

Interserve Healthcare Limited

# Interserve Healthcare - Liverpool

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 7 July 2016 and was announced. Interserve Healthcare Liverpool is a domiciliary care agency providing nursing and personal care to adults and children in their own homes.

At the time of the inspection, the service was providing support to seven adults and seven children.

A registered manager was 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.

We looked at how medicines were managed within the service and found that medicines were not always accurately recorded. People we spoke with told us that they received their medicines when they needed them.

People receiving support, their representatives and staff we spoke with, told us people received support from the service that maintained their safety. Staff were knowledgeable about safeguarding and how to report concerns and we found that appropriate referrals had been made.

Processes were in place to assess risks to people in order to maintain their health and wellbeing, including personal emergency evacuation plans (PEEPs). Risks relating to staff had also been assessed to help ensure their safety whilst at work.

There was an accident policy in place and accidents and incidents were recorded and reported appropriately.

We looked at how the service was staffed and found that there were sufficient staff employed to meet people's needs. We found that effective recruitment procedures were in place and followed to help ensure staff were suitable to work with vulnerable people.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). People told us staff sought their consent, though records did not always reflect that people had provided consent to their care and treatment. Mental capacity assessments were completed if there were concerns regarding people's capacity.

We found that staff were supported in their role through induction, training, supervision and appraisals. Staff felt well supported and able to raise any concerns.

People were supported by staff and other health care professionals to maintain their health and wellbeing. Staff supported people to maintain their nutritional wellbeing when necessary, by assisting with food

preparation and providing support to eat and drink.

People told us staff were kind and caring and treated them with respect. Staff told us how they maintained people's dignity and spoke about people in a warm and caring manner.

Staff we spoke with had a good understanding of people's needs and preferences. Care files provided information about people's needs to help ensure staff were able to meet them.

Care plans were written in such a way to promote people's independence and most care plans reflected that people had been involved in their creation.

The registered manager told us that staff regularly advocate for people, such as contacting relevant people to obtain equipment or services they would benefit from.

People we spoke with told us they had been involved in the development of their care plans and were happy with the support in place. All care plans we viewed had been reviewed regularly and people we spoke with told us they were involved in these reviews.

Staff told us there were processes in place to ensure they were informed of any changes in people's care needs. This meant that people were supported by staff that were knowledgeable about their needs.

Most care plans were specific to the individual person, detailed and informative.

Not all risks identified in people's risk assessments, had care plans to show how those risks would be managed.

Care files included information regarding people's general medical conditions which helped to ensure that they were supported by staff who had an understanding of their physical conditions.

Staff supported people to access social and leisure activities they were interested in.

There were processes in place to gather feedback from people and listen to their views, such as quality assurance surveys.

There was a complaints procedure available in the office; however this was not usually provided to people using the service. People we spoke with all told us that they would contact the office if they had any concerns and felt comfortable to do so.

The service had a registered manager in post and people told us that the service was well run.

Staff were aware of the companies whistle blowing policy and told us they would not hesitate to raise any issue they had.

Systems were in place to help ensure that the provider had oversight of the running of the service and to ensure the quality and safety of the service though not all concerns were identified.

The manager had not notified CQC of events and incidents that occurred in the service in accordance with our statutory notifications.

## 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 always safe.

Medicines were not always managed safely, though people told us they received their medicines when they needed them.

People told us they received support from a service that maintained their safety. Staff were knowledgeable about safeguarding and how to report concerns and we found that appropriate referrals had been made.

Processes were in place to assess risks to people in order to maintain their health and wellbeing, including personal emergency evacuation plans (PEEPs).

There was an accident policy in place and accidents and incidents were recorded and reported appropriately.

Effective recruitment procedures were in place and followed to help ensure staff were suitable to work with vulnerable people. There were sufficient staff employed to meet people's needs.

### Is the service effective?

**Good** ●

The service was effective.

People told us staff sought their consent to care and treatment and mental capacity assessments were completed if there were concerns regarding people's capacity to make decisions.

We found that staff were supported in their role through induction, training, supervision and appraisals.

People were supported by staff and other health care professionals to maintain their health and wellbeing.

