

# Flexible Healthcare One Solutions Ltd Nurse Agency

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**Type of inspection:**  
Unannounced

**Completed on:**  
17 February 2023

**Service provided by:**  
Flexible Healthcare One Solutions Ltd

**Service provider number:**  
SP2022000016

**Service no:**  
CS2022000028

## About the service

Flexible Healthcare One Solutions Ltd is a Nurse Agency based in Coatbridge. The Agency is privately owned and was registered with the Care Inspectorate in January 2022.

The manager of the service is a registered nurse and has overall responsibility for the placing of nurses in nursing homes.

The Agency aims to:

- offer skilled care to enable people supported to achieve their optimum state of health and wellbeing
- treat all people supported by us with respect and dignity at all times
- respect and encourage the right of independence of all service users
- ensure that care is person-centered
- deliver care as per care home instructions
- develop outstanding care and a good reputation for our service
- provide staff that are trained and knowledgeable about care of the elderly people, and ensure that care is evidence-based
- maintain financial strength and stability.

## About the inspection

This was an unannounced inspection which took place on 15 and 16 February 2023. The inspection was carried out by three inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This was the first inspection of this service since registration in January 2022. We looked at registration information, information submitted by the service, and intelligence gathered.

In making our evaluations of the service we:

- spoke with 14 people using the service
- spoke with five staff and management
- reviewed documents.

## Key messages

- This was the first inspection since registration in January 2022.
- People are cared for with dignity and respect, and warm interactions by agency nurses.
- We received mixed feedback around the quality and experience of nurses from service managers we contacted.
- Nurses are recruited safely in accordance with national guidance.
- The service should ensure that all legislation, guidance, and training provided relates to Scotland.
- The service should develop their quality assurance system.
- We have made one requirement and five areas for improvement.

## 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 and staffing?	3 - Adequate

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 made an evaluation of good for this key question. We identified important strengths with some areas for improvement. We have made two areas for improvement.

We contacted 14 services who had used the Agency to gather their views on the quality of nurses provided. All told us staff treated people with dignity and respect. We were told of warm interactions by nurses who were 'excellent, helpful, and efficient.' Some nurses were described as 'excellent' while others were 'adequate.' However, we were also told of nurses who lacked experience of working in a care home environment as they were from a clinical background. There should be a robust system to match the skills of the nurse to the specific needs of the home, but this was not fully in place. This would ensure effective support was delivered by nurses who were responsive to individual needs.

The Agency asked services to give feedback on the performance of nurses at the end of their shift. We looked at results from the feedback and found a significant number of positive responses around nurses efficiency and professionalism. However, there were a few 'adequate' and 'poor' responses with no evidence these were followed up with the service to discuss the reasons behind these. This was an opportunity for improvement that was missed.

Although it was good that services received a profile of the agency worker such as their training and experience, services should be supplied with a comprehensive information pack. This pack should include details of the Agency, their aims and objectives, how it monitors quality and how to raise comments, complaints, and offer feedback. This will ensure services have the right information to make an informed decision about using the Agency.

**(See area for improvement 1)**

Some medication errors had been made by nurses working in care homes. This meant people had not always been administered their prescribed dose of medication which could affect their health and wellbeing. When errors were made, the nurse completed a reflective account to consider what could have been done to prevent the error. They also completed refresher training in medication awareness to re-enforce good practice in medication management.

In accordance with principles of practice for Nurse Agencies, all steps should be taken to reduce the risk and spread of infection. There should be good systems in place to ensure that deployment of nurses is tracked, and any outbreaks of infectious diseases, where nurses are deployed, is monitored and communicated. However, the Agency does not have a system to track any outbreaks of infections. This would ensure they minimise the risk of cross infection between settings where nurses are deployed. **(See area for improvement 2)**

### Areas for improvement

1. To ensure services can make informed decisions, the provider should supply an information pack.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSC 4.11).

2. To ensure the risk of spreading infections is minimised, the provider should have a tracker system in place.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that 'I use a service and organisation that are well led and managed' (HSCS 4.23).

## How good is our leadership and staffing?

## 3 - Adequate

We made an evaluation of adequate for this key question. We identified some strengths that just outweighed weaknesses. We have made three areas for improvement.

The interview process could be improved by using a value based format that included discussion around experience and skills. The current format does not provide a clear picture of the interviewees' values, competence, and knowledge. As some services told us, some nurses did not have the skills to work in a care home, an in-depth interview may help improve this.

**(See area for improvement 1)**

The appraisal format was good and encouraged staff to reflect on what had gone well over the last six months, what they had achieved and were proud of. We were pleased there were discussions around the staff members health and wellbeing to ensure if any support was needed it could be provided. The appraisal should look forward over the coming year to decide on training and development needs to ensure continued professional development is maintained.

The agency had no oversight of incidents, accidents, or complaints. This meant there was no clear picture for what was going well and where improvements were needed. For example, complaints made to the service. There was no tracker to ensure the complaints procedure was fully completed. This had led to outcomes of some investigations not being reported back to the complainant. This could result in complainants losing confidence their complaint will be dealt with appropriately. The lack of oversight meant that notifications required to be made to the Care Inspectorate had not been submitted. This had resulted in the Care Inspectorate not having a clear picture of what was happening in the service. **(See requirement 1)**

A regular up to date audit system would ensure the service continued to improve. However, the current audit system was not sufficient to lead to improvements. Audits that pick up issues should have a clear action plan around how the issues will be dealt with. The plan should include timescales and identify who will take the necessary actions.

**(See area for improvement 2)**

The improvement development plan did not show how the service intended to improve and move forward. The plan should be developed from results of audits, complaint outcomes, issues raised by services, and also from staff. Staff should have a way of providing feedback about how things could be better such as training, the support they receive, and how placements are made. This will ensure everyone involved in the service has the opportunity to be part of driving improvements. **(See area for improvement 3)**

Training records showed high pass marks for mandatory training that had been completed. If staff did not pass there was evidence the training was repeated. There was additional training available for different grades of staff. This should ensure staff have the skills and knowledge relevant to their role. We asked that a session around the Health and Social Care Standards was part of induction. The service agreed to make this mandatory training. As these standards underpin everyday practice, it is important all staff are fully aware of them and how they impact on people using services.

## Requirements

1. By 25 April 2023, the provider must comply with the Care Inspectorate guidance 'Records that all registered care services (except childminding) must keep and guidance on notification reporting' by notifying the Care Inspectorate of all relevant incidents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20).

This is to comply with Regulation 4(1)(a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

## Areas for improvement

1. To support a robust recruitment, the interview process should be improved.

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

2. To support a robust quality assurance system, the provider must ensure audits are fully completed.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust transparent quality assurance processes' (HSCS 4.19).

3. To ensure the service continues to improve, an improvement development plan should be in place.

This is to ensure that care and support is consistent with the Health and Social Care Standard (HSCS) which state that: 'I benefit from a culture of continuous improvement, with the organisation having robust transparent quality assurance processes' (HSCS 4.19).

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com)

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People's rights are promoted and respected	4 - Good
1.2 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership and staffing?	3 - Adequate
2.1 Safer recruitment principles, vision and values positively inform practice	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
2.3 Staff have the right skills and are confident and competent	3 - Adequate

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