

Flamelily Independent Living Ltd

Flamelily Independent Living

Inspection report

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Date of inspection visit:
20 December 2019

Date of publication:
31 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Flamelily Independent Living is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 18 people.

Not everyone who uses the service may receive 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

The provider did not have effective recruitment and selection procedures to ensure all relevant information about staff was confirmed before they were employed. The provider's auditing systems were not always effective in identifying risks or in driving improvements.

There was positive feedback from people and their families about the care they received. Feedback from community health and social care professionals was mostly positive, while identifying areas for further development.

People said they felt safe and would contact the office if they had any concerns. The provider had suitable safeguarding policies and procedures that were available to staff and people using the service. Staff received training in safeguarding adults.

People told us, and records we saw confirmed their needs were assessed before the service commenced supporting them. This assessment was used to develop an individual care plan. Staff received an induction, training and supervision.

People said they felt the service supported them well to maintain their health and provided consistent care. Records showed care staff, administrative and management staff contacted and liaised with external professionals if issues were raised in relation to people's health.

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 felt well supported and spoke positively about the care workers and managers. They told us care was provided by a consistent team of staff. People felt able to talk to the managers and staff. They were aware of their care plan and confirmed their involvement in the review and development of it. Care workers promoted and respected people's privacy, dignity and independence.

People told us the service was responsive to their needs. Care workers usually came on time, stayed for the allocated time and carried out all the agreed tasks. The provider had introduced a new electronic system that enabled them to monitor the time and duration of care visits.

The provider carried out service user and staff satisfaction surveys and we saw the majority of responses were positive. The registered manager visited people using the service, which provided an opportunity to discuss their care in a relaxed and informal atmosphere. The service worked in partnership with other agencies.

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 requires improvement (published 20 December 2018).

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We have identified two breaches in relation to staff recruitment practices and governance at this inspection. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Flamelily Independent

Living

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 homes.

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 a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 December 2019 and ended on 21 February 2020. We visited the office location on 20 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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 five people who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, administration and care staff.

We reviewed a range of records. This included four people's care records and 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 received feedback from five professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- At the previous inspection we found that staff recruitment procedures were not always thorough. Errors and omissions in records had not been followed up and pre-employment checks were not always completed correctly.
- At this inspection we looked at recruitment records for five staff employed since the previous inspection. The relevant pre-employment checks and documentation as required by Schedule 3 of Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 were available for most staff records reviewed.
- However, one staff member's records showed that they had commenced work, and had been introduced to a person using the service at their home address, before any Disclosure and Barring Service (DBS) first check clearance was received. This meant the person using the service was put at risk due to unsafe recruitment practice.

This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were sufficient staff to meet people's needs and people confirmed this. Staffing rotas for care visits were planned in advance to cover the Christmas period and into January. Staff and people using the service were informed of the arrangements. A new electronic rostering system was in operation.

Assessing risk, safety monitoring and management

- People's risks were mostly managed appropriately. Risk assessment and management plans were recorded, for people whose records we saw, in relation to them receiving care in their own home. These included, for example, risks in relation to falls, fire safety, infection control and malnutrition or dehydration.
- People said they felt safe with the service and would contact the office if they had any concerns. They told us they felt safe with their care workers when using hoists or other equipment to provide care and support. One person commented, "I have complete trust in them."
- Following the inspection, we received feedback from a health care professional in relation to a lack of care plans being in place for one person, who was known to be at risk of having epileptic seizures. Further details are in the well-led section of this report.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse because staff had the appropriate training. The provider had suitable safeguarding policies and procedures that were available to staff and people using the service. Staff

received training in safeguarding adults.

- The registered manager understood what action they should take if concerns were identified and had notified CQC when appropriate.

Using medicines safely

- People had their medicines managed safely. The provider had introduced electronic medicines administration records (E-MAR), which could be checked at any time, along with other care records, reducing the risk of medicines being missed.
- Staff had completed training in the safe handling of medicines. Records also showed staff received an assessment of their competency to administer medicines in line with best practice guidance and the provider's policies and procedures.
- People confirmed they received appropriate support, which respected their independence so that they managed their own medicines where possible. For example, staff supported them by taking the medicines out of the packet or checking they had taken them.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) and were equipped with personal protective equipment (PPE), such as disposable gloves and aprons, for use when providing personal care and carrying out domestic cleaning tasks.
- People told us staff used PPE when delivering personal care to them in their homes.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents and actions were taken to minimise future occurrences.
- Staff meetings were held where people's individual support needs were discussed and how best to support them.

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. 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 told us, and records confirmed, their needs were assessed before the service commenced supporting them. This assessment was used to develop an individual care plan.
- The service had received a new referral in relation to a person with a specific care needs assessment. The registered manager was going to visit the person in their home to ensure that an occupational therapy (OT) assessment and necessary equipment was in place before delivering a care service.

