Interserve Healthcare Limited

Interserve Healthcare - Birmingham

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 27 January 2016 and was announced.

The service, at the time of our visit, provided domiciliary care, including nursing care to four adults and two children in their own homes. Some of the people using the service had complex healthcare needs. The service carries out reablement and palliative care when needed.

There was a registered manager at this location. 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 and associated Regulations about how the service is run.

People told us that they felt the service kept them safe. Staff knew how to protect people from the risks presented by their specific conditions and there were details of these risks in people's care plans.

Summary of findings

There were enough staff to keep people safe and to meet their needs. The registered manager conducted checks when staff joined the service to make sure that they were suitable to support the people who used the service.

People who required assistance to take their medication said they were happy with how they were supported. Staff supported people to take their medication in line with their care plans.

Staff had the skills and knowledge they needed to meet people's care needs. Staff received observations of their practice and supervisions to ensure they remained competent to support people in line with their care plans.

People, and in the case of children, their parents, were involved in reviewing the care provided and had consented to how it was delivered. Staff knew how to support people in line with these wishes.

People who needed support at mealtimes told us that staff supported them to eat and drink enough to stay well. People had access to other health care professionals when necessary to maintain their health.

Some people had developed positive relationships with the staff who supported them and spoke about them with affection. Staff knew the appropriate action to respect people's privacy and dignity.

People told us how the service would respond if their needs and views changed. We saw that the manager had made many changes in some cases in response to requests. We saw that records were updated to reflect people's preferences.

The provider had systems in place to support people to express their views about the service and people were aware of the provider's complaints process. People felt their concerns were usually sorted out without the need to resort to the formal process.

The registered manager had clear views of how they wanted to develop and improve the quality of the service. People who used the service and staff we spoke with provided examples of improvements which the manager had made since joining the service.

The provider had processes for monitoring and improving the quality of the care people received. The registered manager reviewed incidents and comments for trends in order to identify areas for further improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe. People were protected from the risk of harm by staff who knew how to support their specific conditions.

Staff knew how to recognise and report any signs of abuse.

Records contained information for staff about how staff were to manage the risks associated with people's specific conditions.

Good

Is the service effective?
The service was effective. People and, where appropriate, their representatives, were involved in making choices about how their care was to be delivered.

People were supported by staff who received regular training and knew how to meet people's specific care needs.

Good

Is the service caring?
The service was caring. The registered manager regularly sought the views of the people who used the service.

Some people spoke affectionately about the staff who supported them. People were supported by the same staff when possible.

Good

Is the service responsive?
The service was responsive. People were supported by staff who knew how they wanted to be supported. Information about people's personal preferences was accessible in their records.

The provider responded to people's requests to change how their care was provided and who provided the care.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Is the service well-led?
The service was well led. There was a registered manager in place who understood their responsibilities.

There were systems in place to monitor the quality of the service, including frequent consultation with people who used the service and their representatives.

Good

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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 27 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection was carried out by one inspector.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the registered manager. We looked at a sample of records including four people's care plans, two staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with two people who used the service, the relatives of two other people and with three workers who provided care.

Good

Is the service safe?

Our findings

People told us that they felt safe. Staff were aware of how to protect people from the risk of harm. Staff told us and records showed that they had received training in how to recognise and keep people safe from the risk of abuse.

The provider managed risks to people in order to protect them from harm. Prior to people using the service, plans would be made to address any risks identified through the assessment process to make sure that the person's needs could be met in a safe way. For example, we saw that, for one person who was planning to use the service it had been identified that there would need to be processes for the safe use of certain medical equipment and for carrying out specific procedures.

We saw risk assessments in relation to people's properties, equipment, such as bed rails, and their medical conditions. The risk assessments included the action to be taken to minimise the risk. For example, in one person's record we saw, "ensure that all obstacles are removed from (person's name)'s pathway at all times." We saw completed competency assessments for members of staff in relation to, for example, 'suction via tracheostomy' and 'administration of medications by nebulisation' which confirmed that staff could keep people safe whilst undertaking these procedures.

