Interserve Healthcare Limited

Interserve Healthcare - Halifax

Inspection report

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Date of inspection visit:
14 August 2017
15 August 2017

Date of publication:
13 October 2017

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 14 and 15 August 2017 and was announced. This was the first rated inspection of the location since its registration at this address in September 2016.

Interserve Healthcare is registered to provide personal care to people in their own homes. People supported by the service had very complex health needs. There were 18 people supported by the service at the time of the inspection.

There was a newly registered manager in post at the time of the inspection. 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.

People felt safe and staff explained their understanding of safe practice. Procedures for safeguarding people were in place and known by staff.
The overview of accidents and incidents was not robust and the review of people's daily notes and medicine records lacked rigour.

Recruitment procedures were followed to ensure staff were vetted and their suitability to work with vulnerable people was checked. There was a recruitment programme in place although staff turnover was high and there were weaknesses in contingencies for staff absence. We have recommended the provider reviews this.

Staff had opportunities to update their skills and professional development, although systems did not enable managers to identify where the training needs were for the service as a whole. Competency checks for care staff were evident, but there was limited evidence of checks made to ensure the competency of registered nurses.

Staff demonstrated an understanding of the impact of the Mental Capacity Act (MCA) 2005 and had due regard for people's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, care records did not always make clear where consent for care had been sought.

Staff had a caring attitude towards the people they supported and feedback we received about the service indicated the service was caring.

Care records illustrated people's individualised care and support and were based on detailed pre-admission information. Daily notes about individuals' care were maintained but not promptly brought into the office for the management team to review.

People felt supported to complain if they were unhappy about any aspect of their care and there was plenty of information for people to understand.

There were developing systems for auditing the quality of the provision and the newly registered manager had identified the strengths of the service and areas to improve.

You can see what action we have told the provider to take at the back of the report.

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.

People's medicine records were not always complete and there were not regularly reviewed.

Staff turnover was high although there was recruitment was ongoing.

Staff understood the procedures for safeguarding vulnerable adults and children.

Is the service effective?

Requires Improvement

The service was not always effective.

People were given choices in their daily routine and their consent was sought in line with legislation and guidance. Staff understood the principles of the Mental Capacity Act (MCA) although consent was not always clearly recorded.

Training opportunities were in place for staff to care effectively for individuals, although there was no overview of training for the location.

There was detailed information where other professionals were involved in people's care.

Is the service caring?

Good

The service was caring.

Staff had a caring and person centred approach.

People's rights were respected.

People felt cared for and were involved in their care and support.
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Is the service responsive?

Requires Improvement

The service was not always responsive

There was a lack of review of people's daily notes to ensure care was responsive to their needs.

Care plans were detailed and based upon thorough pre-assessments of people's individual needs.

The complaints process was available to and understood by people who used the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

Systems and processes for assessing and monitoring the quality of the provision were in place but were not robust enough.

There was a newly registered manager in post who was aware of the strengths of the service and the areas to improve.

Policies and procedures were clear and known by staff.

Interserve Healthcare - Halifax

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 14 and 15 August 2017 and was announced. One adult social care inspector visited the office base on 14 August 2017 and an expert by experience who contacted people on 15 August 2017, to seek their views. Prior to the inspection we reviewed information from notifications sent to us by the provider and we contacted the local authority contracts and safeguarding teams.

We contacted one person who used the service and four relatives of people using the service.

We spoke with the registered manager and the client manager in person, along with a temporary client manager and five members of care staff over the telephone. We also reviewed people's care records and documentation to show how the service was run.

Requires Improvement

Is the service safe?

Our findings

Feedback from people and relatives was positive with regard to them having safe care. Comments included, "I feel very safe with them, they're really good and very supportive", "I really feel that [my family member] is completely safe with them" and "[They're] absolutely safe with them".

Staff we spoke with had a good understanding of the individual risks to people. They told us they knew people's particular risks and what to do if an incident occurred. Individual risk assessments were in place to support people's care and staff had clear guidance about supporting people safely. For example, where people needed staff to move and transfer them there was step by step guidance for staff about how to do this in the safest way and how to use the equipment needed.

Safeguarding and whistleblowing policies procedures were in place and known by staff. Staff understood the possible signs of abuse and were confident to report any concerns to line managers and to the local safeguarding authority where necessary. The safeguarding policy referred to legislation for both adults and children and contained links for staff to refer any concerns as appropriate.

