Flexserve UK Limited

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Inspection report

Northside House, Mount Pleasant
Barnet
Hertfordshire
EN4 9EB

Tel: 07495447991
Website: www.flexserve.co.uk

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This announced inspection took place on 20 and 28 November 2018.

Flexserve UK Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to adults of all ages, including people with dementia, learning disabilities or autistic spectrum disorder, mental health needs and physical disabilities.

Not everyone using Flexserve UK Limited receives a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, which is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection there were 39 people using the service in this respect.

The service had a registered manager. This 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.

At our last inspection of this service, in March 2018, we found four breaches of legal requirements. These were in respect of staff deployment and training, safeguarding people using the service from abuse, notifying CQC of allegations of abuse, and good governance. The service was rated 'Requires Improvement' and we served the provider an enforcement warning notice for the staffing breach. The provider sent us an action plan in respect of the breaches. We undertook this inspection to check that the action plan had addressed the breaches. This was also a comprehensive inspection, to make sure the service was providing care that is safe, caring, effective, responsive to people's needs and well-led.

At this inspection, we found improvements had been made in all our previous areas of concern, and so there were no longer breaches of regulations. This has helped to improve the service's overall rating to 'Good.'

The service was now ensuring sufficient numbers of suitable staff were deployed to support people to stay safe and meet their needs. Reasons for this improvement included better scheduling of staff visits and through ensuring staff visit times were being electronically monitored. Staff visits to people's homes were therefore more punctual and people's preferred visit times were being more respected.

The service was now making sure staff had the skills, knowledge and experience to deliver effective care and support. New care staff now completed all parts of a national training program, and established staff received regular refresher training. Staff capability was starting to be practically assessed on key topics, as well as through knowledge tests. Staff were also now receiving regular developmental supervision, support and annual appraisal.

Processes and practices had now been improved to minimise the risk of people being abused and ensure

staff responded appropriately if abuse was suspected or reported. The service was also now reporting allegations of abuse to CQC as legally required, which helps with ensuring appropriate regulation of the service.

Governance processes and audits were now effective as they were identifying service delivery shortfalls. The provider was acting on these, to improve on outcomes for people using the service and ensure the service's sustainability.

However, the rating for 'Is the service safe?' remains 'Requires Improvement.' This is primarily because where people had more complex needs, assessment of risks was not always comprehensive. Additionally, medicines support plans did not fully reflect the support required for people with highest needs, and administration records were not consistently accurate and comprehensive. The service was taking steps to address these matters.

Most people fed back positively about the service. Some rated it as, "Ten out of ten." Staff said they would recommend this service to family and friends looking for a care service. We found people were supported by committed staff who built positive working relationships with them. The service ensured that familiar staff were sent to people as much as possible, and that staff treated people with kindness, respect and compassion.

The whole service worked in co-operation with other organisations such as community professionals to deliver effective care and support. This included for supporting people to eat and drink enough, maintain good health and access appropriate healthcare services.

The service enabled people to receive personalised care that was responsive to their needs. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The views of people and their representatives were listened to, and used to improve service quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Information about risks and safety was not always comprehensive for people with more complex needs. Medicines records did not fully reflect the support required for people with highest needs. However, the service was taking steps to address this.

Improvements had been made to ensure that processes and practices safeguarded people from abuse, and that there were enough suitable staff to support people to stay safe and meet their needs.

The service's procedures protected people from the risk of infection.

Systems were in place to ensure that ongoing learning took place in response to accidents and incidents.

Is the service effective?

Good

The service was effective. There were now systems to help ensure staff had the skills, knowledge and experience to deliver effective care and support.

People's needs were holistically assessed, to help ensure the service could meet their specific needs.

The service worked in co-operation with other organisations to deliver effective care and support.

Where appropriate, the service supported people to eat and drink enough, maintain good health and access appropriate healthcare services.

Consent was obtained before personal care was provided. Where anyone could not make that decision, it was assessed in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. It ensured that people were treated with kindness, respect and compassion, and that they were given

emotional support when needed.

The service ensured people's privacy and dignity was respected.

People were supported to express their views and make their own decisions about their care and support. Their independence was promoted.

