Interserve Healthcare Limited

Interserve Healthcare - Birmingham

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Interserve Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides services to children, younger and older adults, people with learning disabilities, people with physical disabilities and complex health needs. At the time of inspection 22 people were receiving support.

Not everyone using Interserve Healthcare Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:
People who used the service and their relatives told us staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service required reviewing to support this practice.

People's healthcare needs were being met and overall medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were mostly enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the manager and were receiving formal supervision where they could discuss their ongoing development needs.

There were a complaints procedure and people knew how to complain.

There were mixed views of the manager, however, the manager had only been in post two weeks. The provider had systems in place to monitor the quality of care. However, these were not always effective.

Rating at last inspection:
This was the services first inspection.

Why we inspected:

This was a planned inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was no always effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Interserve Healthcare - Birmingham

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one adult social care inspector.

Service and service type:
This service is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats. It provides a service to children, younger and older adults and people with complex health needs.

The manager had recently applied to the Care Quality Commission to become the registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was announced. We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 19 February 2019 to see the manager and office staff; and to review care records and policies and procedures. We then contacted people who used the service and staff on 23 February 2019.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we looked at three people's care records, and records relating to the management of the service, including staff training records, audits and meeting minutes. Following the inspection, we spoke with one person who used the service, four relatives and four staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse
• People and their relatives told us the service was safe. Comments included, "I feel that my (relative) is safe with staff when they come", "I feel safe most of the time when staff are here" and "It depends, if it is a staff member we know, I know my (relative) is safe. However, when we are sent people we don't know, this does make me worry". "I don't always think they listen, I have complained about staff changing and this still happens."
• There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
• The manager told us there had been no safeguarding incidents in the last twelve months.
• Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management
• The service aimed to obtain as much information about a person before a new care package commenced. Before admission to the service an initial assessment form was undertaken to assess whether the service could meet people's needs.
• People's care files included appropriate assessment of risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling. One staff told us, "I am aware of people's risk assessments, they are good, they provide a lot of detail for what I should do when working with people."
• People's care records set out the risks and control measures in place to mitigate the risks. For example, one person's risks were related to pressure care. However, the persons pressure charts did not reflect the information recorded in the plan. We discussed this with the manager, who told us the reason the person's pressure charts did not reflect the plan, was the person chose not to change their position. They acknowledged this information should have been updated in the person's care plan and ensured this was done."

Staffing and recruitment
• The service was adequately staffed. However, some people told us, "There is a high turnover of staff, there is no consistency", "We used to get a rota with which staff would be coming, this has stopped. But, even when we did get the rota different staff would come" and "We never know who's coming or if they are coming we are often let down, that means we can't go out."
• We spoke to the manager about staff turnover. The manager told us this is something they were aware of and the directors were looking at what could be done to retain staff.
• Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely
• One person told us, "When we have new staff, they shadow an experienced staff member. They also work with my (relative) to understand the medication and what to take when. They are then signed off by the nurse once they are competent."
• Medicines were managed safely.
• Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
• Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every 12 months. Records showed staff were up to date with medicines training.
• Due to the nature of the service relatives also often managed people's medicines.
• Protocols were not in place for medicines prescribed for use 'as required'. Therefore, staff didn't have the relevant information needed to administer the medicines. We spoke to the manager at the time of the visit and this was rectified following the inspection.

Preventing and controlling infection
• Staff completed training in infection prevention and control. Observations of staff practice completed by management team confirmed staff followed correct procedures.
• Staff had access to personal protective equipment such as gloves, aprons and shoe covers. Spot checks confirmed that staff were using the equipment provided.

Learning lessons when things go wrong
• There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
• Staff members were aware to call the office to report any issues if there was an accident or incident.
• Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed.
• Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience
• Staff told us they were provided with excellent training. Comments included, "They are definitely on top of the training and we are kept up to date on a regular basis. I have received some very specific training for people's needs" and "The training is great, if anyone's needs change we always get training to ensure we know what we are doing."

• When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, person-centred approach, policies and procedures, communication, record keeping, moving and handling, emergency first aid, infection control, fire safety, health and safety, safeguarding, whistleblowing, and medicines.
• We saw staff had regular supervision and appraisal, which they told us they found useful. They also described spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

Supporting people to eat and drink enough to maintain a balanced diet
• Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
• Where people needed their food and fluid intake monitored, we saw staff kept records. However, the charts were not totalled daily to demonstrate people were receiving the correct levels of fluid. The branch nurses checked the charts when they were returned to the office at the end of month. However, this meant people were nutritionally at risk prior to this taking place. There were no records to demonstrate the charts had been audited. We discussed this with the manager during the inspection, they assured us this would be addressed.
• For people who required specialist techniques for eating and drinking such as Percutaneous Endoscopic Gastrostomy (PEG), we saw staff had received the required training.
• Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

Staff working with other agencies to provide consistent, effective, timely care
• The service worked with other agencies and professionals to ensure people received effective care.
• Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals.
• Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Supporting people to live healthier lives, access healthcare services and support
• Records showed people had been seen by a range of healthcare professionals including GPs and opticians.

• Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.
• Records showed the service worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local NHS Trust.

Ensuring consent to care and treatment in line with law and guidance
• 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.
• Staff confirmed they had received MCA training, one staff told us, "You have to assume that a person has capacity. If this is in doubt an assessment would need to be completed. You always need to think about people's best interests."
• Records showed people signed to consent however we saw that if a person was unable to sign documents, the provider had asked a relative to sign on behalf of the person when there was no evidence that the relative had a Lasting Power of Attorney (LPA). LPA accords the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, and life sustaining medical treatment. It can only be used if you're unable to make your own decisions.
• We spoke to the registered manager who told us they would follow up with people's relatives if their relative had a LPA in place. This meant appropriate consent was not always sought where people lacked the capacity to make an informed decision or give consent in accordance with Mental Capacity Act 2005 and associated code of practice.

We recommend that the service consider current guidance on the Mental Capacity Act 2005 (MCA) and act to update their practice accordingly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity
• One person told us, "The staff treat me well, some staff I like more than others, but I get along with all of them."
• A relative told us," My (relative) is treated very well, I have confidence in the staff. They treat them with respect, they also treat us and our home with respect when visiting."
• Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
• Staff we spoke with were positive about their role. They told us, "I love my job, I love the people I care for that's what keeps me here. I have a loyalty to them" and "I've worked with (person) for a long time. I know them very well. I know all their body language signals and changes."

Supporting people to express their views and be involved in making decisions about their care
• People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
• People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
• When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed, that people's views about how they preferred to be supported had been acted on to promote positive outcomes.
• Records showed people and relatives were involved in care planning and reviews. One relative said, "We have quarterly reviews, where we look at the care plans and discuss whether we are happy with things. Also discuss if anything needs changing."

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
• The service supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
• People's communication needs were known and understood by staff. People's care plans included details about their communication needs.
• Some people had very complex needs, and staff recognised the need for alternative methods of communication with them.

Improving care quality in response to complaints or concerns
• A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the manager. One person told us, "We've had problems in the past, however, they worked to resolve this for us. I know who to contact they are very good."
• The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found 12 complaints had been received. These had been responded to appropriately and a resolution provided in a timely manner.
• The service logged minor complaints through people's care files to demonstrate they listened to all concerns raised.

End of life care and support
• The service assisted to start care packages as soon as possible, so that people could experience their end of life in their home, rather than in a healthcare setting.
• Staff worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• There was a manager in post who provided leadership and support. They were supported by branch nurses and a client manager. We found the management team open, honest and committed to making a genuine difference to the lives of people living at the service.

• The quality assurance systems which were in place to monitor the service had not always been effective in identifying areas for improvement. For example, when people's paper records were returned to the office at the end of the month, the branch nurses audited the contents. These were then scanned and saved electronically. This was not always completed in a timely manner. For some people there were no records on the system from October 2018. Pressure chart audits did not highlight the difference in the support the staff were providing to what was recorded in the plan. There were no records of when food and fluid charts had been audited, to ensure people were receiving the correct amount.

• The provider completed clinical assurance reviews, health and safety checks and other audits and checks. These were available for us to view on the day of the inspection. However, these did not highlight the concerns we found.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• People who used the service and relatives had mixed views about the management. One person said, "In the past things haven't always been resolved. We know there is a new manager and they have experience. We are hoping this makes a difference."

• People who used the service received good quality person centred care. However, there were times when this was affected due to changes in staff.

• The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.

• The manager had worked for the service for a long period of time and had a clear understanding of his role and the organisation. The manager told us, " I've worked for the organisation for about 15 years. I started managing this branch two weeks ago. I've recently submitted my application to become the registered manager of this branch."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The management team and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people using the service. However, relatives told us they

were concerned that once staff had built up experience and positive relationships with their relative, they were moved onto other packages.
• The quality of the service was also monitored using quarterly surveys to get the views of people who used the service and their relatives. This was completed either face to face or via the telephone. The last survey overall results were positive.
• The service conducted regular spot checks which included visiting people in their home and telephone calls. Records confirmed this. The spot checks topics included punctuality, personal appearance of care staff, respect for service users, ability to carry out care, knowledge and skills, and health and safety.

Continuous learning and improving care
• The manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
• The manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
• There was an electronic monitoring system in place, which included a dashboard. The dashboard allowed the manager to have an oversight of logged events such as accident and incident, complaints and training. The manager reviewed this on a monthly, quarterly and annual basis.

Working in partnership with others
• The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the manager told us the service had worked with clinical commissioning groups (CCG), social workers and Birmingham local authority. This provided the manager with a wide network of people they could contact for advice.
• The manager attended provider meetings held by Birmingham council.