Staff supported people to maintain their nutritional wellbeing when necessary, by assisting with food preparation and providing support to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were kind and caring and treated them with respect.

Staff had a good understanding of people's needs and preferences and care files provided information about people's needs to help ensure staff were able to meet them effectively.

Care plans were written in such a way to promote people's independence and most care plans reflected that people had been involved in their creation.

### **Is the service responsive?**

The service was not always responsive.

Not all risks identified in people's risk assessments, had care plans to show how those risks would be managed.

There was a complaints procedure available in the office; however this was not usually provided to people using the service.

Most care plans were specific to the individual person, detailed and informative.

There were processes in place to gather feedback from people and listen to their views.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The manager had not notified CQC of events and incidents that occurred in the service as required.

Systems in place to help ensure the quality and safety of the service did not identify all concerns, such as those relating to care planning.

The service had a registered manager in post and people told us that the service was ran well.

Staff were aware of the companies whistle blowing policy and told us they would not hesitate to raise any issue they had.

**Requires Improvement** ●

# Interserve Healthcare - Liverpool

## **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 7 July 2016 and was announced. We gave 48 hours' notice because the registered manager was not always based in the office and we needed to ensure that the registered manager would be available to answer any questions we had or provide information that we needed.

The inspection was undertaken by an adult social care inspector. Before our inspection we reviewed the information we held about the service. We looked at the notifications the Care Quality Commission (CQC) had received from the provider and we spoke with the commissioners of the service.

During the inspection we spoke with the registered manager, three people using the service or their representative and three members of staff.

We looked at the care files of four people receiving support from the service, four staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service.

# Is the service safe?

## Our findings

We looked at how medicines were managed within the service. Staff we spoke with told us they received regular medicines training and had their competency assessed and the training records we looked at confirmed this. There was a medicines management policy in place to guide staff and covered these areas such as storage, administration, controlled medicines and actions to take in the event of an error.

Not all of the people whose care files we viewed required support with medicines. Two people's files contained completed medicine administration records (MAR's). One file contained charts that were fully completed when the prescribed medicines had been administered by staff; however another care file contained MAR charts that showed gaps in the recording. On two days the MAR chart had been left blank for one medicine, however the daily reports reflected that staff had administered the medicine. There were a number of days when a code had been used to reflect that a medicine had not been administered, but there was no explanation as to why not. We discussed this with the registered manager who advised that they were aware of the gap in recording; they had identified staff responsible and arranged further medicine training for them to complete. This meant that records did not accurately reflect medicines people had received.

People we spoke with told us that they received their medicines when they needed them.

We recommend that the service considers current guidance on recording of medicine administration and updates its practice accordingly.

People receiving support, their representatives and staff we spoke with, told us people received support from the service that maintained their safety.

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. All staff we spoke with had a good understanding of safeguarding and were able to explain how they would report any concerns. Staff told us and records we viewed confirmed, that staff had completed regular safeguarding training. This helped to ensure that staff had up to date knowledge. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available within the office. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made.

We looked at how risks to people had been assessed in order to maintain their health and wellbeing. We saw risk assessments had been completed in areas such as skin integrity, falls, mobility, use of bed rails and nutrition. This helped to ensure that risks to people were identified and enabled staff to put measures in place to minimise any risks. For instance, one risk assessment we viewed indicated that the person was at risk of developing a pressure ulcer. In order to minimise this, an air mattress and pressure relieving cushion had been put in place and staff were advised to be vigilant with regards to the person's skin integrity.

Care plans also included a personal emergency evacuation plan (PEEP). This provided information as to

how staff should support people to evacuate in the event of an emergency.

Risks relating to staff had also been assessed to help ensure their safety whilst at work. For instance, we saw lone working risk assessments within care files where staff worked alone. This assessed potential risks to lone working staff in each person's home and provided information as to how these could be minimised. One staff member we spoke with told us they had access to lone working devices, such as personal alarms.

