

Interserve Healthcare Limited

Interserve Healthcare - Suffolk and Essex

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

About the service

Interserve Healthcare - Suffolk and Essex is a domiciliary care agency that provides personal care to children and adults living in their own homes. At the time of the inspection 22 people were using the service which included four children. The service also provided live in support.

People's experience of using this service and what we found

People and their families told us they were happy with the care they received from the service. They felt safe with the staff who supported them.

Risks to people had been assessed and staff knew what to do to keep people safe. Staff followed good infection control practices and equipment was available for them to use. People's medicines were safely managed by staff who had been trained and assessed as competent.

Safe recruitment practices were in place. There were enough staff to meet people's current needs and the recruitment of suitable staff was ongoing. Lessons were learnt when things had gone wrong.

People received their calls from regular staff who knew them well. Staff were generally on time and stayed for the full duration of the agreed call times. Office and management staff were helpful and efficient.

Staff were trained well and competent in their role. Staff received supervision and appraisals to monitor their performance and identify any learning needs.

Where required people received help with eating and drinking which met their needs and preferences. Health and social care professionals provided support and advice to staff and liaised closely with the service in relation to people's health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People and their families were treated with dignity and respect and their independence was promoted. Privacy was encouraged and maintained.

People's needs had been assessed and their wishes and preferences were known and respected. The service was responsive to people's needs and provided care and support the way people liked it. There were policies and procedures in place to manage complaints appropriately. Children and adults were cared for at the end of their life.

People, their relatives and staff were positive about how the service was managed. The registered manager and deputy manager were visible and approachable. Staff had the opportunity to develop their knowledge

and felt well supported.

Systems were in place to ensure good oversight of the service. Quality assurance processes to monitor safety and quality and identify any areas requiring improvement were robust.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 24 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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?

Good ●

The service was well led.

Details are in our well led findings below.

Interserve Healthcare - Suffolk and Essex

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to children and adults living in their own homes.

The service had a manager registered with the Care Quality Commission. 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

We gave the service four day's notice of the inspection. The service is small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents and notifications the provider is required to inform us about. We sought feedback from the local authority and other professionals involved with the service.

The provider completed a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The service provided us with contact information of people who used the service and sent them a letter informing them of our inspection and that we may be in touch with them to seek their views.

During the inspection

During the office visit on 25 February 2020 we spoke with the registered manager, deputy manager and four members of care staff. We had contact with one person and five family members by telephone. We received emails about their views of the service from a further four staff. We spoke with three health care professionals and had email feedback from another.

We looked at four people's care records including their medicine records and daily notes. We looked at two staff recruitment files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. They sent us information which helped us make a rating about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report any concerns.
- The registered manager understood their safeguarding responsibilities and identified and reported concerns to the relevant authorities as required.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. A person told us, "I feel very good when they [staff] are with me." A family member said, "The staff are always so gentle and careful. I trust them to care for [person] and they know the signs when [person] is uncomfortable."
- Most people using the service had complex health needs. Details of risks, any deterioration in their health condition, what to look for and steps to be taken were included in their plan of care.
- Risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. People's complex health and social care needs were managed well, and staff knew how to care for people safely.
- There was very good liaison between the service, the family and professionals to monitor people's health, safety and wellbeing and swift action was taken when needed.
- The service managed late, missed and cancelled calls and people were not put at risk. People told us that their staff were not late, attended as on their rota and stayed the full time. One family member said, "I know that any of the staff we have would stay beyond their time if needed and cover extra shifts." However, some family members told us the service sometimes had trouble finding cover for sickness or an increase in hours. One family member told us, "Sometimes, we get a call saying [name of staff member] is off sick and can we manage? They try to cover, but it's not always possible." Another said, "We have been introduced to more staff now so it should help cover and keep a consistent team."

Staffing and recruitment

- Sufficient staff were available to meet the needs of the current people who used the service but people told us there could sometimes be difficulty. Family members told us, "We have very regular staff and they have been with us a while." "We are waiting to increase the hours for [person] but they do not have enough staff to cover it at the moment." "We have regular staff, but sometimes they have trouble covering for holidays and sickness and we manage, but its hard." The registered manager told us, "The recruitment of staff to work with a range of people was actively being pursued as we want to support people to have more care to be more independent."
- People received consistent care from regular staff who knew them well. A person told us, "I have had the same person each week for a long time now. I did have a different one to start with, but it has settled down

now."

- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable children and adults.

Using medicines safely

- Systems were in place to manage people's medicines safely. Only staff who were fully trained administered medicines and checks were in place to ensure staff remained competent in this task.
- People had medicine administration records (MAR) which staff signed when they gave people their medicines. Clear instructions were given when people received their medicines 'as required'.
- The service had provided staff with specific guidance on the use of emollient creams and the associated risk of fire.
- Audits of medicines were completed by the registered manager to check people were receiving their medicines safely. Staff worked together with people's families and there was clear guidance as to the process for collecting, administering and dispensing of medicines.

Preventing and controlling infection

- People were protected by the prevention and control of infection as staff had access to gloves and aprons. Staff received training in infection control. One staff member said, "Everything is provided for us, I make sure I follow the right procedures, so I keep [name of person] safe, they are so at risk of infection."

Learning lessons when things go wrong

- The registered manager recorded accidents and incidents, safeguarding concerns and complaints. Some of these were used individually as opportunities for learning, improving practice and minimising the risk of re-occurrence. For example, a complaint about communication resulted in changes to the staff rotas. This change reduced confusion between care staff, office staff and people who used the service and their families.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received an assessment which covered their physical and mental health, social and cultural needs. This ensured staff had enough information to meet people's needs in the way they wanted.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion and ethnicity were identified as part of the assessment, however people's sexual orientation was not discussed or recorded.
- Staff were introduced to people through having a 'meet and greet'. This gave an opportunity for staff members, people and their families to meet each other and people could have a choice of the care staff to support them.

Staff support: induction, training, skills and experience

- People told us staff had the skills and experience to provide effective support. A family member told us, "The staff help [name] with everything, their personal care, tracheotomy, medicines, they go out and about and the care is brilliant." Another said, "The staff have been good at communicating, they all seem lovely and friendly and skilled."
- New staff received an induction based on the provider's vision and values. All staff were provided with extensive training which was a mixture of E-learning modules with questions and classroom based training for the practical aspects such as moving and positioning.
- Most staff received specialised training to care for specific people, such as those with a tracheotomy, feeding through a percutaneous endoscopic gastrostomy PEG, working with people with brain injuries, epilepsy and serious allergies.
- Regular spot checks of staff were completed to monitor staff performance and competence. One staff member said, "Our competencies are signed off when we are with the person and they can see us in action."
- Staff received regular supervision and an annual appraisal to support them in their job role and identify any learning needs. One member of staff told us, "The managers are respectful and supportive of me and very open. I feel I can come to them, I just say can I have a word, they have never said no. We have good supervision too."

