

Flexible Healthcare One Solutions Ltd Support Service

Unit 31
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Type of inspection:
Unannounced

Completed on:
24 April 2025

Service provided by:
Flexible Healthcare One Solutions Ltd

Service provider number:
SP2022000016

Service no:
CS2024000057

About the service

Flexible Healthcare One Solutions Ltd was registered with the Care Inspectorate in February 2024. It is a care at home service and is provided to adults with assessed support needs in their own homes or in the community. The service is based in North Lanarkshire and provides care and support to people living in North and South Lanarkshire.

At the time of inspection the service was supporting three people.

About the inspection

This was an unannounced inspection which took place over four days from 09:30 and 15:30 on the 23 and 24 April 2025. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for this inspection we reviewed information about this service. This included registration information, information submitted by the service and intelligence gathered since the service was registered.

To inform our evaluations of the service we:

- spoke to three people being supported by the service
- spoke to one relative
- spoke with staff and management
- reviewed documents

Key messages

- People were supported to have positive experiences and outcomes.
- People were supported by familiar and consistent staff.
- There was a sufficient level of communication between people supported and the service.
- Service medication protocols should be provided for 'as required' medicines.
- Management oversight with regard to staff professional registration could be further improved

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as very good where strengths impacted positively on outcomes for people and clearly outweighed any areas for improvement.

We spoke to three people who were supported and a relative during the inspection. They told or indicated to us that the service supported them to an good standard. People were generally familiar with the staff that supported them and were provided with supports in line with their needs, wishes and preferences. This meant people were supported well and spent their time doing things they needed and activities that promoted their wellbeing.

Recordings made in documents we reviewed in people's homes assured us that people received the support they needed, this included their medication support. It was clear that people who needed support with their medicines were receiving it. Administration records reviewed evidenced that people received their medication in line with prescribers' instructions. It was noted, however, that where people received 'as required' medicines staff were not provided with documented, detailed instructions as to what would identify if people needed these medicines. In most cases people will request it. Where communication is limited then more detailed protocols should be in place so staff can follow guidance and assessment criteria prior to giving any relevant medicines. This ensures people receive the medicines they need at all times (see area for improvement 1).

The service only had a small number of people it was supporting at the time of inspection. Maintaining oversight and providing good quality care and support to only a few people should be expanded as the service grows. In order to maintain current grades and be considered for further improvement the service should ensure it sustains its current level of oversight. This should be done as the service grows to ensure service quality continues at the good standard seen at this visit. However, for the small number of people being supported at the time of inspection outcomes seen were of a good quality.

Areas for improvement

1. To ensure people's wellbeing detailed protocols should be put in place for all 'as required' medicines. These protocols should clearly explain what must be considered or done prior to administering such medicines.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I receive is safe and effective' (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good as there were a number of strengths in the leadership team which outweighed areas for improvement.

Staff meetings took place regularly to discuss service operations and functions. We sampled records of these meetings and found them to be well organised. These meetings involved mainly office staff during the early stages of the service's development. It was noted that meetings had started to include more care staff. These meetings are important opportunities at which all staff in the service can have their voices heard and

take part in the service's improvement and quality assurance agenda. It is important that the service promotes participation in these meetings going forward to ensure the widest range of views, and suggestions can be considered in its improvement.

It was clear when interviewing staff that the management team were approachable, supportive and would listen and respond promptly when staff raised concerns. There were various effective audits in place to ensure care was at an acceptable standard. We sampled up-to-date and well completed care plan audits, and staff practice observations. We also found that staff were subject to regular one-to-one supervision meetings with senior staff. We made it clear that as the service grows this level of oversight should be upscaled accordingly to ensure the current standard with only a few people supported is replicated when more people are being supported. However, at the point of inspection we were assured that management systems were in place to ensure staff competence and meet people's wellbeing needs.

The service had met the requirement made at the previous inspection with regard to monitoring staff registration with professional bodies. We were assured at the time of inspection that all staff were appropriately registered, particularly with those with the Scottish Social Services Council (SSSC). When checks were carried out by the service they appeared to base them on who had worked in a given month. It was suggested that a 100% check of all staff should take place on a regular basis to identify anyone whose registration had lapsed or anyone that had been removed at the earliest opportunity. This ensures people are supported by properly registered and competent staff (see area for improvement 1).