Staff we spoke with were knowledgeable about the risks associated with people's specific conditions and could describe the actions they would take to protect people from harm.

We also saw lone worker risk assessments in relation to the staff. The service was starting to provide staff who were considered to be at risk with lone worker devices which, when pressed would allow them to communicate with call centre staff who could send assistance if necessary in the form of the on -call person on duty.

Staff completed safeguarding training in relation to adults and children. This included the possible types of abuse, the signs and symptoms of possible abuse and how to report any suspicions. The service had a whistleblowing policy and procedure so that staff could report any suspicions they may have about the conduct of a colleague or manager. Staff demonstrated that they were aware of their responsibilities in relation to protecting people.

There were enough staff to keep people safe and meet their needs. People confirmed that they were supported by the number of staff identified as necessary in their care plans. Staff told us and records showed that there was a robust recruitment process to ensure people were supported by suitable staff. This included taking up references, interviews and checks through the Disclosure and Barring Service, (DBS) to ensure that staff were suitable to work with adults and children.

Where people needed assistance with their medication, staff had been suitably trained to undertake this role. The training provided was face to face and included observation to make sure that the member of staff was competent before working alone. There were good systems for the recording of medication doses and those which we saw were completed appropriately. This ensured that people were kept safe by receiving their medication as prescribed.

Good

Is the service effective?

Our findings

Some people we spoke with were very pleased with the support they received. One person said, “It is ideal.” and another person said, “I am completely satisfied.” One person told us, “There were some problems at first but now things are a lot better” Two people told us that there had been problems with getting the staff they wanted as they had specific needs. We discussed these with the registered manager who was aware of the difficulties and explained the measures which he had taken to address the comments.

The manager told us that he recruited staff to meet the specific needs of individuals using the service. For example, in some cases, paediatric nurses were needed and in others, nurses and care staff needed to have experience in specific techniques or in working with people with specific conditions. Where possible, he recruited staff who would not need to travel long distances to reach a person using the service.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. The registered manager explained the provider’s induction process for new staff which included an introduction to the people they would be supporting. Staff confirmed that their induction had prepared them to fulfil their roles and responsibilities. Staff received refresher training in basic areas and additional training to undertake specific tasks. Staff were starting to undertake the recently introduced ‘care certificate’. One member of staff told us, “We get plenty of training.” The manager told us that following induction and any specific training, staff would need to be signed off as being competent before being able to work.

Staff received regular supervision in order to ensure they remained competent to support people in line with their care plans. There were also annual appraisals of staff and these were an opportunity to discuss any further training and development needs. There were peer group meetings, which included all workers concerned with providing support to a person. For people with complex needs, these meetings were on a three to six monthly basis. These provided staff with an opportunity to discuss issues and agree on a common approach.

Nursing staff were supervised by the branch nurse, supported by community matrons employed by the company. They received opportunities to keep their clinical training up to date and the registered manager expressed confidence that the training provided would be sufficient to allow nurses to revalidate their registration when the time came. The company had arranged a webinar to discuss revalidation shortly after our visit. Nurses were also supported through a nurses’ forum and conferences.

People had been offered the opportunity to express how they wanted to be supported and, when possible, people had signed their care records to indicate their agreement and consent. We saw that the registered manager had made changes to the way people were supported in line with their expressed wishes. This included changes to call times and the staff who provided support.

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.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all adults using the service had capacity to make decisions and agree to treatment and care on their own behalf. All staff had received MCA training and there were processes to follow for when people lacked capacity.

People who needed support from care workers to go shopping for food or to prepare meals confirmed that they were supported in the way that they preferred.

People told us and records showed that they had access to appropriate health care professionals when necessary to maintain their health. People who needed nursing care were supported by suitably trained nurses.

Good

Is the service caring?