There were systems in place to record accidents and incidents. However, people's daily records were not reviewed in a timely way to be able to identify any concerns that may need further investigation.

Systems and processes were in place to support people with their medication. Staff we spoke with understood people's needs and said all medicines were listed in people's care records. The registered manager told us medicines training was face to face and completed annually, led by the branch nurse, with all staff competency checks completed before staff were assessed as able to support individuals. The registered manager told us where people's medicines were complex, staff received additional specialist training.

Relatives we spoke with said staff reliably supported people with their medicines. Comments included:- "There's no problems with medication, they always make sure [my family member] gets it on time. It's been perfect and they always log it down", "They always make sure [they] get [their] medication" and "They're very good with [my family member's] medication. I'm perfectly happy that [they] always get it on time and they [staff] always fill in the sheet".

We looked at a sample of three people's medicines administration records (MARs). We saw there were some gaps in the recording of one person's topical cream. Another person's MARs showed their medicine as 'out of stock' but there was no indication of what was being done about this. The registered manager told us MARs were supposed to be brought to the office monthly for review, but this was not happening with any regularity and some people's records had not been reviewed for three months. This meant there was no overview of whether people had their medication as they should, or any way of identifying if errors had occurred.

This meant the provider was in breach of in breach of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014, regulation 12 safe care and treatment.

Staff recruitment procedures were managed appropriately to ensure all those working with vulnerable people were suitably vetted. The registered manager told us staff were recruited by the company's head office, but they verified they had seen all checks prior to staff starting work with people. We looked at two staff recruitment files. We found safe recruitment practices had been followed. For example, reference checks had been completed from two referees and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staffing was allocated to the needs of each person using the service and the registered manager told us they matched staff skills with people's individual needs. The registered manager told us they tried to ensure consistent staff supported each person's care package, although this was not always possible in practice, such as if staff were unexpectedly absent. We recommend the provider addresses contingencies in staffing to cover unexpected absences.

Staff we spoke with said there were times when staff shortages meant they covered for one another, which meant some people did not have their regular care staff, but said people were never without the right number of staff to meet their needs.

One member of staff we spoke with said, "We get our rotas six weeks in advance so we know what we are doing." Another member of staff said, "The clients and the carers are suited to each other and staffing levels are usually ok. People are always asked if different staff have to attend in place of their regular staff." However, another member of staff said, "Everything is last minute and staffing is disorganised."

One person told us, "The office staff always let me know of any changes and I let them know if I'm not well enough for my visit. It works very well and the management have visited a couple of times to see how things are going and to update my care plan".

Relatives we spoke with shared mixed opinions about staffing. Comments included:-
"The office staff keep us informed of any problems and always give us options if our regular carer is unwell, like do we want a different carer or wait until our regular one is better", "It's very unorganised. Rotas are a major problem; they're always trying to fill in appointments at the last minute. They're very short-staffed. The staff turnover is horrendous", They're always on time", "99% of the time they arrive on time", "They're never late at all", "We've had a regular carer now for two or three months and they're always on time", "I have two regular back-to-back carers", "We did have regular carers but recently they've had staff leave so we've got new carers now".

There was no system for alerting managers if staff did not turn up or were late to support people, other than people contacting the office. The management team acknowledged this was an area that could improve although felt currently all people had representatives who could alert the office to a failed call.

Requires Improvement

Is the service effective?

Our findings

Feedback from people and relatives showed they had confidence in staff's abilities. Comments included:- "They've been a massive help, really great. They've got me to this stage and hopefully, I'll continue to improve", "They take me to the gym and the pool and provide support for me while I'm there", "They always do everything that they should do but they also ask if there's anything else they can do for us", "They just come to do two night visits for us and there's been no problems at all", "The carers come every day, it's 24 hours care and they're really good. One carer has actually moved agencies with us".

Staff who were new to the service described a thorough induction and we saw evidence of this in staff files we looked at. One member of staff told us they had been given time to get to know people before supporting them and this helped them to be confident in their role.