People were supported by committed staff that built positive working relationships with them.

Is the service responsive?

Good

The service was responsive. It enabled people to receive personalised care that was responsive to their needs.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care.

Is the service well-led?

Good

The service was well-led. The provider's governance systems were now helping to ensure a quality service was being provided. The way the service was now operating enabled sustainability and supported continuous learning and improvement.

The service promoted a positive and inclusive culture that achieved good outcomes for people.

People, their families and staff had opportunities to help develop the service.

Flexserve UK Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 28 November 2018. The provider was given 48 hours' notice because the service is small and the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted local authorities who have a commissioning role with the service.

The inspection was carried out by two adult social care inspectors and an expert by experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their relatives to ask them their views of the service.

There were 39 people using the service at the time of our inspection visits. During the inspection, we spoke with twelve people using the service, two relatives, eight care staff, three office staff, and the registered manager. We received feedback from one community health and social care professional. We also took into account two family members' recent reviews of the service on a national online reviewing website.

We reviewed the care records for eight people using the service to see if care delivery matched care planning. We also looked at records of six members of staff, including details of their recruitment, training and supervision. We reviewed records relating to the management of the service including complaint and safeguarding records, and management oversight records such as for staff training, to see how effectively the service was run. We also requested further specific information about the management of the service

from the registered manager in-between and following our visits.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found the service was not ensuring sufficient numbers of suitable staff were deployed to support people to stay safe and meet their needs. People sometimes experienced late or shorter visits than planned, and staff scheduling put people at risk of missed visits. There were also a number of ways in which systems, processes and practices were not effectively safeguarding people from abuse. This meant the provider was in breach of regulations 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found there had been a range of improvements which addressed the previous breaches of regulations and demonstrated safety. However, we also identified areas for further improvement.

The service's systems, processes and practices were now safeguarding people from abuse. Staff could describe the types of abuse they may come across, how to record and report matters to the office, and which other organisations they could raise concerns with. Training records showed all staff had completed safeguarding training within the last year. There were safeguarding knowledge evaluation sheets that many staff had recently completed. These checked that staff understood what abuse was, who to report concerns to within the company and externally, and how confident staff felt in responding to safeguarding scenarios. One record included the registered manager's additional comments on supporting a staff member's knowledge after gaps were identified. Checks of basic understanding took place at interview of new staff, and staff newsletters and supervisions reminded staff of appropriate procedures. The service had therefore taken many steps to ensure staff could identify and report potential abuse.

The service's safeguarding file now included a summary of each case. Records and feedback from the registered manager showed detailed responses to any requests to investigate allegations of abuse or neglect. Lessons were learnt and cascaded to staff where needed. In all cases there was evidence of joint working with other professionals and people's representatives to ensure people's safety.

There remained some mixed views on staff punctuality. Five people told us staff were punctual. Comments included, "They do come on time, and they stay for the allotted time", "They turn up on time; no missed calls" and "They usually turn up on time." However, two people disagreed. Both spoke of staff being visits being "one hour late." Two relatives were also unhappy with staff visit punctuality.

Our overall checks of recent electronic visit records showed staff tended to be on time and stay the full time allocated. There was also little evidence of missed visits, and there were systems of checking in real time if staff had not signed in electronically at people's homes.

The registered manager told us geographical areas where staff worked had been reviewed, to minimise the amount of travelling needed between visits to people. Staff generally reported no concerns for punctuality. They spoke of being assigned enough time to travel between people using the service. Many described the visit schedules that the agency supplied them with as, "Very helpful." Their comments included, "They put

my needs into consideration when assigning rota which is comfortable for myself and my clients as well" and "They allocate careers by borough, and they give me travel time so that I arrive on time to clients." We checked the recent visit schedules and electronic visit records of six staff members. These confirmed staff were allocated enough travel time to attend to people on time and for the full length of time.

In conclusion, we were satisfied the service was now ensuring sufficient numbers of suitable staff to support people to stay safe and meet their needs.