The registered manager told us that although Interserve Healthcare Liverpool were not responsible for the maintenance of equipment in people's home, they did monitor it to ensure it remained safe for people and staff to use. For instance, the registered manager told us that staff monitored dates when equipment was due to be serviced and if necessary, supported people to ensure the equipment was serviced at the right time. Records regarding equipment monitoring were observed within care files we viewed.

There was an accident policy in place and accidents and incidents were recorded electronically. The system we viewed showed accidents, incidents and any other concerns raised, actions taken and any outcomes from investigations. There had been no accidents resulting in injury to people using the service or staff.

We looked at how the service was staffed. The registered manager told us that they recruited staff to meet people's needs before the provision of care commenced. The service provided support to people based on their assessed needs. They provided people with live in carer support, overnight support and assistance for a number of hours during the day. Staff did not provide support to more than one person each day.

People we spoke with told us that they received a copy of a staff rota a few weeks in advance so that that knew who would be supporting them each day. People told us that if any changes to staff rotas occurred, they were always informed and told which staff member would be covering. However they usually received support from a consistent team of staff who knew them well. Staff we spoke with agreed and told us they usually provided support to the same people and that there were sufficient numbers of staff to ensure people's needs were met.

The registered manager told us that staff would usually cover each other's holidays and any sickness, but that they could utilise staff with relevant skills from other branches within the company if necessary. We viewed copies of staff rota's and found that adequate numbers of appropriately trained staff were scheduled to provide support to people on a regular basis.

We looked at how staff were recruited within the service. There was a recruitment policy available which reflected safe recruitment practices. We looked at four personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that safe and effective recruitment procedures were in place.



## Is the service effective?

### Our findings

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The registered manager told us that none of the people they were supporting were deprived of their liberty and that if they felt this was necessary, they would liaise with social services to apply through the court of protection. One care file we viewed contained information to advise staff of this process.

Staff we spoke with told us they always asked for people's consent before providing care and people we spoke with agreed that their consent was sought. Care files we viewed did not all contain evidence that people had consented to their care and treatment. The registered manager told us the two people's files we viewed that did not contain evidence of consent, had signed consent forms within their homes and would ensure copies were put into the files in the office. All people we spoke with told us they were happy with the support provided and had agreed with the planned care.

When staff had concerns that a person may be unable to provide consent, mental capacity assessments were completed. We observed completed capacity assessments regarding care planning within the care files we viewed, however these showed that people had the capacity to make decisions. The registered manager told us that they liaised with parents of the younger people they supported to obtain consent to the planned care and treatment and people we spoke with confirmed this. The registered manager also told us that if a mental capacity assessment showed that a person was unable to make a specific decision, they would liaise with social services and other relevant people to ensure care was provided in people's best interest.

We looked at staff personnel files to establish how staff were inducted into their job role. Records showed that staff had completed an induction, including an introduction to the service, their roles and responsibilities, as well as to the specific needs of the people they would be supporting. Induction included training that the service considered mandatory, shadowing staff who knew the needs of people well, meet and greet with the people staff would be supporting and any bespoke training necessary to ensure they could meet people's needs. Staff we spoke with confirmed that they had completed an induction and that they had to be assessed as competent in all areas of care provision before they were able to work alone. Staff files contained copies of these competency assessments, in areas such as suctioning, catheter care, ventilation, medicine management and use of a nebuliser.

The registered manager told us that Interserve Healthcare did have an induction that met the requirements of the care certificate for staff new to social care. However, due to the complexity of care they provided, they only recruited staff that had at least six months experience in health and social care. The care certificate

requires staff to complete a recognised programme of learning and be observed by a senior colleague before being assessed as competent.

We looked at on-going staff training and support. Records showed and staff told us that they received regular supervision and an annual appraisal to support them in their role.

Training was provided in areas such as first aid, medicines management, manual handling, basic life support, safeguarding and mental capacity and DoLS. Records showed us and staff we spoke with told us that they completed this training regularly and had their knowledge and competency assessed annually. Staff told us the training available was sufficient and they felt they had the required knowledge and skills to meet people's needs. People using the service or their representatives agreed and told us staff were well trained.

Training, as well as supervisions and appraisals, were recorded electronically and a system was in place to alert the registered manager when staff were due to refresh their training. This helped to ensure that staff kept up to date with regards to training.