Our findings

People provided examples of staff displaying a caring attitude towards them. For example, one person told us how the carer would help to look after their pet. Some relatives told us how carers had supported them at times of stress. One person using the service said of the staff, “They are sound.” and a relative said, “They are brilliant.”

People who used the service told us they preferred it when they were supported by regular staff and this enabled them to develop positive relationships with them. A person who used the service told us, “It is best when (carer’s name) is here. He understands what I am about.” Staff we spoke with could explain people’s specific needs and how they liked to be supported.

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly spoke with the manager to ensure they were happy with their proposed care plans. People said that staff respected their choices and delivered care in line with their wishes. The provider sought out and respected people’s views about the care they received.

Where people had requested staff who could speak a specific language, the provider had made efforts to find suitable members of staff. The care plans included information about people’s cultural and religious needs as well as their preferences.

Good

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed.

People told us that the provider responded according to their care needs and we saw that the service had responded promptly when people required additional or fewer calls.

People had been involved in planning their care and support. In the case of children using the service, their parents had been consulted. When it had been agreed that a new person would be using the service, their needs were assessed and discussed so that appropriate staff could be identified or recruited. We saw, in the case of a child who would shortly be using the service, that there was a detailed record of their needs and preferences. This included their needs in terms of food, communication, personal care and medication. It was written in plain and simple language and included, 'What I like and what I don't like' and specific instructions including, 'explain what you are going to do before you do it and what you are doing whilst you are doing it.'

The service had taken action when people's conditions changed. This had included supporting people to access additional mobility aids and involving other health care professionals in people's care. When necessary staff had been supported to learn new skills in response to people's changing conditions.

People told us and records confirmed that they were involved in reviewing their care plans and we saw that records were updated to reflect people's views. In the case of children using the service, their parents were involved in planning and reviewing the care.

People we spoke with were aware of the provider's complaints process and most of them felt that concerns were usually sorted out without the need to resort to the formal process. One person told us, "If I wasn't happy with the people who come in to me I would tell them myself." Another person said, "Communication was a big issue but it has been better since the new manager started."

We noted that people received details of the provider's complaints process when they joined the service. The system for recording complaints included prompts to ensure that the process was followed and space to record when action had been taken. The records showed that the registered manager had responded to complaints in a timely way and maintained records of the action taken. We saw that, where people had not been satisfied with the action taken at first, the registered manager had arranged meetings to discuss the issues and try to reach compromises with the people concerned.

Good

Is the service well-led?

Our findings

People told us that the service had improved since the registered manager had taken up his post. One person told us, “Things have changed since [registered manager’s name]’s been in charge.”

People told us they were encouraged to express their views about the service and felt involved in directing how their care was provided.

There was a registered manager at the service who understood the responsibilities of their role including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. They demonstrated that they had worked with other agencies and healthcare professionals when necessary to keep people safe. The registered manager was supported by the structures of the wider organisation, including arrangements for clinical governance, review and quality assurance.

There were systems in place to monitor and improve the quality of the service provided. These included spot checks on staff, quarterly audits by the registered manager and audits by the branch nurse of plans and safety alerts. The service was also audited on an annual basis by the chief nurse and the provider’s clinical governance team. Following audits, the registered manager had completed action plans and these contained clear recordings of the dates when the action would be and had been completed. The registered manager demonstrated a good level of understanding of the areas in which improvement had been needed when he came into post and had prioritised these.

Where there had been incidents or complaints, the registered manager had completed a root cause analysis to identify the reason why the matter arose and to look at possible action which would minimise the likelihood of the event happening again.

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service and the provider had conducted surveys of people’s views.

We saw the results of surveys which had been completed by people using the service and these were collated to identify areas in which change was needed. The manager also telephoned people using the service to obtain feedback. The surveys asked for feedback in line with the five areas addressed in this report. People told us they were happy to express their views about the service to the staff who supported them and felt comfortable identifying areas in which they wanted change. The manager had identified areas in which he wanted to further improve the service and had plans for how this was to be achieved.