

Flexicare Homeservices UK Limited

Flexicare Home Services UK

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 9 and 17 October 2017 and was announced. Flexicare Home Services UK provides domiciliary care services to a range of people who live in their own home. The service often provides complex care including 24 hour care or care contracted through continuing healthcare. At the time of our inspection there were 68 people with a variety of care needs using the service, including older people, people living with physical disabilities and younger adults.

We last inspected on the 4 and 5 December 2014. At the December 2014 inspection the service was meeting all of the requirements of the regulations and was rated as "Good" with caring rating as "Outstanding", due to extremely positive feedback from people and their relatives.

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.

People and their relatives spoke extremely positive about the outstanding care they or their relatives received. The service often went above and beyond their contractual obligations to ensure people had a good quality of care. People were placed at the centre of their care and were supported to develop their independence, their lives to the fullest and make choices around their care including who cares for them.

People and their relatives were heavily involved in their care and spoke extremely positively about the professional relationships they had with all staff employed by the provider. The service had strong links with healthcare professionals and was focused on improving and developing care and the care staff role nationally as well as within the service.

People were cared for by committed care staff who were supported by a dedicated management team. People's relatives were involved in providing training to care staff which enabled them to provide exceptional person centred care. Relatives spoke positively about the support they received to provide this training.

There was a strong structure of leadership within the service. Staff were supported to professionally develop and be responsible for additional duties. Staff felt valued by the service. The registered manager and provider knew and anticipated the needs of staff and had systems to ensure staff had access to the training and support they needed.

Staff and other professionals spoke very highly of the registered manager and gave positive feedback about their approach to caring for people. The service was passionate about providing high quality person centred care for people. All staff understood the providers and registered managers caring values.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People felt safe when receiving support and care from care staff. Care staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them and staff had enough resources and time to assist people in a safe way. The provider and registered manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear and detailed guidance for care staff to follow on how to manage these risks. People were assisted with their medicines in accordance with the safe administration of medicines.

Is the service effective?

Good ●

The service was effective. Care staff had the skills they needed to meet people's needs. Care Staff had access to dedicated support and professional development.

People's ability to consent to their care or their representative's involvement to make decisions on their behalf were clearly recorded.

Care staff worked alongside healthcare professionals and followed any instructions provided by healthcare professionals. The registered manager and provider worked alongside healthcare professionals to ensure people's needs were correctly and clearly assessed.

Is the service caring?

Outstanding ☆

The service was exceptionally caring. People and their relatives were extremely positive about the outstanding care they or their relative received. People, their relatives told us the service frequently went the 'extra mile' to ensure people's wellbeing needs were promoted and respected.

People were supported by dedicated and caring care staff team to develop their independence and live their life to the fullest.

The service went the above and beyond their role to enable people to develop and meet their personal goals and wishes.

There was a clear positive and caring culture across the organisation. Care staff were incredibly knowledgeable about people, their needs and preferences. Care staff fully understood the reason for the support and care they provided and how it had a beneficial impact on people's lives.

Is the service responsive?

Outstanding 

The service was extremely responsive. People's care plans were completely personalised to their needs, preferences and aspirations. People and their relatives were involved in planning and reviewing their care. People's care plans contained clear information for care staff to follow.

The service was person centred and flexible according to people's needs. People and their relatives were heavily involved in the planning and delivery of their care.

People and their relatives were extremely confident their comments and concerns were listened to and acted upon by team leaders, registered manager and the provider.

Is the service well-led?

Good 

The service was well-led. People and relatives felt the team leaders, registered manager and provider were approachable and supportive.

The registered manager and provider had systems in place which enabled them to identify concerns and monitor the quality of service being provided.

The views of people, their relatives and care staff were sought and acted upon. Care staff felt valued by the registered manager and provider and were involved in improving and developing the organisation.

Flexicare Home Services UK

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 was 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 9 and 17 October 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection. We did this because the provider or registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

This service was last inspected on August 2015. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioners and a healthcare professional about the service.

We spoke with seven people who were using the service and eight people's relatives. We also spoke with 10 staff which included two care staff, one senior care staff, two care co-ordinator, the registered manager and three representatives of the provider. We reviewed 12 people's care files, staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when receiving support from care staff. Comments included; "No problem. They make sure I am proper looked after"; "I am confident that I can go to bed and (relative) will be safe"; "I know I am safe (with staff)" and "They give me a lot of confidence in terms of knowing (relative) is looked after."