Areas for improvement

1. To ensure staff are properly registered with their professional bodies the service should carry out regular checks on all staff registrations. This should be done for all staff regardless of their working patterns.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff presented as happy working in the service and demonstrated a good knowledge of people's needs and how these could best be met. They gave an overall impression of a small but adequate team of staff who worked well together so that people experienced a good level of care. Reports from the people we visited and associated records were of a competent staff team who were consistent and attended supports on time

A full training package was available to staff. These findings were supported by positive comments made about staff knowledge and quality of care when talking to people supported and a relative. Staff felt that there was good communication with management and found them approachable and supportive. The management maintained a training tracker document which was regularly checked to ensure staff training was up to date. It is important in providing a high-quality service striving to keep people healthy and well that staff feel are well supported and receive appropriate training.

Staffing levels were sufficiently in place to meet the needs of the small number of people the service was supporting at the time of inspection. Staff confirmed this in interviews during the inspection. Staff told us

they would pull together to ensure people's needs were met. It is important that as the service grows the management team keep on top of staffing levels to ensure people can be properly supported and account for any absences in the staff team so the people supported receive continuity of care.

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Everyone supported by the service had a personal care and support plan that detailed their care needs to a good standard. These were updated frequently and available to all appropriate staff via a phone application or on paper. It was noted that the entries we sampled in care plan documentation were detailed and descriptive. The service was in transition from paper care plans to online versions. In both cases the information was clear, detailed and individualised. Although it was noted that some language within the plans could be simplified and tasks like monitoring someone's health be more clearly explained. It is important a good and clear level of detail is provided. This allows anyone who needs to access the support plans is able to effectively identify key information in maintaining someone's health and wellbeing. We found overall that care plans were in place and provided a sufficient level of information to provide care, support and ensure people's needs were being met.

People had six-monthly review meetings. Documentation sampled provided a useful summary of people's health, wellbeing, and overall experiences. As the service only had a few people it was impressed upon the management that as the service grew full formal six-monthly reviews involving a wide range of input should take place as stipulated even if - where people are absent, or social work are unable to attend - the review attendance was revised. These reviews should then be carried out timeously and management oversight should be accurate. Reviews may be revisited with absentees at a later date so that this legal requirement is met at all times.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 21 April 2024, the provider must ensure service users experience care and support which is provided by staff appropriately registered with a professional body, including but not limited to the Scottish Social Services Council (SSSC). To do this the provider must, at a minimum, ensure that social care staff are:

- a). registered with the SSSC on the correct part of the register
- b). subject to regular checks and they are appropriately registered on the SSSC register in line with expected timescales from the start of their employment and throughout their employment with the service.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for

Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 9(1) - requirement about fitness of employees.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 17 January 2025.

Action taken on previous requirement

It was noted that all staff, at the time of inspection, were registered appropriately with their professional body, namely the SSSC. The service had developed a system to ensure the SSSC register was regularly checked to ensure staff were appropriately registered throughout their employment with the service. However, the service was checking the register for staff that had worked in any given month. It was recommended that these checks were further improved and done for all staff registered every month. An area for improvement has been made in this report accordingly.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people are kept safe and their wellbeing needs met the service should complete its own documentation for every support it provides. This should be the case even when providing support in partnership with others.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'any treatment or intervention that I experience is safe and effective' (1.24)

This area for improvement was made on 17 January 2025.

Action taken since then

On visits to people supported by the service it was seen that the service completed its own paperwork. This was particular in a case where the service supported someone in partnership with another provider. This ensured there was proper accountability and responsibility for the part of the day the service supported this person. This area for improvement had been met.

Previous area for improvement 2

To confirm all staff have the right to work in the UK the service should assure itself that all relevant paperwork held on file in this regard is initially and continuously updated and checked to ensure overseas staff members' ongoing ability to work in the UK.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 17 January 2025.

Action taken since then

It was noted in sampling staff files that the service had appropriate right to work confirmation in place for staff from overseas working in Scotland. This area for improvement had been met.

Previous area for improvement 3

To ensure staff are suitable to work in care services and keep people safe employers references should be verifiable. This is to ensure that references come from the correct grade of individual and from the identified previous employer. This detail can be verified by use of an appropriate business email address, headed paper, business stamp or follow up phone call.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which states: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This area for improvement was made on 17 January 2025.

Action taken since then

On checking the references for staff employed since the last inspection it was confirmed these were verifiable. One reference seen was from a previous employer's human resources email address and another was witnessed being checked over the telephone to verify the referee was genuine. It is important that reasonable steps are taken to ensure employment references are genuine. This area for improvement had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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