Staff support: induction, training, skills and experience

- Most people were supported by well trained staff. A range of training courses was available to staff through an online training provider. The records showed that staff had completed most of the available courses including safeguarding, fire safety, epilepsy awareness and dementia awareness training. Face to face training was also provided in areas such as moving and handling and first aid.
- Feedback from community health and social care professionals was mostly positive, while identifying areas for further development. A social care professional told us, "I feel that Flamelily are really good at supporting people whose primary need relates to physical health and have the opportunity to develop their knowledge and skills in supporting people with complex mental health conditions." A health care professional said, "I feel the service offers good support for those with less complex needs. However, with complex care clients, I feel the provider needs to learn a lot more, especially being a new company."
- Records showed the majority of staff had recently completed mental health awareness training. Another health care professional told us, "They effectively sourced appropriate training to meet my client's needs in a timely manner to ensure that she didn't require a late discharge from hospital and she could be safe and well in her home environment."
- Staff who were new to care followed an induction process that incorporated the Care Certificate, which is a nationally recognised set of induction standards for health and social care staff.
- Records showed staff received supervision, which provided them with opportunities to discuss their work performance, any training needs, ideas or concerns, and to receive feedback. Supervision included spot checks and staff received feedback from these to help with their own learning and development.

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

- All staff had received training in food safety and some had completed training in nutrition awareness.
- People's nutritional preferences and dietary needs were reflected in their care plans. People confirmed that staff supported them in accordance with their care plans, for example by preparing meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People said they felt the service supported them well to maintain their health and provided consistent care. One person told us that when they had a fall and called an ambulance, "Staff came in to help. They weren't due in. They are always very helpful."
- Records showed care staff, administrative and management staff contacted and liaised with external professionals if issues were raised in relation to people's health.
- A health care professional told us how the service had supported a person to meet their health needs. "They have adapted to meet her needs with ongoing support...as well as providing myself with updates with how she is getting on." At times when the person was admitted to hospital, "They have reacted in the correct manner and have reported these to me straight away and have supported in the hospital setting also. I feel they have gone over and above as a provider for my client."

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.

- Staff completed training in the MCA and people confirmed that staff asked for their consent to care and support.
- Care plans showed that people were able to make their own decisions independently or with support from relatives or other representatives.
- Health and social care professionals told us the service took into account people's mental capacity and consent. One social care professional told us, "I have observed carers obtain consent from clients, particularly when clients with mental health conditions take longer to respond, become distracted, anxious or agitated." They also told us, "Carers obtain consent during each care call. The care plans I have seen reflect that mental capacity is considered, although they have the scope to develop further. For example, clients with mental health conditions may have fluctuating mental capacity and therefore signs that mental capacity to consent to the delivery of care is diminishing can be identified, recorded and what actions to take."

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 the same. 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 felt well supported and spoke positively about the care workers and managers. They told us care was provided by a consistent team of staff. As one person said, "That's what I like. We get to know each other. They look after me well." People's other comments included: "All the staff know his needs well. They are more like family. If he is not well, they'll slip back in (later) and check him", "We know them and they know us. They all know what to do. They're lovely. We get on well with them all", "I certainly wouldn't like to change them. It's a kind of therapeutic effect. We look forward to them coming in. We have a laugh" and "All very pleasant, I am always pleased to see them. It's like a friend coming to see you."
- Staff had completed equality and diversity training and care was delivered to people in a way that treated them as individuals.

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

- People felt able to talk to the managers and staff. They were aware of their care plan and confirmed their involvement in it. A person told us, "They talk to you" and "Always make sure I'm alright as well." Another person said, "If they are a little bit early, they will ask if that's alright." They had a care plan that was "agreed in the beginning" and care workers kept the records up to date. Another person said the agency was "Very accommodating" regarding any need to change visit times. They had met the managers at the start and "I still see them. They make sure everything's all right and I'm happy." They said they felt "If there was anything remiss, they would sort it out."
- A social care professional told us, "I have observed carers display empathy and respect to clients when delivering care, offering them the choice of what clothes to wear and what they would like for breakfast during a care call."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed that care workers promoted and respected people's privacy, dignity and independence. A relative told us their husband used a walking aid and care workers walked with him into the bedroom to assist him with his night time routines.
- Staff received training in delivering person-centred care and knew people's preferences in relation to how they were supported.
- Care plans were written in a way that promoted dignity and respect. People's care plans described the elements of their care and support they were able to manage independently and those they needed support with.
- Paper and electronic care records were stored securely and were accessible only to authorised staff.

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. 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's care was mostly planned in a personalised way. People told us the service was responsive to their needs. They said, "I only have to ring and they'll come. I can't praise them highly enough", and "They will ask if there is anything else you want done."
- Care workers usually came on time, stayed for the allocated time and carried out all the agreed tasks. People commented, "Sometimes a little bit over", "Even more if I'm ill", and "If they need to change the agreed time they will let you know."
- The provider had introduced a new electronic system that enabled them to monitor the time and duration of care visits. This meant any unallocated visits would be flagged, which reduced the risk of them being missed. The new system also enabled access to care records, so that any changes could be communicated straight away between staff on their mobile handsets.
- A social care professional told us, "Carers appear to have good recording skills, for example; recording the time of arrival and when they finish, and the care tasks supported." They said, "Prompt reviews are undertaken and (the service provides) really kind, caring care workers. I have witnessed regular carers being on the rota to see particularly vulnerable clients, who have built up good trusting relationships with clients who may have potentially been in a care home to get their needs met if carers did not visit at home."