People were protected from the risk of abuse and neglect. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Care staff told us they would document concerns and report them to the care co-ordinator or registered manager. One care staff member said, "Without a doubt we'd call the office and (manager). I haven't needed to." Another care staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "We can go to social services, adult safeguarding and if necessary the police." If care staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action.

People's care plans contained detailed assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been clearly identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person required support from care staff to ensure they were protected from the risk of pressure sores. They were receiving care because they had developed a pressure sore prior to receiving support from Flexicare. Care staff had clear guidance which involved information from relevant healthcare professionals on how to assist them and protect them from any further damage. Care staff explained how they monitored people's pressure areas and told us they would inform the registered manager if they identified any concerns.

Where people required assistance with equipment as part of their care, such as moving and handling equipment, there were clear assessments in place on how the equipment should be used and clear person centred guidance for care staff to follow. For example, one person was being supported with their mobility within their own home. Their care plan clearly stated how staff should support the person depending on their ability and their daily needs. For example the person used a stand aid to assist them or to use a hoist or a hoist depending on their ability and tolerance to stand. This guidance was aimed at maximising the independence of the person, whilst ensuring they were assisted with safety on a daily basis.

People and their relatives told us care staff visited when they expected and did not have concerns about the availability of care staff. People and their relatives also told us they had good continuity of staff which had enabled them to build positive relationships. Comments included: "They don't leave until I'm happy. No concerns, I could have them here for four hours, I enjoy their company"; "They turn up when I expect them to turn up. Over nine years I tend to keep the same staff"; "They don't ever give the impression of rushing" and "They are always on time, always do what needs doing, it's amazing."

The registered manager created dedicated care teams by ensuring care staff only provided care and support

to one or two clients. Care staff told us there was enough staff to meet people's needs and they were not rushed when providing people's care. Comments from care staff included: "We have enough time to get around and make sure we're not late. If we run into an emergency, I'd call on call and they'd let the client know. The good thing is we don't do 15 minute calls, so it's good" and "We have enough time and we have good on-call systems."

The registered manager and provider had effective systems to deal with staff sickness and emergencies. If a member of staff was dealing with an emergency they would inform the office. The service planned for two hour coverage of people's care calls. This enabled the office to cover any further calls whilst minimising any delay of people's care visits.

The end of life lead and care co-ordinators arranged people's care rota's to ensure people received care and support from a consistent team of care staff. People's care plans documented the amount of support people required. People and their relatives confirmed that they were made aware of which members of the care staff were coming to provide them with care and support. People were introduced to care staff before they were asked to provide care to them, this helped to reduce any anxieties people may feel and ensure people were comfortable. The service did not send care staff who had not provided care to a person without a prior introduction. One person told us, "I've never been left in an uncomfortable situation, I'm always aware of who is providing my care."

Records relating to the recruitment of all new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where known risks related to staff had been identified through the recruitment process. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People and their relatives told us where necessary care staff assisted them with their prescribed medicines. One person told us, "They give me the reminder and the support that I need." People's medicine administration records were consistently completed and no concerns were raised regarding the administration of medicines. The service operated an electronic monitoring system which enabled care staff to document when they administered people's prescribed medicines. This system enabled staff and the registered manager to immediately identify any issues or if people hadn't had their medicines as prescribed. One member of staff told us, "We log in using an app (computer application tied to the provider's monitoring system) and you record what you've done. If you forget medicines, it alerts the office." The registered manager told us, "An alert shows up if a task has not been completed." Care staff informed us they had the training they required to assist people with their prescribed medicines.

People's care records clearly recorded the medicines they were prescribed and how care staff should administer these medicines. These assessments provided clear step by step information on when prescribed medicines were required. Where prescribed medicines were administered care staff were aware of the side effects and potential impact this has on the wellbeing of the client. For example, the way one person took their medicines was clearly recorded and the person told us that care staff administered their prescribed medicines in the way they choose.

People were supported to self-administer their medicines and take positive risks. For example one person was self-administering their medicines however care staff had identified that they were occasionally forgetting their medicines at night. As the person had capacity and still wished to self-administer, the service worked with the person's family to support the person, which included observing and checking their medicines to ensure the person's wellbeing was maintained.

Is the service effective?

