plans in detail.

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

- People were supported to live healthier lives and were supported to maintain good health. The service worked alongside GPs, district nurses and involved dietitians when required.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in MCA and understood the importance of seeking consent before supporting people. People told us that staff always sought their consent before providing care to them.
- Care records guided staff on the support people needed to make decisions and choices about their care which helped to ensure people had maximum control of their care and support.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People were happy with the care they received. One person said, "The staff are very good, brilliant actually. I am treated very well, and I feel cared for."
- Staff understood people's individual preferences and consideration was given to match people with care staff who shared the same language and interests. One staff member said, "We take into account people's preferences as to the gender of their carer."
- Care plans detailed how people wished to be supported, what was important to them and what staff needed to know about the person. This provided the staff with the information they needed to deliver consistent care and support.

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

- People told us they had been involved in developing their care plans and that they were consulted about their care. One person said, "They [staff] listen to what I want and ask me what I want; we work it together."
- The provider was aware of the need for people's voice to be heard, they ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and their dignity maintained. One person said, "The staff are all very respectful, and very gentle with me."
- Staff described to us how they maintained people's dignity. One said, "I always talk to them and explain what I am doing, and I tell them if I have any concerns about pressure areas. I always make sure curtains are closed and that the room is right temperature before delivering personal care."
- Care records were kept securely, and confidentiality maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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 had individualised care plans, which detailed the care and support people wanted and needed. For example, one person liked to have the newspaper read to them daily. The plans ensured that staff had the information they needed to provide consistent support for people which was person-centred.
- Staff knew people well and spoke about giving people choices. One said, "It's important to find out what people want and give them choices, for example [person] cannot always talk so we lip read but always check our understanding of what has been said."

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 assessed. One person used a 'lightwriter' to communicate effectively. This is a communication device where the person types into the machine and this is then relayed through a speaker. One person told us, "I don't use my machine a lot because staff can lip read what I am saying, but occasionally I do use it if I can't get across what I want."

Improving care quality in response to complaints or concerns

- People knew who to speak to if they had a complaint. One person said, "I would speak to either [name of provider and senior care worker or my family], they are very approachable and would sort things out."
- There was a complaints procedure in place and people were given information as to how to make a complaint. No complaints had been received by the service.

End of life care and support

- At the time of the inspection, House of the flame Lily was not providing care to people at the end of their life. The registered provider told us they would support people to remain at home at the end of their life should this be their preference. They would seek advice from health professionals as to how best to support people individually.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- The provider was focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. One staff member said, "Everything we do helps keep [person] to stay living at home which is their wish."
- Staff understood the principles of providing person-centred care. One said, "We value what people feel and say".
- There was an effective on-call system in place which ensured that there was always someone for people and staff to contact if they had any concerns. This enabled the service to respond to people's individual needs at any time.

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 an open-door policy. Staff confirmed they always felt able to speak to any of the management team and the provider.
- When things had gone wrong the provider had notified the appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to monitor the quality of the service.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.

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

- People's feedback was regularly sought through one to one conversation and 'spot checks'. The information was used to drive improvements.

- Staff met on a regular basis and communicated effectively; they told us they felt able and encouraged to speak up and share ideas.

Continuous learning and improving care

- The provider was proactive and receptive to ideas and took up learning opportunities where they could.
- The provider ensured that staff were kept up to date with best practice guidance and ensured all specialist training was delivered to accommodate the person's needs.
- The provider was committed to supporting staff to develop in their roles. A staff member told us, "I already have an NVQ (National vocational Qualification) and if I want to apply for the next level my manager [registered provider] would fully support me."

Working in partnership with others

- The staff liaised with local GPs, district nurses, occupational health team, dietician and pharmacies to ensure people could access the services they needed, and staff gained a better understanding of people's needs.