Our checks of staff files, for staff employed since our last inspection, showed application forms and interview records were completed, to help consider whether the applicant held appropriate and safe values in respect to the job role. Checks took place of identification, entitlement to work in the UK where appropriate, employment references, and the Disclosure and Barring Service (DBS). These are checks of police records and a list of people legally recorded as unsafe to provide care to adults.

Everyone we spoke with confirmed they felt safe in the company of care staff. One person told us, "I have the same carers. I know them very well. They have been with me for three to four years. I trust them absolutely."

People for whom care staff helped them with medicines confirmed this support was always documented. A staff member told us people made their own decisions about medicines or had district nurse support. Staff were trained on supporting people to take their medicines where needed. Records showed new staff had their competency assessed for supporting people to take their medicines safely. This included for involving the person, safely supporting, and reporting any concerns such as medicines running out.

However, where people had complex medicines regimes that included support to administer medicines, we identified some recording concerns. For one person, the amount of two medicines to be taken as required (PRN) and the time of administration was not being recorded on the medicines administration record (MAR). There was no guidance on when to administer these two medicines within the latest care plan and risk assessment for that person. This presented a risk of inappropriate or unsafe administration.

Another person's care plan incorrectly stated for a pain relief gel to be taken by mouth, and lacked guidance on certain PRN medicines. There were also administration gaps on the MAR for prescribed medicines, albeit there was evidence of the service auditing these and identifying the improvements needed. The registered manager subsequently showed us evidence of switching this person's MAR to the service's online system. This enabled better guidance and reminders for staff, clearer recording of medicines administered, and live monitoring of correct administration. The service was therefore taking steps to ensure staff provided safe support of people's medicines.

The service protected people by the prevention and control of infection. People told us care staff always used disposable gloves and aprons when conducting personal care. Staff told us these were readily available, and spoke of upholding food hygiene standards if supporting anyone with food or drink. The staff newsletter and regular training reminded staff of appropriate infection control procedures. Records showed senior staff checks at people's homes included consideration of infection control matters.

There were risk assessments in place from when people began to use the service. These routinely covered people's specific needs and abilities, for example, in relation to their mobility, nutrition and medicines. Environmental risk assessments included electrical items, adequate lighting, type of heating sources and obstacles within the home. The risk assessments specified the severity of each risk and any actions proposed to reduce the risk. These clarified who was responsible for managing the risk, such as care workers, the person themselves or family members. Key points were then conveyed on people's care plans,

for staff to be aware of specific safety matters. The service could demonstrate that people's risk assessments were kept under review.

Where necessary there were separate risk assessments for complex care needs such as the specific equipment the person used. However, we found this was not consistently the case. For example, for catheter care or in relation to unusual health conditions that staff had to help support the person with. The registered manager subsequently sent us revised risk assessments that better reflected how these risks could be minimised. She noted people's care plans usually provided some detail on these points as risk had been considered in practice but not comprehensively documented within risk assessments. We also noted that people and their relatives stated care staff were familiar with any specialist equipment used. The registered manager told us staff were provided with practical guidance in these cases.

The registered manager and staff understood their responsibilities to report, record and investigate any accidents, incidents and near misses that occurred. Records showed actions were taken to minimise the risk of reoccurrence. This included through adjusting care plans and guiding staff on appropriate care, and contacting community professional such as social workers for their help to address scenarios. The responses helped keep people safe and improve care practices.

Good

Is the service effective?

Our findings

At our last inspection, we found the service was not making sure staff had the skills, knowledge and experience to deliver effective care and support. This was because staff worked without comprehensive training, and did not receive regular supervision for their role. This meant the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made to address this breach. Staff fed back positively about the training provided. Comments included, "We do training at least once a year", "Their training has helped me handle any situation", and that training "has helped me understand the needs of the persons I care for and how I can best support them."

The registered manager told us of making sure all staff were up-to-date on what the company considered to be essential training. This was the 15 components of the Care Certificate, a national training standard for care workers, including emergency first-aid, record keeping, dementia and person-centred care. A national online training resource had been purchased for this purpose that included a knowledge test. Our checks of staff training records and some corresponding staff files confirmed the training was up-to-date. Records highlighted where any training for any staff member was to become out-of-date, so that refresher training could be organised.