Our findings

People and their relatives were extremely positive about the care staff and felt they were skilled to meet their or their relative's needs. Comments included: "I can't fault them. The carers do make the company, they're amazing"; "It would be impossible to survive without them"; "Really impressed they are very very professional. We have the same care staff every time, good continuity and they know what to do" and "The care has been just brilliant. They've supported me as well as (person). Staff were always on the ball, if they weren't sure about anything they involved me"; "The do things that help you. They're definitely the best."

People's needs were met by care staff who had access to the training they required to meet individual people's needs. Care staff spoke positively about the training and the support they received. Comments included: "They've been awesome to me. I'm, about to finish the care certificate. It's been a good tool to refresh (knowledge)"; "I have all the training I need to meet people's needs. I've done training such as first aid, convene and catheter care which links to the needs of the people I support" and "We have the training and experience we need." Care staff were supported to undertake additional training as required, for example when people's needs changed. One care staff member said, "The training depends on the clients. Where people have needs we've done training such as dementia training."

Care staff felt supported to develop professionally. One care staff member spoke positively about the support and access they had when they were promoted as a care lead. They told us, "I am completing my diploma (health and social care level 2) and I've had support with (additional training). They anticipated my needs."

All new care staff were supported to undertake a two week training period, regardless of their prior experience in care. The registered manager told us that care staff were being supported to complete the Care Certificate as part of their training. The Care Certificate training allowed the registered manager and provider to monitor all care staff competences against the expected standards of care. The registered manager had systems set up to identify when care staff required training, supervision or an assessment of their care competencies.

People received care from care staff who were supported and had access to frequent one to one meetings with their line manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about their one to one meetings and felt they were supported. Comments included: "There are no two ways about it, I get support" and "We have good support and communication. It's the first job I've really enjoyed. I feel comfortable, the support and training has helped me with that."

Care staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005 and confidently discussed how they applied this when working with people. 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 people lacked the mental capacity to make particular decisions, care staff

made decisions on their behalf in their best interests and as least restrictive as possible. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "We always offer people choice. One person always enjoys a sandwich and a coffee for lunch, we know what they like, however we always offer choice, as they may want something different"; "People can be very particular on their care, we support them with their choices and respect those choices" and "We support people with their wishes and promote their choice."

People's care plans contained clear information on their ability to make decisions and how their care should be provided to them. For example, one person's care plans documented all their choices in relation to their care and their advanced choices including how the person wishes to be cared for when they are approaching the end of their life. The care plan also stated the choices they had made regarding their day to day needs including oral care and the assistance they required around their nutritional needs. Care staff spoke positively about the person's needs and ability to make choices.

People told us they were in control of their care and that they never felt pressurised to do something they did not want to do. Comments from people included: "I lead and we get where I need to be"; "They let me lead the care. I know exactly what I need and they respect that" and "I lead my care, they know my needs and the support I need."

Where necessary, people's care assessments documented where a guardian or Lasting Power of Attorneys (LPA) (representatives who were appointed to make decisions in relation to health and wellbeing or finances and affairs) were able to make decisions on their behalf. People's relatives and representatives informed us they were involved in discussions around their loved one's care. One relative told us, "My wife can't communicate, they (staff and management) always have a discussion with me if there are any adjustments, I have may say. There has never been any problems."

People spoke positively about the food and drink care staff prepared for them. One person who was assisted with their dietary needs told us, "They help me with my meals, they respect my choice." One relative told us, "They (person and staff) went blackberry picking and they made pie. (Relative) helped."

People's care records documented the support they needed with their nutritional requirements. For example, some people receiving care and support from the service were at risk of aspiration or choking. Speech and Language therapists had provided guidance for one person who was at risk of choking; such as guidance around using a mouth aid for the person's fluids to protect them from the risk of choking. Care staff we spoke with were aware of people's dietary needs and preferences.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, community nurses and occupational therapists. Where guidance had been received regarding people's care, this was documented as part of the person's care plans. People and their relatives spoke positively about how care staff engaged with other healthcare professionals. For example, one person's relative told us, "They have been very proactive in discussions (with family and healthcare professionals) which has helped us."

Is the service caring?

