Interserve Healthcare Limited

Interserve Healthcare- London and South East

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 – London & South East is a domiciliary care agency that provides personal care and nursing care to people living in their own homes. The agency provided complex nursing care to people across London, Kent and Surrey. There were 280 people receiving services from Interserve Healthcare - London and South East at the time of our inspection which included around 60 children and around 200 people nationally receiving daily renal dialysis from the service. The service had expanded substantially since our last inspection due to the merger of other services under the same provider. The provider managed this expansion well and it did not have any impact on people's care.

This inspection took place on 17 September 2018 and was announced. We gave the provider 24 hours to make sure a member of the management team was available in the office to meet with us. At our last inspection of the service in January 2016 we rated the service 'good'. At this inspection we found the evidence continued to support the rating of 'good'. There was no evidence or information from our inspection and on-going 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.

Staff training was designed around people's individual needs and staff were assessed as competent before providing care. Some staff received training from hospital staff before people were discharged into their own homes. A training programme was in place and nurses were offered courses in specialist clinical skills to enable them to meet people's needs and retain their professional nursing registration. Staff received regular supervision and observations of their practice to ensure they were caring for people in the best ways.

People's medicines were managed safely. Staff received training in medicines management and were assessed as competent to provide any specialist techniques involved in administering medicines.

People received care from staff who the provider checked were suitable during recruitment. There were enough staff to support people safely although some people were concerned about timekeeping and the provider was reviewing this across the service.

Risks relating to people's care were assessed by the provider. Management plans were in place for staff to follow in reducing the risks to people. Care plans informed staff about people's individual needs and how they preferred to receive their care.

People were protected from the risk of abuse as staff understood their responsibilities in relation to safeguarding adults at risk. People felt safe with the staff who supported them. The provider responded promptly to protect people if any allegation of abuse was made.

People received the right support in relation to eating and drinking and staff were aware of people's needs. Staff were able to meet people's complex nursing care needs and people's day to day healthcare needs

were met.

People were positive about the staff who supported them and professionals told us staff provided an 'extremely' person-centred service. Staff treated people with kindness, and dignity and respect and respected their privacy. Staff developed good relationships with people and understood their needs and preferences. People were involved in their care and were supported to maintain their independence.

The provider requested the local authority carry out Mental Capacity Act (MCA) 2005 assessments when they suspected people may lack capacity in relation to their care. However, this meant sometimes assessments were delayed and were not carried out before people received their care, as required. We recommended the provider review their processes in relation to MCA assessments to avoid this delay.

The provider investigated any accidents and incidents, concerns and complaints with robust systems to check the action taken was suitable. People had confidence in how the provider responded to any issues.

The provider had quality assurance systems in place to assess, monitor and improve the service. The provider also gathered feedback from people and staff and used this as part of improving the service.

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 continued to be Good.	**Good**
Is the service effective? The service continued to be Good.	**Good**
Is the service caring? The service continued to be Good.	**Good**
Is the service responsive? The service continued to be Good.	**Good**
Is the service well-led? The service continued to be Good.	**Good**

Interserve Healthcare- London and South East

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 checked 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 was a comprehensive inspection. The inspection took place on 17 September 2018 and was announced. We gave the provider 24 hours' notice of the inspection to make sure a member of the management team was available in the office to meet with us. The inspection was carried out by two inspectors and an expert by experience who made phone calls to people and their relatives after the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from five people who used the service, two relatives, 24 staff and three professionals. We reviewed all responses received as part of our inspection planning.

During the inspection we spoke with the deputy manager, the service manager, three nurse case managers. We looked at a range of records including four staff files, 15 people's care plans, records relating to medicines management and other records relating to the management of the service. After the inspection our expert by experience spoke with 16 people using the service and 10 relatives via telephone.

After the inspection we spoke with four care staff. We also contacted 19 professionals to gather their

feedback on the service and we received feedback from six.

Good

Is the service safe?

Our findings

People's medicines were managed safely. People were positive about the way staff supported them with medicines. Staff received training in safe medicines administration and in specialist administering procedures as required. The provider assessed the competency of staff in administering medicines. Staff completed medicines administration records (MAR) appropriately and the provider had audits in place to check staff followed procedure in administering and recording medicines. Nurse case managers told us they were working closely with the management team to find ways to accommodate monthly MAR audits into their schedule as MAR audits were sometimes carried out irregularly.

