

Flexserve UK Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Flexserve UK Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The service supported mainly older people, people living with dementia and people who had physical disabilities. At the time of the inspection, 34 people were using the service. Not everyone received the regulated activity, 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

Right Support:

Some risks in relation to people's care and welfare were not thoroughly assessed which could have impacted on people's safety. We discussed this with the registered manager who had started to make changes to improve people's risk management plans.

We found minor shortcomings around medicines management which the registered manager rectified immediately following the inspection.

Where required, staff supported people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff supported people to make decisions following best practice in decision-making. 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.

Right Care:

People received care and support from a consistent and knowledgeable staff team. However, recruitment practices were not always safe because recruitment checks did not always meet requirements.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies. Staff had training on how to recognise and report abuse.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care.

People received kind and compassionate care. Staff understood and responded to people's individual needs.

Right Culture:

The service evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. However, quality assurance systems were not always effective as they had not identified the issues we found.

People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

Staff turnover was low, which supported people to receive consistent care from staff who knew them well.

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 27 December 2018).

Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

This report only covers our findings in relation to the key questions safe, effective and well-led. For the key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Flexserve UK Limited on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches in relation to staff recruitment and the governance of the service at this inspection.

We made a recommendation about assessing people's risks.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Flexserve UK Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience who contacted people and their relatives for feedback on the care people received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed the information we

gathered as part of our monitoring activity that took place on 23 June 2022. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 7 relatives/friends of people using the service about their experience of the care provided. We spoke with 6 members of staff including the registered manager and care workers.

We reviewed a range of records including 5 people's care records and medicines records for 3 people. We looked at 5 staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures, complaints and audits were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

- While enough staff were deployed to meet people's needs safely, we were not fully assured staff were always recruited safely.
- We found several issues regarding the recruitment checks performed by the service, including DBS-related issues, a lack of appropriate references and unexplored gaps in staff employment histories. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Evidence of staff DBS checks was not always clearly recorded. For example, a staff member who started work in 2022 had a DBS certificate which was issued in 2018.
- We found unexplained gaps in the employment histories for 4 out of 5 staff.
- The service did not always seek appropriate references to verify staff conduct in previous jobs with vulnerable adults/children. For example, a staff member who had previously worked in care only had 1 reference on their file. In addition, the reference was not dated, did not contain the referee's name and did not specify the exact dates of employment of the staff member.

The lack of thorough safe recruitment procedures placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager provided further evidence of recruitment checks in response to the issues identified. However, the additional evidence was inconsistent and, in some cases, unreliable. For example, the registered manager provided handwritten records to demonstrate how they had explored gaps in staff employment histories during their interviews, but these did not fully explain the gaps in the employment histories for 3 staff. There were instances where only the years of employment were specified which did not provide enough assurances.
- For 2 staff members, we found the additional evidence regarding their DBS checks to be unreliable. For example, for one staff member, their DBS certificate number did not correspond to the standard 12-digit format. We raised this issue with the registered manager who explained that it could have been due to technical issues. However, the registered manager was not able to provide any further evidence to support their explanation.
- Following the inspection, the registered manager had carried out new DBS checks on all staff to ensure their records were up to date.
- The service deployed staff in specific geographical areas. The registered manager told us this arrangement ensured people received support from regular staff who knew people's needs well. One person said, "I am

happy with the carers. They come on time and do all the tasks." A relative commented, "[Person] is definitely happy with the carers. She thinks they are fantastic."

Assessing risk, safety monitoring and management

- Systems were in place to minimise risks to people's health, care and welfare. However, this was not consistent for every person.
- People's care records contained assessments which identified potential risks, and guidance for staff on how these should be managed. Risk assessments covered a range of areas, including the physical environment, catheter care, any health conditions such as diabetes, and moving and handling.
- While most people had risk assessments in place, risks were not always assessed for everyone. For example, for 3 people who had diabetes, 1 person had a comprehensive diabetes management plan in place, which described the symptoms and actions staff to take if the person became unwell, while the other 2 people did not.
- For one person, staff recorded the use of a 'Toto machine' in the person's daily notes but there was no information about this machine or how to operate it in their care plan. This meant while experienced staff knew how to operate the machine safely, the less experienced staff may not and this could place the person at risk of harm. A Toto machine is designed to keep people moving by automatically turning them at regular intervals.
- Risk assessments for people who were at risk of developing pressure sores were brief and generic, despite some people being assessed as at higher risk of developing pressure sores.

We recommend the provider consider guidance from a reputable source in relation to safe assessment of people's risks.

- Following the inspection, the registered manager had started updating people's risk assessments to ensure they were comprehensive and person-centred.
- Staff reported to the office if they were concerned about any changes in people's needs. The service referred people to specialist teams when needed. We saw an example where the registered manager had requested for an occupational therapy assessment for one person when staff noticed a deterioration in the person's mobility.

Using medicines safely

- Staff supported people to take their medicines safely. Where we found issues with the medicines records for some people, the registered manager took swift remedial actions.
- Where this support was required, people were assisted to take their medicines as prescribed.
- Staff received training in safe management of medicines and were assessed as competent to administer medicines. Staff signed medicines administration charts electronically to indicate people had taken their medicines at the specified times.
- Care plans contained clear information on people's medicines, including their uses and any possible side effects.
- Where people received 'when required' (PRN) medicines, such as painkillers, guidance was in place to instruct staff on when to administer these medicines. However, the guidance for the administration of a painkiller for one person lacked details as it did not provide clear and sufficient information on when to administer this medicine. We raised this with the registered manager who updated the guidance promptly following the inspection.
- For 1 person who was prescribed an anticoagulant, which is considered to be a 'high-risk' medicine, a risk assessment was not in place to ensure the safe management of this medicine. We discussed this with the registered manager and they immediately created and implemented clear guidance for this medicine.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff demonstrated a thorough understanding of safeguarding and whistleblowing. If abuse was suspected, a staff member told us they would "tell line manager straightaway and if nothing is done, can contact CQC".
- People felt safe and comfortable with staff who supported them. A person told us, "I have 2 [staff], 4 times a day and I feel very safe in their care."