Our findings

The registered manager was aware of the importance of end of life care and that they were a firm believer that care includes the person's family and continues for the bereaved family. The provider and registered manager informed us that the head of the palliative care team was nominated for "Putting People First Award for the Care Awards UK. (Palliative Care Lead) was short listed and then went on to win the regional awards. She is truly amazing! When any Palliative client passes away no matter what time of the day or night (Palliative Care Lead) will go out dress them, wash them, clean their nails and wash and dry hair to make them look their best. They offer support to clients and their families during and after the client has passed away. They often visit client's families after (to provide support)."

People's relatives spoke positively about the excellent personalised and tailored palliative care provided by Flexicare and felt the Palliative Care Lead and their team were outstanding. Comments included: "The palliative team come in, their whole approach makes them feel part of the family, and they are very thoughtful and encouraging. They are never pressed for time, I get a lot of support from them, and they give me reassurance and advice. (Palliative Care Lead) is absolutely wonderful"; "(Palliative Care Lead) is proactive. Their nursing experience is great, they won't overstep the mark. They're really professional, you can go to them with an idea and they will act on it. They give the best for (relative) and support us. We have a great mix of care staff, some younger staff which is great for (relative)" and "The Palliative Care Team were outstanding for all of us."

Where people received palliative care, people's relatives told us this was tailored to their needs and wishes. For example, one family wanted their loved one to continue to live their life to their fullest and for the family's needs and feelings at a difficult time to be respected. They told us, "I really think they're caring for the whole family. They really do understand the family dynamics. They put our needs first. It's always what they can do. I think the care (relative) is getting is making sure he is doing better than expected. I must praise them, they've made it easier and enabled (relative) to be with us at home."

The Palliative Care Lead ensured their team provided a committed and personalised service. They explained how they wanted to provide a personalised service based on their own personal and professional experiences. They said, "The families haven't got cancer, however they live with cancer. We take time to speak to relatives (as well as the client), understand them. We wanted to provide clients and family with support." They explained how they provided support to people's families after their bereavement. They told us, "We have a coffee with them and text them. After a bereavement everyone goes back to their own life, you're forgotten. They (relatives) need that contact." They informed us how they give relatives their contact number which they can use at any time. They said, "I give relatives my number as a safety blanket."

The Palliative Care Lead ensured people had a named care staff and a consistent team of care staff. They explained the importance of this to provide detailed personalised care. They also ensured all staff were competent and skilled to provide end of life care. They said, "I train the staff using years of experience, personally and professionally. They work with me and can seek my support at any time." Care staff were given the emotional support following the death of a person. They told us, "We all get together and talk

about it, it's important as we all feel the loss."

People valued their relationships with the staff team and felt really cared for and that they mattered. People and their relatives spoke extremely positively about the outstanding care they received and the care staff supporting them. Comments included: "Absolutely excellent. Can't praise them highly enough"; "The care has been just brilliant"; "They've been marvellous, the staff are so kind and caring" and "I've said to them all, they are angels. Absolutely brilliant, all of them. They have the Midas touch. Staff are so kind and considerate."

People were supported by care staff who often went 'the extra mile' when providing care and support to ensure those things that were important to people and gave them a sense of well-being remained in place. For example, one person's relative told us how care staff went above and beyond supporting their loved one and assisted with the running of the home to enable the family to be able to spend quality time together. They told us, "I often come back home and the cleaning is done and the dinner is on the go, they recognise our family needs. They go above and beyond to support us, all without asking, they are decent people." In doing these additional tasks the person and their family were relaxed knowing that these aspects of their life were maintained providing them with peace of mind.

One person expressed their gratitude of how the care and support they received went beyond their expectations and enabled them to stay living independently within their own home and celebrate their birthday. They told us, "They are excellent. They go above and beyond; they help me look after my property. They help me with shopping and (going to) town. They do it off their own back. I wouldn't be without them." They also told us how care staff had treated them to a surprise birthday celebration. They said, "They took me out for my birthday, they didn't tell me, they told me to put my glad rags on. They took me to The Manor by the Lake for high tea. It was lovely." The provider told us that care staff assisted the person to walk and look after their pet and that they arranged for flowers to be delivered from all of Flexicare for their birthday surprise.