Risks relating to people's care were reduced by robust risk assessments. One person told us, "They don't do anything to make me feel unsafe." A professional told us there was a strong focus on the delivery of safe care. The provider considered the risks relating to people's care as part of the pre-assessment process. Then the provider assessed each risk in more depth to produce guidelines for staff on the best ways to reduce the risks. Assessments for most people covered risks relating to their clinical conditions, medicines management, fire safety and how to evacuate in an emergency, the home environment, lone working and any assistance required to transfer safely. Guidelines produced for staff were sufficiently detailed and tailored to people's specific needs. The provider reviewed risk assessments each quarter, or more often if necessary, to ensure risks relating to people's care were always met.

Risks relating to infection control were assessed for each person and most people and relatives told us they were satisfied with the precautions staff took to reduce cross contamination. One relative told us, "They are extremely careful about washing and dressing and take care not to cause any contamination." However, two people were concerned staff did not always wash their hands and this may spread infections. We raised this concern with the provider who told us they would discuss the importance of handwashing with all staff. Staff received training in infection control and guidance was in place for each person on how to reduce the risks.

People were supported by staff recruited through suitable procedures. The provider recruited staff with the clinical skills and experience people needed and interviewed staff to check staff had the right qualities to care for people. The provider reviewed staff's employment history and obtained references to check their professional conduct. The provider also checked whether staff had any criminal records as well as their identification, proof of address, right to work in the UK and any health conditions which may affect their performance. The provider also checked nurses had the correct registration with their governing body.

People were cared for by sufficient numbers of staff although four relatives from the 26 people spoken with raised concerns about timekeeping. We raised these concerns with the registered manager for review. Staff told us there were enough staff to care for people and the provider was able to find cover when they were absent from work. The deputy manager also told us there were enough staff to ensure people always received care at the right times. The deputy also told us they continued to recruit new staff in order to increase the numbers of people they could care for.

People were protected from abuse and neglect by the systems in place. One relative told us, "I would not

have staff in the house if we did not feel safe and if they were not doing a good job." A second relative told us, "I trust them to keep her safe." Staff received training in safeguarding and knew signs of abuse and how to respond to keep people safe. Staff were confident to whistleblow if they had any concerns about other staff. The registered manager had a good understanding of their responsibilities in relation to safeguarding and took appropriate action in relation to any allegation of abuse or neglect. This included removing staff from the service, referring the concerns to the local authority safeguarding team and assisting with their investigations. The provider also notified CQC of any allegations of abuse which helped us monitor the service and plan inspections.

The provider had systems to learn and improve in response to any safety incidents. Nurse case managers told us, "When we look at accidents and near misses we do a root cause analysis to see how we can improve." The provider recorded any accidents and incidents clearly and investigated what went wrong. The management team met each week to review accidents and incidents as well as any safeguarding allegations. They took action to reduce risk of similar occurrences. When the management team determined accidents, incidents or safeguarding's had been dealt with satisfactorily they referred them to a central team who reviewed each case before closing it.

Good

Is the service effective?

Our findings

Care was delivered by staff who received the right training and support. A relative told us, "When [my family member] had a colostomy bag they sent a nurse with the carer to show her how to change the bag and keep it clean, so I think they are well trained." A hospital nurse told us they worked closely with the provider in assessing Interserve staff as competent to care for children with complex needs. Inductions for nurses included clinical skills such as oxygen therapy, spinal injuries, ventilation and oxygen therapy and tracheostomy care. Inductions for care workers were in line with the care certificate. The care certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. All new staff shadowed more experienced staff to learn the required skills. For some people staff worked alongside hospital staff to learn how to provide care to individuals before they were discharged to their own home. Staff received annual training in key topics including moving and handling, safeguarding adults and children, infection control and medicines management. The provider supported nurses to revalidate their registration with clinical training and individual support from nurses in branch. Staff received supervision with their line manager every three months or following an incident. Staff felt well supported and found supervision effective.

People received care from staff who were assessed as competent in each aspect of care they needed. The provider reviewed the skills and knowledge staff needed to care for each person and developed staff competency assessments based on these. Each year the provider assessed staff competencies in working with individuals and staff were only allowed to work people when the provider confirmed they had the required skills and knowledge. The provider had a robust system in place to review when staff required competency reassessments. The provider carried out annual spot checks to ensure staff were supporting people in the best ways and staff felt the process was supportive.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. As part of the Act if people are not free to leave their own home and require constant supervision to keep them safe, the 'acid test', an application to deprive them of their liberty from the Court of Protection may be required.

