Interserve Healthcare Limited

Interserve Healthcare - Peterborough

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

Summary of findings

Overall summary

Interserve Healthcare - Peterborough is a domiciliary care agency that provides personal care and support for people of all ages with complex health needs. The agency staff cover a wide geographical area from South Lincolnshire to Hertfordshire and Buckinghamshire to Cambridgeshire. There were 24 people using the service at the time of our inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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There was a registered manager in post at the time of our visit. 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.

There were usually enough staff and arrangements had been made to recruit further staff, which made sure there was cover for sudden shortfalls in staffing, such as sick leave.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practice or the environment, to reduce further occurrences. Staff had been recruited properly to make sure they were suitable to work with people. Medicines were administered as prescribed and staff had guidance to do this safely. Infection control risks were reduced through the use of protective equipment.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people with their nutrition when they were unable to eat and drink. Staff followed the advice health care professionals gave them.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and detailed care records guided staff in how to do this. A complaints system was in place and there was information so people knew who to speak with if they had concerns. Staff had guidance if they needed to provide people with end of life care.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process looked at systems throughout the service, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Interserve Healthcare - Peterborough

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 comprehensive (planned) inspection took place on between 4 May and 22 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that they would be in.
The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During our inspection, we spoke with three people using the service and three relatives. We also spoke with four members of care staff and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, accidents and incidents forms, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

People and their relatives views about the availability of staff were varied. They all confirmed they had regular care staff. However, when their regular staff were off some people had not been provided with other staff to cover their care visits. One person told us that they had had regular care staff for the last four or five years and that other staff were arranged if these staff members were not able to visit. Two relatives told us how they had provided care for their family members when there was no staff cover available. However, another relative said it was their choice to provide their family member's care when their regular carer was on leave.

The provider had a system in place to ensure staffing numbers were at the correct level indicated by people's needs. The registered manager confirmed due to the nature of the service there is a constant need to recruit staff. Interviews were taking place during our visit. They also told us that if there was a sudden staff shortage, staff were deployed on a risk basis for people with complex health and care needs. We found that although for a few people there was not always staff available to step in when regular staff were away, we had not received any information to tell us that a person at any time had been left unsafe. The registered manager confirmed that they worked with people's relatives to ensure people's needs were met.

The service continued to safeguard people from harm. People told us that they felt they were safe using the service. One person said, "I feel safe, staff know me well." They went on to say they also felt safe because staff had been trained and knew the work they were expected to perform. In the Provider Information Return sent before our visit the provider told us there were processes in place to protect people from harm, and these contributed to ensuring people's safety. Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC.

A robust recruitment practice was followed. Required checks were carried out to ensure potential new staff were suitable for the role.Staff members confirmed and records showed that identity, police and Disclosure and Barring (DBS) checks were completed before they started working at the service.

The service remained good at managing risks to people's health, safety and welfare. Staff assessed and regularly reviewed individual risks to people and kept updated records to show how the risks had been reduced. They told us they were aware of people's individual risks and our conversation showed that they took the appropriate action to minimise these. Risk assessments contained clear and detailed information to guide staff on how to minimise risks and protect people from harm..

The service remained good at managing people's medicines. People told us that they received their medicines when these were needed and that staff members helped them with this. One person told us, "Staff give medicines, they don't forget." People who needed support with their medicines received this from staff who had received training. Staff members' ability to administer medicines safely was assessed as part of their observed practice. Records to show that medicines were administered were completed appropriately. Medicines in both supported living houses were stored securely. Staff had appropriate

guidance for medicines in general and for people who received medicines on an 'as required' basis.

A staff member told us that they had enough personal protective equipment (PPE) and cleaning equipment available. This showed us that processes were in place to reduce the risk of infection and cross contamination.

Any accidents or incidents were managed and monitored. Changes, where needed, were made to improve practice and outcomes for people. Staff told us the care co-ordinators informed them of immediate changes to people's care. Other changes such as policy changes were displayed on the staff notice board.

Good

Is the service effective?

Our findings

People's needs were fully assessed prior to receiving care and support from the service. Needs assessments were completed with information from health or social care professionals, where this was indicated. Staff worked with health and social care professionals who visited people to provide current, up to date information and advice about meeting people's care and support needs. We also saw that staff discussed how best to meet people's needs and consulted current guidance to ensure people received the right care to meet their needs.

The service continued to make sure that staff had the skills, knowledge and experience to deliver effective care and support. One relative told us that, "Staff are excellent, very well trained." Another relative described how staff received visits from the trainer to ensure staff knew how to care for their family member. Staff confirmed they had received updated training and had also received additional training to enable them to support people's specific healthcare needs. For example, how to feed a person through a PEG tube (a tube through the skin into the stomach) and managing the needs of a person requiring a ventilator to support him or her to breathe. Staff training records showed that staff members had received training in mandatory subject areas relevant to their role such as first aid, health and safety, and moving and handling.

Staff members confirmed that they received support through one to one meetings. All of the staff members told us that they could discuss issues and development opportunities at these meetings. They could also speak with the registered manager or office staff at any time for advice. This gave them the guidance and support to carry out their roles.