People were supported with their wellbeing needs by a service which understood their emotional needs as well as their physical healthcare needs. The registered manager and provider told us about one person who they had identified was at risk of being socially isolated. They explained to us "(person) lost their husband and is very lonely and relies on carers to do everyday tasks. Carers go shopping, cleaning, and cooking above and beyond their care tasks. (Person) hadn't been out for 18 months, we arranged a taxi and carer to pick up (person) and bring them over to our MacMillan coffee morning." They also told us they provided reassurance to the person on a daily basis and have organised support through other agencies to provide emotional support. The person told us, "The give me company, which I really enjoy."

People were supported to attend healthcare appointments by care staff when their families were unable to provide support. One person told us how staff had supported them to going to hospital appointments. They said, "It's never been a problem, they help me to get things sorted." The provider told us, they offered care staff to go with the person to hospital without additional charge. They said, "She really appreciated it, which was lovely."

People told us they were in complete control of their care and could pick the care staff they wished to assist them. People and their relatives also told us the service provided great continuity of care. Comments included: "The carers do make the company, they're amazing. I have called the office to exclude one carer and we talked about the "volume" (loudness) of care staff. My wishes were always seen to and accommodated. I wanted continuity of care staff since day one, and it's been assured. My family have built a relationship and rapport with carers. I know I'm safe, I needed my family to be"; "I have good continuity, I

have asked for one person not care, this was met" and "They always take my thought into consideration. The care is consistent and we're able to control and inform it."

Care staff, the care co-ordinators, the registered manager and provider spoke with kindness and respect when speaking about people. All care staff clearly knew people well, including their personal histories and what was important to them. One member of care staff told us how they assisted one person with their personal care and how they respected the person's wishes and their routine. They explained, "We listen to people and their families and personalise the care." Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "It's a fantastic company to work for" and "I think it's the best company I've worked for."

We found staff were highly motivated and inspired to offer care that was kind and compassionate. Staff understood that people's relationships were important to them and were creative in overcoming any obstacles to people's independence and dignity so that they could engage with their friends with confidence. For example, one person liked going to a public house, care staff supported them every day so they could see their friends and socialise. This had a positive impact on the person's wellbeing and enabled them to maintain their friendships as well as enjoy a favourite pastime.

Care staff also supported another person to attend a family wedding so they were able to support their family celebration; this had a positive impact for the person and ensured they were able to enjoy the event with their family, instead of being isolated from the experience. One person told us how staff supported them to enjoy a person celebration. The provider told us "The Team (person's birthday) went in their own time and had a girly night with face masks, takeaway and a film, this was invaluable for (person) and the team loved doing it. We awarded the team Carers of the month as this was going over and above their duties." The person told us how much they enjoyed this evening and how much it meant to them. They said, "It was lovely. They really do go above and beyond."

Is the service responsive?

Our findings

People and their relatives told us staff had outstanding skills, and had an excellent understanding of their diverse needs, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. People and their relatives spoke positively about the personalised care they received, and felt they were involved in decisions about their care and support. Comments included: "I direct my care, I have no concerns about telling them what I want"; "My wife can't communicate, the staff involve me, always have a discussion with me about any adjustments, I have my say" and "The care is very individualised. They do things that help."

People received care which was extremely flexible and responsive to their individual needs and preferences. Staff had an excellent understanding of the needs of the people they supported. For example, the provider and registered manager understood the importance of assisting people with their anxieties and ensuring continuity of care. They explained how they had worked with one person and local authority commissioners to ensure the person continued to receive the care they required. They explained how they had worked with one person and local authority commissioners to ensure the person continued to receive the care they required during a period of financial difficulties. The person told us, "I don't like owing money. They really helped me."

Flexicare ensured when they provided care to people that the whole family were comfortable with the staff in their homes. People were introduced to care staff before they were assisted with their care to ensure people were not cared for by total strangers. People and their relatives felt this was important and helped them to feel more comfortable. One person told us, "All staff are introduced before they provide care, its important as its personal." Another person told us, "I always know who is coming into my home, I'm familiar with the care staff and it's never awkward."