Preventing and controlling infection

- Measures were in place to reduce the risk of people catching and spreading infections.
- Staff wore appropriate personal protective equipment when supporting people.
- Infection control policies and procedures ensured staff had the right guidance to keep people safe. The service encouraged staff to be vaccinated against COVID-19.

Learning lessons when things go wrong

- The staff team continuously learnt from past mistakes to provide better care to people.
- There was a clear policy on the recording and reporting of accidents and incidents. The service had a log in place in which staff documented any accidents and incidents, including outcomes and lessons learned. The team also discussed any learning from when things went wrong, in staff meetings.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The service assessed people's needs before they started using the service. This was to ensure the team would be able to meet people's care and support needs effectively.
- Staff liaised with people, their relatives, hospitals and social services to ensure people's needs were clearly understood and documented in their care plans. The registered manager told us, "When people come home (when people returned to their homes from hospital admissions), you speak to them and ask how they want their care. You ask about choices and if they need specific male or female staff."
- The service assessed people's religious and cultural needs and provided support accordingly. People's religious preferences were documented in their care plans.
- Staff reviewed people's needs regularly to ensure people received the right care and support.

Staff support: induction, training, skills and experience

- The service provided staff with the training and support they needed to carry out their work.
- Newly recruited staff members received a comprehensive induction comprising shadowing experienced staff and completing the required training. The registered manager said, "Staff have to know the routes and the people. If they don't feel confident, they'll have to do it (shadowing) for at least a week." Staff we spoke with confirmed this.
- Staff received regular training which consisted of a mix of face-to-face and online training in a range of topics, including safeguarding, infection control, moving and assisting people, first-aid and data protection. Additional specialist training, such as, catheter care, equality and diversity, learning disability and autism awareness, were also provided to staff. One person said, "They are well trained. I have a muscle condition and they are very effective at caring for me."
- Staff were supported through regular supervisions and appraisals. A staff member told us the registered manager is "nice" and, "If I need something, I call the office."

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

- Where required, staff assisted people with eating and drinking as per their preferences.
- Care plans contained clear and personalised instructions on the support people needed with eating and drinking, and a list of any of their favourite meals. For example, one person's care plan stated, "Ensure to warm my food in the microwave in the kitchen and serve my food to me in the front room where my bed is. Leave enough fluid of my choice for me to keep drinking."

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

- While most people managed their own healthcare appointments with the help of their relatives, staff supported people by monitoring their health and reporting any concerns promptly.
- Care plans outlined the specific health needs people had. This meant staff had a good understanding of people's health needs, knew the symptoms to look out for and were able to act appropriately if people became unwell. If a person was not feeling well, a staff member told us they would, "Record and tell the manager, or call ambulance as soon as possible if needed".
- The service worked in collaboration with other healthcare professionals and made appropriate referrals in a timely manner to ensure people's needs were met effectively. Records confirmed this.

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 MCA 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 complied with the principles of the MCA and worked in people's best interests.
- Staff had training in MCA and were able to demonstrate their knowledge in the subject.
- Where needed, the service had carried out mental capacity assessments for people and details of people's mental capacity were documented in their care plans, including their consent to care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems for monitoring the quality of service were not always effective.
- Existing audits had not identified the shortfalls we found at this inspection regarding the safe management of people's risks, managing people's medicines and staff recruitment.
- Staff recruitment records were not easily accessible and contained discrepancies. Further records supplied by the registered manager following the inspection did not provide enough assurances that the service was meeting safe recruitment requirements. The issues we found around recruitment practices indicated the service did not always follow their recruitment policy.
- Risks associated with people's health, care and welfare were not always thoroughly assessed and consistently recorded. In some cases, risk assessments were generic for people who had varied needs.
- People's medicines records were not always complete which existing management checks had failed to identify.

Based on the above, systems were either not in place or robust enough to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Managers carried out regular spot checks to assess the quality of care people received and ensure staff improved their ways of working.
- There were systems in place to review information, which the service gathered from different sources, including accidents, incidents and complaints, and share learning.

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

- There was an open and fair culture where the management ensured people were in control of the care they received.
- People and their relatives were overall satisfied with the care they received. They praised the staff team and their comments included, "They are so kind and caring, giving excellent personal care and support all the time" and "They help and support the family too. They really care about offering advice if I am struggling with something."
- Staff told us they liked working for the company and found the registered manager to be approachable

and supportive. A staff member told us, "I'm very happy with the management."

- The registered manager was aware of their responsibility to be open and honest if anything went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, their relatives, healthcare professionals and staff to provide people with the right care and support, and ensure they were responsive to people's needs.
- The service sought feedback from people and their relatives regularly through satisfaction questionnaires. The feedback was analysed, and improvement ideas were shared within the team. A relative told us, "The manager regularly checks with me that I am happy." A second relative said, "I do have the odd complaint which is usually rectified."
- Staff felt the communication from the management was good. We saw evidence on how the registered manager involved staff in an exercise to decide on the values that best represented the service and its purpose. Comments from staff included, "Any report that you make to them, they follow up" and "[Registered manager] will call you and ask you how you are."
- The service worked in partnership with other organisations, including the local authorities and multi-disciplinary agencies, to ensure people received the right care and support which met their individual needs. The service was affiliated with a non-profit organisation which specialised in providing financial support to people in later life.

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	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The provider did not always operate effective processes to assess and monitor risks.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not always follow safe recruitment practices.