People received care in line with the Mental Capacity Act 2005 (MCA). Care staff understood their role in relation to the MCA and received training in this. The provider carried out the 'acid test' during the pre-assessment for each person in relation to depriving them of their liberty lawfully. The provider wrote to the commissioners of the service to request they consider whether an application to the Court of Protection was required where the acid test indicated this may be necessary. The service manager told us it was the providers' policy not to assess people's capacity in relation to their care and they would request commissioners do this where necessary. However, this meant MCA assessments were sometimes delayed and we found people were receiving their care before MCA assessments had been carried out. Under the MCA, assessments should be carried out before people begin receiving their care. Because of this system,

when people were assessed to lack capacity the provider was not always able to follow processes to make decisions in their best interests in a timely manner, before their care began. We recommend the provider consults best practice guidelines in relation to MCA assessments.

People received the support they needed to eat and drink. People and relatives were satisfied with the way staff carried out their role in helping people to eat. Some people required specialist support to eat and drink, such as via a tube into a part of their digestive system. The provider developed detailed guidance for staff to follow for each person which included the amounts of food and water, how to keep the equipment and skin clean and what to do in an emergency. Staff received training in this type of care and they were assessed as competent each year. Staff also received annual training in food hygiene to understand how to prevent food-borne illnesses. The provider followed guidance from speech and language therapists for some people to reduce their risk of choking. The provider also followed guidance from dietitians where people were at risk of malnutrition or obesity. The registered manager told us they matched people with staff who were able to prepare meals from their ethnic and cultural background where this was an identified need or preference.

People received support in relation to their healthcare needs. A professional told us the service was always thorough in their assessments of people's needs. Most people had complex healthcare needs and the provider ensured their care plans contained detailed information and guidance for staff to follow. For example, several people had breathing difficulties and their care plans guided staff on assessing when they required oxygen therapy and how to deliver this effectively. Contact details for other professionals involved in people's care were also accessible to staff in people's care plans. Professionals told us staff worked well with them in delivering a joined-up package of care to people.

Good

Is the service caring?

Our findings

People and relatives were all very positive about the staff who provided care. One relative told us, "I find them excellent and I have an excellent service. They are courteous, careful and everything is as it should be. They are happy and willing to do the work." A second relative told us, "They are very understanding and good with children. They get the child engaged and that does help. Sometimes they will listen to nursery rhymes or they will sing with him. They read with him and encourage him to play with soft toys." A third relative said, "He is kind and caring. He wakes my husband up gently and asks how he is so my husband feels comfortable." A fourth relative told us, "There was a time when the weather was changing and the window was open. I noticed they closed the window before changing him. I believe they are compassionate."

We viewed compliments from people who recently used the service. One relative thanked staff for their helping their child to go on a school trip. A second relative thanked staff for being "amazing" in their support in helping a person come to terms with their condition and helping them improve so they needed less nursing equipment when leaving the house. A relative thanked staff after their bereavement writing, "The care and love they have given our mum has been second to none. Thanks to them, we had total confidence that our mother was loved, warm, well fed and safe at all times. She was able to spend her last years with dignity, respect, love and security."

In the questionnaires we sent before our inspection 100% of people and relatives told us care staff were kind and caring. Staff we talked with spoke about the people they supported in a caring manner. The provider encouraged staff to always provide care in a kind and compassionate manner during induction and ongoing training.

Professionals also told us staff were caring. A professional told us the nursing team went 'above and beyond' for the packages of care. They gave told us the nursing team were always at people's homes within a few hours of their discharge from hospital and carried out their assessments very quickly. The professional gave an example of when the nursing team were exceptional in supporting a child with very complex needs to go home from hospital in time for Christmas. Two different professionals told us the staff were 'extremely' focused on providing person-centred care. We also viewed correspondence from a professional who contacted the provider to compliment staff on being "great", positive and encouraging during a person's therapy session.

People received dignified, respectful care. A person said, "I find them to be respectful and kind." A relative told us, "They treat [my family member] with respect, especially when giving personal care." People received care from staff of their preferred gender. One relative said, "I asked for male carer to provide personal care and they send one. I am very happy with him." In the questionnaires we sent before our inspection 100% of people and relatives told us care staff always treated people with dignity and respect. People, relatives and staff were satisfied staff were allocated sufficient time to provide care in a respectful and meaningful way.

Staff were matched to people as far as possible. The registered manager gave us examples of a person who

was provided staff who spoke their first language as they requested this. The provider told us they were recruiting staff with certain characteristics to help a person maintain their social life at the person's request. In addition, the registered manager described how they assessed staff engagement and play with babies during initial meetings and met any requests from parents about the qualities staff should have. People were shown key information about staff to check they had the right skills, experience and interests. The provider then arranged a 'meet and greet' session arranged before they began providing care to check the person with happy with the staff.

People told us they received care from staff who understood their preferences and respected their choices. People received care from the same small group of staff. This meant they received consistency of care from staff who got to know them well. One relative told us, "[My family member] recognises voices and that's why it's good for him to have a regular worker."