People and their relatives were empowered to be involved in all aspects of their or their relatives care. The service operated an electronic care planning system to enable ongoing communication. This system enabled people and their relatives to access their or their relatives care files online at their convenience. The provider had paid for licenses to enable people and their relatives to access this information. The information is current and allows people to see records of the assistance staff have provided, including medicine administration. This enabled people's families who live away or are on holiday to see what is going on and also live communication for the care staff. One person runs their own electronic blog (an account of their day to day life), they gave permission to the registered manager to share the following information. This stated, "Another great thing is that I can log into the app and add to the notes the carers have created, comment on the notes or start a live chat with someone in the office, all of the conversations and comments can be seen by the social worker and will add evidence to my case for getting more care. Another good feature is that the carers have a checklist and a list of general goals for each care call, these are regularly reviewed amended, updated and added to by the care agency. Having these checklists mean the carers don't have to rely on memory when they go to each client. In my view this makes a huge difference as all previous care agencies carers forgot to do important jobs or weren't aware of amendments." They also stated, "The final feature is the most vital to me and that is that the system picks up the minute the carers

entre the flat and logs the moment they leave meaning that we have a very accurate picture of how long my care is taking which at the moment is vital as we are making the case that there are simply not long enough.

People and their relatives were positive about the assessment process and how they were involved in this process. For example, one person's relative told us how they met with the registered manager and had a discussion over their needs and preferences regarding their relative's care. They said, "It was a good detailed assessment, it means the care is based on (relatives) needs." People's care plans were detailed and personalised to their needs, it contained information on their lives and any health conditions. A clear plan was in place regarding people's care visits and the support they required and people's preferences.

The service ensured people's religious and cultural needs were documented and respected. For example, one person did not wish for staff to wear shoes within their property. This was clearly recorded and highlighted in their care plan and the person's wishes were respected.

People felt the service was incredibly flexible to their needs. For example, one person's representative told us how the support one person had received from Flexicare had increased to reflect their changing needs and ensure they were comfortable and supported at the end of their life. They told us how the service had acted quickly when the person's health had deteriorated. They said, "We had more concentrated help, two carers, palliative care team, they took over and stayed for as long as it took. They made sure (person) was safe and comfortable. They were very supportive of me. They were brilliant, great communication and flexibility. Care was personalised to (person)." Whilst we were inspecting, we observed how care staff raised concerns with the registered manager about the person's wellbeing. The management team immediately responded and ensured that additional care staff were provided. It was evident that there was a clear caring culture which went throughout the organisation to ensure people's changes were met effectively and quickly.

People were supported with their wellbeing needs as well as activities which were tailored to their interests and abilities. One relative told us how they supported their loved one with a range of activities. They said, "(Person) loved doing paintings. (Care staff) supported them with painting, they were totally engrossed." They also told us how they supported them with jigsaws, cooking and going for a walk. They said, "I'm more than happy to have (relative) with carer." Another person was supported by care staff with intensive physiotherapy (with guidance provided by healthcare professionals) in place to enable them to maintain their independence. They said, "I can't fault them, (the care) lets me lead an independent life."

People were supported to enjoy holidays with their families. For example, one person wanted to visit France with their family, however due to the care constraints abroad it was difficult for the family to solely support the person to enjoy the family holiday. However the provider arranged for a member of care staff to go with them so that the person could enjoy the benefits of a family holiday without providing additional stress to themselves or their family. The member of care staff was picked by the person and they drove the person to their holiday. The staff member provided them with personal care and support to enable them to enjoy their family holiday to their fullest. This had a massive positive impact for the person and their wellbeing and enabled them to build new positive memories.

People's relatives were supported to develop their own personal caring skills which enabled them to develop and provide effective personalised care and support to their loved ones alongside care staff. All managers at Flexicare were qualified trainers in specific areas of care. People and their relatives had free access to all training courses provided by Flexicare. To enable people's relatives to attend the training courses, the service provided a sit in service, so that their loved ones are looked after. Additionally, family members were supported to provide communication training for all staff to promote engagement and high

quality person centred care. The provider told us, "One of our clients and his wife came in and provided communication training with all our staff, this was invaluable as it was additional to staff mandatory training and brought the subject to life. It was great to hear the client's views and their families!" People's relatives told us that care was always personalised and having access to training enabled them to understand care staff roles and protected them and their loved ones from the risk of injury.

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. The registered manager had a log and record of compliments and complaints they had received prior to the inspection. The service had received no complaints from people or their relatives prior to the inspection.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager, palliative care lead and the provider. They also told us they were all approachable and that their views were listened to and respected. Comments included: "I have a good rapport with the office, I know who I can contact"; "The company are brilliant. My views are respected" and "Absolutely fantastic company, approachable and well run."

Care staff told us they felt valued and appreciated by the registered manager and provider. Comments included: "We have good communication. I feel comfortable and valued"; "Their door is always open, they're flexible and I know they value us" and "I feel I have so much support."