Staff gave mixed views about whether they felt supported to undertake their work and complete relevant training. One member of staff said, "There is very good training via the training department and I feel confident I have the skills to support the people I work with." Another member of staff said, "Training is very clear so I know what I'm doing. They are very up on safeguarding. I've had a wide scope of specialist training and I have refresher training too." Another member of staff said, "They are not a bad company, they listen and there's always someone to go to for support and advice." However, one member of staff said, "I have shadowed a colleague but training is poor, I keep my own skills up to date." Another said, "Communication with managers is dreadful and there is no handover time unless it's in staff's own time."

We saw from records staff had regular training and the registered manager told us there was mandatory training expected by the company, in addition to bespoke training for each person's needs. The registered manager told us and staff confirmed, only those staff designated for each person's care package would support that person because they had the specific skills required. Where staff covered for colleagues' absence, they had received the relevant training required for the person they supported. Training was a combination of face to face and distance learning. There was a database which detailed individual staff training undertaken, although there was no clear system to enable the registered manager to gain an overview of training for the whole staff team and identify any gaps.

We spoke with the registered manager and staff about how staff suitability to do the work was monitored and assured. Care staff told us they had observations of their practice and the staff files we saw confirmed this. The registered manager said care staff had competency checks although there were no checks made to ensure registered nurses were competent in their role. They told us nurses completed a self-assessment of their own competency, but nurses' competence was assumed due to their professional registration. The registered manager considered this could be an area to improve upon and they were planning to include staff competency with each person's six-monthly care review.

The registered manager told us the aim was for staff supervision meetings with their client manager every three months, although said there were some that were overdue. The staff files we saw showed records of regular supervision meetings and most staff we spoke with confirmed they had regular supervision.

However, one member of staff said this was not always done face to face. The registered manager told us they received their own supervision and support from a senior manager in the organisation.

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.

Policies and procedures referred to MCA (2005) and The Children's Act (2004) to help determine whether people were able to consent to care and treatment.

The registered manager told us not all of the people who used the service had capacity to make their own decisions and consent to the care and support provided, and they understood their responsibilities under the Mental Capacity Act, should anyone lack capacity. When we asked staff, they also demonstrated an understanding of the principles of the MCA.

Care records showed consent to care and treatment worked on the basis everyone was competent in making their own decisions unless they showed otherwise, although it was not always clear from the care records we sampled where consent had been sought. For example, on the back of some people's risk assessments, the space to sign consent was not completed on occasion.

Staff we spoke with said they encouraged people to make their own choices and they provided care and support with consent from the person. Staff also said they encouraged people to be as independent as possible and people and relatives we spoke with confirmed this.

Care records showed where other professionals were involved in people's care and the staff we spoke with said they would liaise with other professionals where necessary to support people's good health. Any health advice was recorded on people's care plans for staff to follow. Where people needed particular support, such as with specialist feeding, there was detailed information for staff to follow. Care records included the list of names professionals and their contact details.

Good

Is the service caring?

Our findings

Feedback from people and relatives told us they felt staff showed them respect and were aware of the need to allow them privacy in the way they were supported. Comments included:- "I've always had the same carer and [they're] great", "I have a regular carer and [they are] very good", "The carers are good, really phenomenal, can't fault them at all. We're very pleased with the carers", "[My family member] always had really good care and the carers are very respectful towards us and our home", "The carers are delightful", "They come to [support personal care] at night-time if it's necessary and they're always very respectful towards [my family member]" and "They come to do personal care and they're so respectful towards [my family member]".

Most staff we spoke with said they would be happy for any of their own family members to receive support from the service. One member of staff said, "I cannot fault the care." Another member of staff said, "It would absolutely pass my 'mum test' and I would definitely be happy for my family to be cared for by us." Another said, "Care is excellent, but I would not recommend it to others because it is only because of the goodwill of staff".

Staff we spoke with were respectful of people's rights. One member of staff said, "It is about each individual and how they want their care. I always involve people and talk to them about what they want and how they want it." Staff we spoke with were aware of the need to ensure people's confidentiality.

Staff told us where people were unable to communicate verbally they observed non-verbal signs, such as facial expressions and this helped them provide care in line with people's wishes. Care records reflected the different ways in which people communicated and included people's sensory needs, such as sight, hearing, smells and touch. When supporting people with their care, staff told us they offered good explanations to enable people to do as much for themselves as possible.