Staff we spoke with told us they felt well supported and were able to raise any issues with the registered manager or senior staff when required. Staff told us they never provided support to a person they did not know and people we spoke with agreed.

People were supported by staff and other health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the GP, district nurse, dietician and optician. People we spoke with told us that when necessary, staff supported them to arrange or attend appointments with health professionals.

Staff supported people to maintain their nutritional wellbeing when necessary, by assisting with food preparation and providing support to eat and drink. Care files we viewed showed that people's nutritional risk was monitored regularly and plans of care were in place to inform staff of their nutritional needs. For instance, one care file reflected that a person required support from staff to eat and drink that staff were to monitor and record the person's fluid intake to ensure they received sufficient amounts of fluid each day. This support was evidenced within the file.

## Is the service caring?

### Our findings

People receiving support told us staff were kind and caring and treated them with respect. People described staff as, "Lovely", "Very helpful" and "Very nice." One person told us staff provided them with a personal service and that they felt well cared for.

Staff described ways they respected people's privacy and maintained their dignity. Examples included, knocking on people's door before entering, even when they were using a key from the key safe; referring to people by their preferred name and ensuring privacy during personal care, such as ensuring doors and curtains were closed. During discussions, staff spoke about people in a warm and caring manner.

Staff we spoke with had a good understanding of people's needs and preferences. Staff told us that they got to know people well as they routinely supported the same people and when they were new they shadowed more experienced staff until they knew people's needs and preferences.

Care files provided information about people's needs to help ensure staff were able to meet them. Care files we viewed were detailed and reflected people's choices and preferences and prompted staff to ask people their preferences about the care they provided. Care plans reflected people's preferences in areas such as night time routines, social activities and personal care.

Care plans were written in such a way to promote people's independence and encouraged staff to ensure they always offered people choice regarding their care. Most care plans reflected that people had been involved in their creation and all people we spoke with were happy with the care that they received from staff at Interserve Healthcare Liverpool.

Although people had care files within their homes, additional copies were stored securely within the office. The registered manager told us that most paper care plans had been transferred onto the electronic computer system which was also secure. This meant that people's personal information would be kept confidential.

The registered manager told us that nobody in receipt of their services was supported by an advocate but they were aware how to access these services and would support people to do this if necessary. The registered manager told us that, with permission, staff regularly advocate for people, such as contacting relevant people to obtain equipment or services they would benefit from.

## Is the service responsive?

### Our findings

We looked at how people were involved in their care planning. Although care files we viewed did not all evidence that people had been involved in their production, people we spoke with told us they had been involved in the development of their care plans and were happy with the support in place. One person receiving support told us, "I know what is in my care plan and I agree with it." Another person told us that staff from the office regularly came to their home to discuss their care plan with them.

We observed care plans in areas such as personal care, mobility, nutrition, breathing, safe environment, medicines, communication and skin integrity. Most care plans were specific to the individual person and most were detailed and informative. For instance, one person's file contained a care plan to guide staff on the actions to take should they have a seizure.

We found however, that not all risks identified in people's risk assessments, had care plans to show how those risks would be managed. For instance, one person's file contained a risk assessment that reflected their skin integrity was at risk, yet there was no care plan to advise how staff should manage this. Another person's file contained a risk assessment that indicated they were at risk of falls and that a care plan should be implemented. There was no care plan in place and when we discussed this with the registered manager, they stated that the person was not at risk of falls and that the risk assessment had not been completed accurately. The registered manager agreed to update the risk assessment and retrain the staff member involved to ensure that risk assessments were completed accurately.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All care plans we viewed had been reviewed regularly and people we spoke with told us they were involved in these reviews. Care files evidenced that reviews were completed regularly and the registered manager told us they would be updated sooner if there were any changes to people's needs. Reviews were detailed, included an updated risk assessment and a review of people's mental capacity as well as all care plans. It recorded whether any new care plans had been implemented following the review and whether any actions were necessary, such as referrals to other health professionals.

We viewed a number of care files that contained an initial needs assessment; this ensured the service was aware of people's needs and that they could be met effectively as soon as support commenced.