The registered manager and provider had effective systems to monitor the quality of the service people received. The provider used an electronic monitoring system which enabled them and registered manager to have a current and contemporaneous record of the support people were receiving. For example, the office would be alerted if someone had not received their medicines as prescribed, received personal care or if care staff had not recorded the support they had provided people. If a member of staff had not completed a record of their care the registered manager or office staff would speak with them to ascertain the support the person received. This system had helped ensure people received the care they needed and that people received their medicines as prescribed.

The registered manager and provider sought the views of people, their relatives and care staff about the service. People and their relatives could use the electronic monitoring system to discuss any issues or changes they had in relation to their or their relatives care. The registered manager showed us examples of comments made by people and their relatives. For example, one person used the system to communicate their views, these views had been acted on and this reflected their care.

The provider carried out surveys of people and their relatives views on the care provided. The most recent survey showed people and their relatives had a very positive view of the service. Where improvements had been suggested, the registered manager had immediately responded, for example offered to change one person's morning call as it wasn't as effective as hoped. The service had started to provide a newsletter for people, this started in September 2017. The most recent newsletter provided feedback about the recent QA survey and the changes made by the service. People and their relatives spoke positively about the communication they received from the service.

The provider and registered manager carried out a 'Flexicare Employment Job Satisfaction Survey' which had been carried out in September 2017. The survey showed care staff were positive about the support they received with every response saying they felt valued as an employee. The registered manager was planning to discuss feedback at the next team meeting to discuss any actions which could be taken to further improve the service.

The provider and registered manager provided clear information about how they run their business and ensured staff feel valued. The service is family run with members of the family involved in the day to day

running of the service. This enabled the families' values and culture to be imbedded within the organisation. The provider ensured staff felt valued through a range of methods including 'care of the month', buying gifts for care staff around important life events such as birthdays and child birth. They provided support to people who are dealing with bereavement within their families and flexibility to ensure staff and meet their family needs without feeling pressure.

Care staff received frequent and effective communication from the provider and registered manager, which provided them with the information they needed about the service. As well as staff team meetings, staff received a weekly newsletter alongside their rotas. These newsletters provided important information such as safeguarding information, staff changes, changes in people's needs and information on road works which could impact on staff travelling times.

The provider used an on call system to ensure people received their calls in the event of staff sickness and emergencies which may take up the time of people. They allocated someone in the role of on-call for two hours every morning. The member of staff when called upon was used for two hours and during this time. This system ensured that no one missed a vital care call. The office staff arranged care calls for people, however the Palliative Care Lead ensured the rota's were done for all people receiving palliative care first, this had been decided on as an approach by the provider due to the importance of ensuring the right continuity and skill mix when providing palliative care.

The provider and registered manager actively promoted the service within the community. For example, recently the service carried out a MacMillan coffee morning in which people were invited. The morning generated funds for the charity. Additionally the provider bought a camper van with the Flexicare logo. The service used the van to take staff and people out for trips and also to provide tea and coffee to people in the local community. The provider allows for care staff and people to use the van free of charge. The provider also worked closely with Age UK, Cruise and Redcross to assist those people who may be socially isolated and benefit from emotional support.

The provider worked with healthcare professionals and university professionals to anticipate, plan and inform their practices and the practices of their staff and the wider caring community. The provider was working alongside the University of Gloucestershire. A senior lecturer provided us the following statement, "It became clear to me that the organisation emphasises high quality service user care through the personal development of staff members. The partnership between Flexicare and the University has become particularly important over the past two years. This period has marked a transition in the course design and has resulted in a new Social Care degree. Staff members from Flexicare took a prominent role in the consultation process for this new course and the contribution they made was insightful, well informed, and visionary. The new course has started and we will continue to value the contribution of Flexicare as an organisation because we share the same commitment to practice development. I am aware that provider and their team are proactive in their approach to working with Universities and other agencies focussed on excellence in learning. This commitment is based on a passionate desire to see services develop and improve in the local area and beyond. We are looking forward to further collaboration with a view to bringing together rigorous academic enquiry and innovative practice." The provider explained their views and how they wished to promote positive changes around staff development and training and working positively. They aimed for the support and direction they provided alongside other professionals could be used to provide new direction for health and social care in Gloucestershire and beyond.