The induction records of new staff showed they received office-based training and spent time shadowing established staff at people's homes before working alone. Training course results and test papers helped to demonstrate that staff understood the course content. These processes all helped to ensure staff could provide effective care to people.

Records showed staff were now having their competency assessed for supporting people to be safely hoisted. This included for involving the person, checking the environment and equipment, and maintaining good posture. The registered manager showed us that processes like this were being added to the staff training records, to ensure better oversight. Similarly, specialist training such as for stoma care and choking risk were being added, to help ensure staff involved in such work had the necessary skills.

Staff said they felt supported in their care roles and that they had developmental supervision meetings. These meetings give staff the opportunity to raise issues about their role, reflect on their own practice and learn from good practice. As one staff member put it, the meetings "helped me to get more insight on ways to provide the best care to my service users." The registered manager told us of ensuring staff had two such meetings a year along with an annual appraisal. Our checks of the service's records for oversight of staff supervision and appraisal showed these were up-to-date for all staff. Our checks of some corresponding staff files confirmed the matrix's accuracy. There were also records of occasional phone calls to staff, to check on how they were and if any additional support was needed.

The service assessed people's needs before agreeing to provide a service. This included what personal care and social support was to be provided, safety matters, people's preferences and routines, and any cultural

or faith needs. These were made known to staff as a care plan including a summary and the care tasks at each visit, enabling them to provide effective care and support. Needs assessments and care plans were kept under annual review.

The service worked in co-operation with other organisations to deliver effective care and support. Records showed praise from a social worker about one person's improved health and appearance following the service's interventions, and of the service liaising well with the person's representatives. Other records showed how care and office staff had worked together to improve on the person's care. Another recent record showed a community professional writing of 'amazing work' that the service was doing with one person who had complex needs and capacity for making decisions that could appear unwise. A third community professional's recent comments included about the service working in co-operation with them and keeping them updated.

Records showed the service raised concerns with appropriate community professionals about people's safety or increasing needs. Family members were also kept informed where appropriate. In many cases, this was due to care staff reporting matters such as the person being absent or refusing care to the management team.

The service supported people to have access to healthcare services and receive ongoing healthcare support. One person said, "If I am not feeling well, they do their best to understand what the problem is." A recent letter from one person's relative praised the service for promptly calling a GP about their family member's health, and of the service then following it up. Records showed ambulances were called where staff had severe concerns about people's health, and staff staying with people until ambulance staff took over.

Care staff were made aware if people had health appointments, to help ensure the person had the preparatory support needed. Records showed senior staff sometimes visited people if care staff reported they were unwell, to make sure the service could meet their changing health needs or make referrals to healthcare professionals. A staff member told us that when people's health needs changed, the service updated care plans and emailed involved care staff on what had changed.

The service supported people to eat and drink enough. Most people reliant on care staff for food or drink said the arrangements worked well. A staff member told us of being kept informed and supporting someone with specific dietitian guidance. Records showed staff were trained on nutrition and hydration. Care plans clarified what food and drink support staff were to provide, and stated dietary preferences and allergies. Care records reported on the support provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the service was working within the principles of the MCA. Records showed that staff received training on the MCA. People and their relatives confirmed that care staff sought consent before carrying out care and support. People's care plans explained what mental capacity was and documented whether people had capacity to make decisions. For example, one person's care plan documented that they could make decisions on a day to day basis. Plans also documented any formal arrangements such as Lasting Power of Attorney that might impact on the care service.

A staff member told us of people's right to refuse aspects of care, and to make choices. If a refusal was of concern, they said they would phone office staff to inform them and take advice. Records showed this occurred and that office staff progressed the concern if judged as necessary in relation to the person's capacity to make that decision.

Good

Is the service caring?

Our findings

People spoke highly of care staff, describing them as "kind", "considerate" and "friendly." One person told us, "There is a very nice carer who I like a lot." A relative said, "Our carer is very considerate and works well."

People's feedback indicated staff provided emotional support. One person told us, "I have one carer who is wonderful. The other carer is very good lady who you can trust. We chat about topical issues. I always look forward to when they come." Another person said of their care staff, "We have a very good relationship." A staff member told us of "providing emotional support" in response to one person's particular needs at night.