Care files included information regarding people's general medical conditions which helped to ensure that they were supported by staff who had an understanding of their physical conditions and had access to information such as signs and symptoms and what actions to take in an emergency.

Staff we spoke with told us they were informed of any changes in people's care needs through verbal handovers between staff and through viewing people's daily records and care plans. Staff told us that the consultants based in the office would contact them to advise them if there were any major changes, such as

if somebody was unwell or had been admitted to hospital. This meant that people were supported by staff that were knowledgeable about their needs.

Staff supported people to access social and leisure activities at their request. For instance, the registered manager told us staff had supported people to go abroad on holiday, to attend concerts, attend parties or to visit their family members. Care plans we viewed reflected that staff supported people to attend church, go to the hairdressers, coffee shops and beauty salons.

We looked at processes in place to gather feedback from people and listen to their views. People told us staff from the office regularly contacted them to discuss their care and ask if they were happy with the service provided. The registered manager told us that people were often contacted by phone and asked questions from the quality assurance survey for that month. The quality assurance surveys were developed in line with the five domains CQC report about; safe, effective, caring, responsive and well-led. We viewed three completed quality assurance forms which asked questions related to how caring the service was and feedback was positive.

There was a complaints procedure available in the office; however the registered manager told us this was not usually provided to people using the service. Care files contained contact details for the office and for the registered manager, but did not advise how people could make a formal complaint. The complaints procedure was recorded in the service user guide but the registered manager advised this had not been provided to people for some time, but that they would ensure it was issued to people using the service. People we spoke with all told us that they would contact the office if they had any concerns and felt comfortable to do so. Those people that had raised concerns with the office staff told us they were dealt with quickly and tactfully.

## Is the service well-led?

### Our findings

The manager had not notified CQC of events and incidents that occurred in the service in accordance with our statutory notifications. For instance, records showed that an allegation had been made and although investigated and the outcome was that it was unfounded; CQC had not been notified of the allegation. The registered manager told us that they had made another safeguarding referral recently which was still being investigated, but they had not completed the notification to CQC as they understood this was to be completed once an outcome to the investigation was known. We discussed this with the registered manager and advised that CQC should be notified of any allegation of abuse without delay. This meant that CQC would be able to monitor information and risks regarding Interserve Healthcare Liverpool.

During the visit we looked at how the registered manager and provider ensured the quality and safety of the service provided. Records showed that a branch audit was completed regularly by the clinical governance team and monitored areas such as daily records, completion of consent forms, whether care plan reviews had been completed and that staff training and competency assessments were up to date. Actions required were identified and it was recorded when these actions had been addressed. We found however that not all issues were identified through these audit systems, such as those issues we highlighted regarding care planning.

The service had a registered manager in post. We asked people their views of how the service was managed and feedback was positive. One person told us the service was, "Well run" and another person told us, "I cannot fault the service I get, it is brilliant." People told us that there was always somebody in the office to contact and if they left messages for people, they were always returned promptly. One staff member described the management style as, "Very supportive" and staff we spoke with agreed that communication was very good.

Staff were aware of the service's whistle blowing policy and told us they would not hesitate to raise any issue they had. Records we viewed showed that policies such as whistleblowing were discussed with staff during supervisions. Having a whistle blowing policy helps to promote an open culture within the service. Staff told us they were encouraged to share their views regarding the service.

We looked at processes in place to gather feedback from people and listen to their views. As well as completion of quality assurance surveys, there were also staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings covered areas such as communication, roles and responsibilities and staff rotas. Staff told us they were able to raise concerns at any time; however one staff member told us they would like more regular staff meetings.

Clinical governance reviews were also completed annually by the chief nurse and these assessed the service in line with the five domains CQC report under and recommendations were made where necessary. The registered manager told us that the company facilitated clinical governance webinars and produced a weekly newsletter which provided clinical updates and social care developments.

Records showed that systems were in place to check MAR charts as these were signed off as checked when returned to the office. This meant that systems were in place to monitor the quality and safety of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed accurately and care plans did not always provide sufficient information to enable people's needs to be met.</p> |