The service remained good at providing and supporting people to eat and drink. We saw that there was clear and detailed guidance for staff who helped people who were unable to eat and drink. This included information about how to support people to have their nutritional supplement, what to do if something went wrong and how to care for the equipment. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included obtaining advice from health care professionals such as dieticians or speech and language therapists.

Staff at the service worked closely with other organisations to ensure that the best possible quality of service was provided. For example, we observed two members of staff discuss a person's complex care needs. The service worked with other organisations to deliver effective care and support. Arrangements were recently made with the local Clinical Commissioning Group (CCG) for a staff member to shadow staff from another service provider to enable them to assess the skills needed to meet people's needs.

The service remained good at ensuring people received advice and treatment from health care professionals, as and when they needed. People's care records provided detailed and relevant information to support each person with their health needs.

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 and whether any conditions on authorisations to deprive a person of their liberty under the court of protection were being met. Staff had received training in MCA and were able to demonstrate a good understanding of the principles to us. The agency provided care to few people over the age of 18 who did not have capacity to consent to their care. However, we saw that staff had considered this for one person and had taken the appropriate actions to ensure their care and support was provided within the requirements of the Act, and did not restrict their freedom unlawfully.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. They were described as, "Excellent." Another person told us that staff were, "Always polite," and that they respected the person's cultural needs. One person's relative said staff they found the staff members "absolutely exemplary". They told us that staff members went "above and beyond" and that they were unable to fault the care staff. Another relative commented, "[Staff member] is brilliant with him [family member]." Staff were kind and thoughtful in the way they spoke about people. They told us that they tried to put people at ease and speak with them as they would like to be spoken to.

We found that staff knew people well and that they were able to anticipate people's needs because of this. Their descriptions of people showed this and it also showed that staff members had a great deal of affection for the people they cared for.

People told us that they were aware of their care records and staff spoke with them frequently about how they wanted their care given. One person's relative told us that staff listened to their concerns and acted on them.

Staff members received training in key areas that supported people's right to respect and dignity. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people and in their comments to us about how they would do this. They told us they knocked before entering people's homes and made sure people could not be seen by others during personal care.

We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Good

Is the service responsive?

Our findings

The service remained responsive to meeting people's needs. People told us that they had no concerns about their care and one person said, "I must admit the care I get is very good." Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to support and care needs, or leisure and pastimes.

People's care and support plans contained relevant details about their life and medical history, their likes and dislikes, what was important to each person and how staff should support them. Plans for the care of more complex and specific healthcare needs, provided clear guidance regarding how to care for the person, what to look for and what to do if something was not right. Staff we spoke with had a very good understanding of people's needs and how they were to manage them safely. Plans were reviewed on a regular basis to ensure they continued to meet people's required support and care needs. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they felt able to speak with a member of staff if they were worried about anything. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. There were copies of the service's complaints procedures in each person's home. We looked at the most recent complaint and found that it had been investigated and responded to appropriately.

The provider had an end of life policy, which gave guidance to staff in the event that they had to provide care to a person at this time. Information we received before this inspection showed that some staff had received training in how to care and support people at the end of their lives. The registered manager confirmed that staff were not providing end of life care to anyone at the time of our visit. A relative explained that they wanted to discuss this issue with a particular member of staff "to see what I need to ask about." They said they had faith in the staff member to know how to meet the person's needs.

Good

Is the service well-led?

Our findings

The service had a clear vision and staff told us that there was an expectation for them to deliver good quality care and support. They told us that communication between the registered manager and all levels of staff was good. There were opportunities, such as individual supervision meetings, to discuss the running of the service. Staff were supported by senior staff and felt they could discuss any issues or concerns they had or to discuss their performance.

There was a registered manager 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. The registered manager was supported by operations managers and by care co-ordinators.

The views of people, their relatives and staff were obtained through questionnaires or through meetings. The information was then collated and a summary of the findings made available. The survey results from the 2017 report showed a high overall satisfaction rate. People and relatives told us that they were contacted regularly for their views about how the agency was performing. However, they also commented that they rarely heard about the results. The registered manager provided us with the organisation's annual quality report for 2017, which gave an overall picture of how all of the provider's services were performing.

Spot checks were carried out to monitor the quality of care being delivered by staff. Staff told us additional checks were carried out by the registered manager or field supervisors to assess staff competency and identify any learning gaps. Action was taken following these visits if any practice needs were identified such as additional training, guidance and support to improve the way they worked.

A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager anything and it would be dealt with. This meant that the organisation was clear in their expectation that staff should use this system if they felt this was necessary.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems used by staff, such as the care records, equipment such as hoists, medicines and staff. Where audits identified failings action was taken to put them right. The overall analysis of audits and any trends or themes identified were cascaded up to organisational level in the form of a regular report. This meant that everyone in the organisation were aware of the same information and the actions to address these. We saw that the registered manager had taken action to increase staffing levels in response to fewer staff availability at times of sudden absence, such as sick leave.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action

where this was required. We saw that information was shared with other agencies about people where their advice was appropriate and in the best interests of the person.