Care records showed people's identity, cultural, spiritual and religious needs were considered.
Staff we spoke with said they had read people's care records and knew the level of support and reassurance to give. People had opportunities to express their preferences for end of life care where appropriate. We saw an example of an easy read communication passport which was written in the first person. The registered manager told us information was made as accessible as possible so as to involve people in their care in line with their individual understanding.

Requires Improvement

Is the service responsive?

Our findings

People we spoke with said the care provided was responsive to their needs. They told us "Everything's alright, no problems at all with the service", "I've no problems at all with the service" and "No concerns at all".

All staff we spoke with had a good understanding of the individual needs of people. Staff were able to describe people's personalities, their likes and dislikes and their individual care needs. The registered manager told us each package of care was devised around the individual needs of the person needing support. This involved a series of assessments carried out for each person, including meetings and action plans before care was agreed.

We looked at people's initial referral assessments and found these were very detailed with specific clinical and operational issues identified prior to support being considered. The registered manager told us a package review meeting was held which identified the training needs for staff to be able to support each person effectively. This information then informed the primary assessment and then the care plan, for which the branch nurse had responsibility for overseeing.

We looked at three care plans which contained details of people's needs. The registered manager told us they were keen to ensure care records were person centred, rather than task focused. There was evidence of people being involved in the care planning process along with regular needs assessment reviews.

Daily notes were maintained illustrating the care each person had received and there was evidence of people's choices being promoted. The registered manager told us daily notes were requested to be brought to the office on a monthly basis, but this had not happened consistently and some people's daily notes had not been reviewed for three months. This meant there was no robust oversight of whether any trends, patterns or safeguarding matters occurred and to make sure care was responsive to people's needs.

People and relatives we spoke with all said they knew how to make a complaint if they were unhappy about the service. One person said "I've made one complaint and they dealt with it very well and sensitively." Staff we spoke with said they would always give people full support to make a complaint should they wish to. The registered manager told us they aimed to make a response to complaints within three days. We saw there was complaints procedure information available in the service to assist people. There was a system in place for recording complaints and compliments.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager who was new in post and had been registered since July 2017.They were supported by the branch nurse and by two client managers who had oversight of people's care packages and clinical needs.

We received positive feedback about how the service was run and comments included, "The manager is right as rain, really spot on" and "The office staff are very easy to deal with". One member of staff we spoke with said "[Manager's name] is on top of things, I have no grumbles" and another member of staff said, "The managers are very approachable, I can go to them with any queries and I know I'll get the support I need." However, one member of staff said, "Organisation is poor, it is unprofessional and I have never seen the manager". The registered manager told us they had not yet met all staff since coming into post, but planned to do so.

The values and vision of the service were available and known by staff, most of whom told us they felt confident in their roles and responsibilities. Policies and procedures were up to date, and regularly reviewed and understood by staff. Key information was laminated and kept centrally in the office for staff to refer to, as well as a staff intranet site with regular updates.

The registered manager told us they were trying to promote a culture of open communication between all staff. There were regular meetings between members of the management team and we saw these were minuted. However, the registered manager said it was more difficult to engage staff in team meetings and these were not attended. The registered manager showed us some peer group workshop material aimed at staff developing their knowledge of the '6 Cs' which were 'competence, courage, care, compassion, communication and commitment' but said they were yet to devise ways to encourage staff participation.

We saw there were measures in place for assessing and monitoring the quality of the service provision but these were not robust or thorough enough to assure the quality of the service provided. For example, although accidents and incidents were reported to the organisation's head office, there was no clear overview or analysis of incidents in the location to identify any trends or patterns. There was a lack of close scrutiny of care practice because the review of people's daily documentation and MARs was not consistently carried out. Where audits were in place, such as for care plans, equipment and health and safety walk rounds, it was not always clear what actions had been taken or by whom.

This meant the provider was in breach of in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 17, good governance.

Interserve healthcare governance reports were available which showed quality assurance visits had been made by senior managers. These resulted in a red/amber/green (RAG) rating against each area assessed and recommendations were made to the registered manager about what needed to be improved. The registered manager told us they were looking at ways in which they could improve systems and processes to help them monitor the quality of the provision and drive improvement.

Systems were in place to obtain and analyse feedback from people who used the service as a whole and from staff across all locations, and the results were shared with staff.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines records were not always robustly completed or reviewed to make sure people received their medicines as they should.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were weaknesses in the systems for assuring the quality of the provision.