Everyone we spoke with said they were treated with dignity and respect, and that care staff respected people's privacy. Several people qualified their answers with comments such as "Absolutely" or "Definitely." A staff member told us training on respecting people was made clear at the start of their work with the company, and that it was monitored by senior staff when checks of care in people's homes took place. Records confirmed this occurred.

One person told us of staff getting the balance right for them. They said, "They understand my needs well and always give me a cup of tea, but they also encourage me to be as independent as possible." A staff member said, "We always respect the choices of our service users as we encourage them to make their own choices and decisions in order to improve their independence." People's care plans and records confirmed the encouragement of appropriate independence. For example, one person's care plan stated, "I can wash most parts of my body but need help with feet and back. I need to be encouraged to be independent as I can do most things and only need prompting."

People told us they received care and support from familiar staff. Comments included, "I see the same carers; They are good", "I do see the same set of carers; they understand me well" and "I see the same carer mostly; I only have to tell them once, and the second time they come they are good." Office staff explained how the service's computer systems enabled the same set of staff to be scheduled to each person each week. Where replacements were needed because of sickness or holiday, the system enabled staff to be allocated from others who had visited the person most. Our checks of people's visit records confirmed that people received the same small group of care staff. The service was therefore enabling caring and trusting relationships to develop.

The service involved people in identifying their needs and wishes for their care and support. Some people's care plans and risk assessments showed they had signed the documents, which helped to demonstrate involvement and consent. Other records demonstrated senior staff visiting people to discuss their care needs. A staff member told us, "The agency has improved quality of life of people by assessing the needs of both the carers and individuals. For example, asking service users the best time that suits their needs." We saw records encouraging staff to report preferred visit times to the office, so that visit schedules could be amended. We saw this had occurred in practice for one person, when comparing scheduled and actual visit times to what a relative had requested.

Good

Is the service responsive?

Our findings

People told us they receive personalised care that was responsive to their needs. One person said, "They definitely understand me, no question about that. I am well satisfied with the carers I have." Another person told us, "They understand my needs very well; it comes naturally to them." A third person said their visiting staff member "is getting used to me; If I ask for something, she will do it."

Records showed evidence of care visits being changed to accommodate people, for example, for staff to arrive early to help someone be ready for a hospital appointment. The registered manager told us this also meant ensuing flexibility about other visits to the person that day, as for example the person's return from hospital might occur after their last scheduled visit of the day but the person would still need a care visit.

The service set up detailed individual care plans for people. These covered a range of needs such as for personal care, communication and mobility. They guided staff on what support to provide. In each care plan there was a section titled, 'What is important to me.' This recorded information on the person's network of family and friends, favoured activities, pets and faith that staff needed to be aware of to ensure that they supported the person's well-being and individual personality.

The care plan of someone whose behaviour could challenge the service guided staff on how to support them. This included what could trigger these types of behaviour and what to do if the situation occurred, including distraction and stepping back to allow the person to express themselves in a safe way. The care plan also prompted staff to recognise that the person's behaviour could be a form of communication, for example, around pain or boredom. Records showed that, where appropriate, staff received online training on this. Staff told us of calming strategies when working with people whose behaviour challenged them, and of calling the office for further guidance when needed.

We saw that care plans were reviewed and updated to reflect changes in people's needs. This followed hospital admissions, specialist assessments such by speech and language therapists, or through an annual review.

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. Several people said they had never had reason to complain. Most other people told us the service acted to resolve any concerns or complaints raised. One person said, "I did complain to the company so they changed carers; now they are regular." Another person told us, "I complained three or four times and they responded well."

Complaint records and responses to complainants showed consideration of what had been raised, an apology where necessary, and a plan of what would happen to make improvements. For example, changes of staff occurred where people were unhappy with a particular staff member's behaviour at a visit. Reminders were sent, where necessary, to staff on appropriate standards of care. There was evidence of the service subsequently checking with the complainant that they were satisfied with the implementation of the plans.

Good

Is the service well-led?