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 and documented and they were supported accordingly.
- The registered manager told us the service could provide information in a suitable format, such as large print, for example. If any communication issues were identified, the appropriate support would be put in place and appropriate professionals would be involved.

Improving care quality in response to complaints or concerns

- People were confident any issues they raised would be addressed. People all told us they had met the registered manager, who also provided care sometimes, and would know how to complain.
- The provider had a complaints policy and procedure and kept a record of any complaints the service received. Complaints had been responded to within timescales.
- The registered manager had identified that previous complaints had mostly been about the timeliness of care visits. They told us this had been solved by the introduction of the electronic system, which enabled

office staff to monitor care visits in real-time.

End of life care and support

- The registered manager ensured that if the service took on the care of someone at the end of their life, they worked with other professionals to ensure individual needs were met.
- Staff had received training in end of life care and support.
- A health professional who had worked with the service told us, "The carers from Flamelily were very experienced, they showed empathy and a good understanding of people's needs in palliative care." For example, "A person dying at home with complex needs who was supported heavily from the hospice team. Flamelily were able to provide a high standard of care for several months and this care allowed the gentleman to die at home."

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

- At the last inspection we found there were no clear auditing systems meaning that the registered manager did not have full oversight of the service. Errors and omissions in records had not been followed up and staff pre-employment checks were not always completed correctly.
- At this inspection, while some improvements had been made, we found the provider was in breach of the regulation relating to the safe recruitment of staff.
- An independent consultant carried out a quarterly audit and the provider carried out some other checks. However, these systems were not always effective in identifying risks or driving improvements.
- Following the inspection, we received feedback from a health care professional in relation to a lack of care plans being in place. This included care plans for supporting a person at risk of epileptic seizures. The health care professional said the provider was now working with them to improve this aspect of the service. The provider subsequently confirmed that they were working with relevant stakeholders to review the information and make it more accessible.

Systems were either not in place or effective in assessing, monitoring and mitigating risks to people using the service. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received some mixed, mostly positive, feedback from community health and social care professionals. For example, positive comments included: "The manager was very accessible to speak to and was responsive to any requests I made. Strong communication", and "(Manager's name) has always responded to my requests in a timely and professional way."
- One health care professional told us, in relation to one client, "Carers have been inexperienced at times" which had left the person's family "unsettled". They said "When staff support who are experienced in complex needs, I feel a good service is provided." They said there had been times when "Communication had been poor in relation to the management team, actions and advice." This had included concerns about the service having the necessary capacity when taking on new referrals.
- Another health care professional mentioned "more skilled communication" may have prevented a health issue developing for one person. A social care professional said, "Overall, (people) are supported to maintain good physical health. In terms of mental health, carers could be more proactive in communicating with the community mental health teams regarding any noticeable signs of mental health deteriorating. Perhaps this is a learning opportunity."

- Procedures were in place for responding to and reporting accidents and incidents. Where necessary, action plans were created and followed up until the actions were completed.
- The registered manager and provider understood their legal responsibilities and notified the commission appropriately. Where issues were brought to their attention, the registered manager and provider investigated these and informed relevant parties as needed.

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

- People spoke positively about the management team and staff. Their comments included, "The service is very good. They do the job very well", "It's brilliant", "I'm very pleased with them", "The service is pretty good. No problems", "I'd recommend them to anyone", "Always very sociable" and "Very pleasant."
- The registered manager had held some staff meetings and told us they were planning to hold these more often. Minutes were on record for meetings held in November and December 2019. Discussions at these meetings had included training, communication, and any matters or concerns about people's care and support.

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

- The provider had carried out a recent service user satisfaction survey. Eleven people had responded to the questionnaire and we saw the majority of these were positive. The registered manager had not yet collated the responses, which would inform service development.
- A staff survey had also been conducted and four staff had responded at the time of the inspection. All gave positive responses.

Continuous learning and improving care

- The provider was a member of a local organisation of domiciliary care providers, which provided a forum to discuss and share ideas for improving practice.
- The Registered Manager told us they visited all the people using the service at least once every month, which provided an opportunity to discuss people's care in a more relaxed and informal atmosphere.

Working in partnership with others

- The service had worked closely with palliative care nurses and local hospices. They had also worked with the community reablement team supporting a person who was discharged from hospital. A health care professional said, "Flamelily care agency focus on good quality of life and are able to react to the changing needs of a deteriorating patient." A social care professional told us, "I have found working with Flamelily really positive."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: Systems were either not in place or effective in assessing, monitoring and mitigating risks to people using the service. Regulation 17 (2) (b) (c) (d)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider did not have effective recruitment and selection procedures to ensure all relevant information about staff was confirmed before they were employed. Regulation 19 (2).</p>