People's communication needs were understood by staff. People and relatives told us staff communicated well. People's care plans guided staff on people's communication needs and any specialist equipment which was required. For example, one person's care plan guided staff to make good eye contact and speak in a calm, firm and gentle voice using simple language. The care plan also advised staff to liaise with the person's close family member to find out which Makaton signs they were using so they could use these to communicate. Makaton is a simplified form of sign language developed for people with learning disabilities.

Good

Is the service responsive?

Our findings

People's care was planned and delivered in line with their needs and preferences. One relative told us, "I was involved in the care plan because I sat down with the care service and decided what my son requires." A second relative told us, "[My family member] is very involved in her care." Care plans were comprehensive and guided staff on people's identified needs as well as their backgrounds, hobbies and interests and people who were important to them. Care plans also set out how people preferred to receive their care. Staff told us the provider always informed them of people's needs and they always read their care plans before beginning care. In some cases, the provider arranged for the teams providing care to people to meet together and review the best ways to care for them. The provider recruited and trained staff so they had the specialist clinical skills each person required. For example, the provider ensured only staff who received training in using breathing equipment worked with people who had this need.

People's needs were reviewed regularly so care plans remained accurate and reliable for staff to follow. The provider reviewed care plans every quarter or more often if necessary. The provider often met with the person, relatives and often other healthcare professionals involved in their care as part of the review process. The provider checked the person's care plan continued to meet their needs and that all their care records were up to date. In addition, the provider carried out spot checks of the staff who cared for each person to check they carried out care in line with the person's care plan and followed best practice guidelines.

People receiving end of life care were supported to set out their preferences in care plans for staff to follow. Staff were offered end of life care to help them understand people's needs. In addition, training was available for nurses to use specialist equipment used in end of life care, such as delivering pain relief via syringe drivers.

People's concerns and complaints were investigated and responded to. One person told us, "I do not have any complaints, but I would know who to complain to." A relative said, "I think they would listen to anything I have to say, but I don't have an example, but the communication is good." A second relative told us, "They do listen to what I have to say" and gave us an example of when the provider made immediate improvements when they raised concerns. A professional told us the provider always dealt promptly with any concerns they raised. The provider gave people information about how to complain when they began using the service. Records of complaints showed the provider investigated any issues raised and kept the complainant informed of their investigation. A designated person oversaw the investigation of each complaint and the governance team reviewed all complaints before closing them to check the provider's response was appropriate. The provider discussed the outcome of complaints with people and issued letters of apology if necessary. The registered manager and deputy discussed complaints each week to review progress with investigations and check how the service could be improved in light of any concerns.

Good

Is the service well-led?

Our findings

The service was well-led and people, relatives, staff and professionals had confidence in the registered manager and their team. One person told us, "The staff who come to me are very good, so I assume they are managed well. They are understanding about changes I may need and take my requests for time changes into consideration." A relative told us, "I think the service is well managed. It may not be perfect but it is much better than other agencies I have used in the past." Staff were very complimentary about the registered manager and told us she was very supportive and always available to discuss any issues with them. One staff member told us, "[The registered manager] is the most supportive manager you could work with to all of us and very knowledgeable." A professional told us the management team were flexible and adaptable. The registered manager had led the service for many years and our inspection findings showed they had a good understanding of their role and responsibilities, as did staff across the service who we spoke with. Leadership was visible and competent with a clear management structure and lines of responsibility.

Systems were in place to check they quality of the service. A relative told us, "They send out staff to do spot checks and I give feedback to the staff who do the spot checks. They say not to let the carer know they are coming and just turn up while they are here. I think it's a good thing." The provider carried out spot checks and observations of staff to check they provided care to people in the right ways. The provider checked care plans and risk assessments contained the right information with quarterly reviews. The provider also had systems to monitor staff supervision, training and competency assessments to check staff received the right support. The provider also monitored accidents and incidents, any allegations of abuse and complaints to check people received the right response and to identify any improvements the service could make. The provider had a health and safety forum which reviewed any changes in legislation or best practice and liaised with the registered manager to ensure staff followed the right procedures to keep people safe.

The provider gathered and acted on the views of people, relatives, professionals and staff. The provider met with people each quarter and recorded their feedback on the service they received. The provider gathered feedback from staff during regular supervision. Most professionals told us the provider communicated well with them although two told us they provider could improve in relation to this. Professionals told us the provider was receptive to any suggestions they made and they were able to have honest and open communication with them.

The provider submitted notifications to CQC as required by law in relation to significant incidents. This helped CQC to monitor the service and plan inspections.