Our findings

At our last inspection, we found the provider's governance processes and audits were not consistently effective as they had not identified the concerns and service shortfalls that we found. Additionally, office records were not always easily accessible and accurate, and the provider was failing to submit statutory notifications to the CQC. This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection, we found a range of improvements addressing these matters and demonstrating effective overall governance of the service.

The registered manager told us they had now ensured that there was a facility at each person's home for staff to swipe via mobile phone a device in the person's care file on arrival and departure. This enabled live electronic monitoring of staff attending to people, which we saw in action. We were told this monitoring occurred at all times, including outside of office hours. Records were kept showing that checks had been made where the system identified staff as arriving late.

Records showed there was improved use of this phone-logging system at people's homes. We checked for two specific people who at the last inspection had staff electronically logging in and out at less than 50% of the time. 100% compliance had been achieved in the two weeks before our inspection visits. These improvements matched what a staff member told us: "This year there has been some improvements in the way the agency monitor the carers; before not all carers had the phone to log in, as result of this some carers would not turn up to their visits."

Spot-checks are unannounced visits to people's homes by senior staff, to check the assigned care staff member arrives on time and does the job well. The service had oversight records that helped to ensure there was at least an annual spot-check for each staff member. Our checks of staff files confirmed the records were accurate. The checks also gave the person using the service an opportunity to comment on service standards.

Improvements had been made to the quality of care records in people's homes. This included through using a bound record so that loose pieces of paper could not be misfiled in the office or elsewhere. There were records of managers coaching staff on what appropriate care records looked like, such as with ensuring the person's name was documented. There were now audits of some care records that had been returned to the office. These checks included making sure there were no missed entries, and that times of visits were consistently stated. The audits included actions taken to improve service standards where needed.

Records demonstrated that CQC was now being notified of important events that occurred at the service, including in relation to allegations of abuse. The registered manager was also now contacting us to check if certain situations needed to be notified. This helped us monitor any risks associated with the regulation of the service.

The service had a business improvement plan that had identified the need to make the above changes. It also reviewed and identified what other processes were needed, to continuously learn from customer feedback and ensure the sustainability of the service. An independent auditor had produced a recent report checking on the development of the service. It indicated improvements had been made and highlighted what further changes could be considered. These processes helped demonstrate a solid foundation to the service and that continuous learning was being pursued.

Most people commented positively on the quality of office management. Some rated the service as "Ten out of ten." One person said, "I think they are organised, because whenever I complain, they respond immediately." A second person told us, "As far as I can tell it is well run." A third said, "Judging by what happens, I would say it is organised; I am reasonably happy." We noted a similar spread of comments within the service's compliments and complaints file.

Staff told us of a well-led service as they felt they were supported by office staff and the registered manager. One staff member told us the agency "is like a family and I am happy to be part of its members." Another said, "We get support over the phone if any problems arise with clients." A third added, "The management has good communication skills which makes it easier for us to express our challenges to them and also helps us in solving those challenges." In terms of outcomes for people using the service, staff said, "Flexserve agency provides quality care that focuses on promoting service users' well-being" and "The company always gives priority for the clients."

The service was now providing quarterly staff forums. Two events were held on each occasion, to enable more staff to attend. These highlighted standards to be achieved, for example, as a result of the last CQC inspection. The subsequent meeting recognised the improvements made, for example, that more staff were electronically logging their visits to people and that training was now up-to-date. The meetings were also used to inform staff on national circulars such as for fire safety. The meetings were backed by a staff newsletter that reminded staff of pertinent care standards.

People had opportunities to give feedback and comment on the quality of care they received. Records showed senior staff obtained people's feedback during visits to their homes and through phone calls. Oversight records of this were kept in respect of everyone using the service, to ensure that each person's views on their care were monitored by phone at least every six months.

The provider last conducted an annual survey in October 2018, to obtain people's written feedback on different aspects of the service. Analysis of the 18 responses provided many positive comments on service standards, and included plans for addressing weakest areas. A similar staff survey took place that reflected good support amongst the six replies.

The registered manager told us of discussing changes arising from the last inspection report with people using the service. For example, to help ensure people received visits at the right time for them. They said it was important to get feedback from everyone on how well that was working, to make further adjustments where needed.