Supporting people to eat and drink enough to maintain a balanced diet

- If required, staff supported people to have access to food and drink that met their needs and preferences.
- People's food and drink preferences were assessed, and staff knew people's likes and dislikes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of health and social care professionals. We saw effective joined up care which ensured people were able to stay in their own homes with specialist advice, support and input on a 24-hour basis. One healthcare professional said, "They are a very good service. They have good experience of providing specialist care for people and very proactive in finding suitable staff for the person." Another said, "The service is very good at working with families in very difficult circumstances."
- If staff were concerned about a person's health and wellbeing, there was a clear protocol about informing the registered manager or deputy manager. Referrals for input from GP's, district nurses, speech, language and occupational therapists, and mental health services were made where required.
- People had access to good dental care. Clear guidance was available for staff in how to care for people's oral health. This included people's preferences, brushing teeth, lip and gum care and use of mouth brushes.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service had clear policies and procedures on ensuring care was provided in people's best interests. People or their legal representatives were involved in making decisions and had consented to their care and support from the service. Advocates (independent people who support people to make choices and decisions) were used where required.
- Staff were knowledgeable about the MCA. One staff member said, "[Name of person] makes all their decisions about where to go, times, where to eat and bed time. They can't physically do it but can decide." One family member told us, "They really have [name of person] best interests at heart."
- Where people's freedom was restricted, such as bed rails, wheelchairs, slings and hoists, the appropriate consent had been obtained and clear guidance was provided for staff to follow.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their family members told us staff were kind and caring. One person said, "[Name of care staff member] is bright and breezy and all is going well." A family member told us, "[Name of care staff] are excellent and very caring and good with [name of person] and very sweet to me."
- The service arranged for people to be supported by regular staff wherever possible. People's preference for gender of care staff was known and respected. A family member told us, "It is a really good service and [name of person] has the same staff and the same back up staff."
- The 'meet and greet' arrangement was valued by everyone as it worked at the person's pace. People could choose staff they liked, or they responded to best. This helped people and staff get to know each other and build positive relationships. A family member said, "Interserve set up five staff to meet and greet for [name of person] to get to know. We selected three for [name of person] to get to know. This was set up well by the deputy manager and branch nurse."
- Staff received training in equality and diversity and people's care plans included information about their cultural, lifestyle and religious needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make choices and decisions and involved them in their care and support. One family member said, "[Name of staff member] laughs with [name of person] and interacts all the time telling them what they are doing, talking to them whilst moving their limbs and doing their care. [Name of staff member] knows when they are uncomfortable in their chair, their moods and is always feeding back to me." Another said, "They [care staff] are always chatting and singing to [name of person] and they respond to this warmth."
- Care and support was provided how people wanted it. A family member said, "The care staff respect [name of person] requests and can manage them and foresee potential risks and issues before they arise. This is all due to them engaging and applying forward thinking. This in turn has improved [name of person] wellbeing, community interaction, and their behaviour whilst maintaining their routine."
- People's sensory and communication needs were identified with guidance for staff to make sure people were supported to express their views and be involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One family member said, "The staff are always trying new things with [name of person] to see if they like them or not. They come up with ideas and this often makes me smile, the things they do together."

- Staff knew how to protect people's privacy. One family member said, "[Name of care staff] are very mindful around [name of person] dignity when assisting with their personal care and life skills by encouraging them to complete their tasks with verbal prompting."
- People and relatives told us staff helped people to remain independent. "A family member told us, "The staff are properly caring people and we are very lucky to have them and have it so good. They have the right attitude and we are fortunate." One health professional told us, "The staff they have really do make a difference to people's lives. They are a good agency for supporting people with intensive needs."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care and support to ensure it met their individual needs and preferences. A person told us, "[Name of care staff] is very flexible around me and helps me out." A family member said, "We really want [name of person] to be independent of us going into the future. The service understands that and how complex that is. I think the staff will help us achieve it, very slowly but things are working well at present."
- Care plans were very personalised and comprehensive and included information on people's life history, interests, goals and preferences. This information helped staff provide care and support to people the way they liked it. "The team of staff we have is extremely good, the majority of them consistent, lots of caring and [name of person] quality of life depends on them."
- Records showed, and people confirmed, that care plans were reviewed regularly to ensure they were up to date and reflected people's current needs and wishes.
- The agency had a balance of male and female staff and people's individual choices were respected. One staff member said, "We work around the person, it's vital for things to work if they have the right staff." One professional said, "The staff are really good at working together."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed to support staff to involve people in decisions about their care and support.
- Information could be provided in different formats such as large print or pictures depending on people's needs.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people were provided with information on how to make a complaint. Complaints were dealt with in timely way and people responded to appropriately. The registered manager gave us an example of how, following a complaint they had improved company policy and procedure around communication systems.
- People told us they knew how to make a complaint and would feel confident to raise concerns. A family member told us, "I have not needed to make a complaint as it's all working well." Another said, "I have been in touch with [deputy manager] and they sort things out quickly."

- The service had received compliments. One included, "[Name of staff member] is the most amazing, caring, selfless person I have ever come across. [Name of staff member] knows my [relative] inside out and I call [name of staff member] their guardian angel because that's what they are."

End of life care and support

- People were supported by caring staff at the end of their life. One family member wrote to the service saying, "I cannot express enough my gratitude to your team for the expert help, support and guidance. The staff made such a huge difference to [name of person], made them laugh lots and gave them the care they deserved."
- Staff were very aware of how people's complex health needs could change quickly. One staff said, "It's so hard when you lose someone you have been caring for especially unexpectedly. It's like a light goes out, but you won't ever forget their smile."
- Staff had received training in first aid, specialist health issues and end of life care. They had access to specialist clinical staff who supported them to undertake their role.
- People's wishes regarding their end of life preferences were recorded in their care plans where this had been discussed with them or their families.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The vision and values of the service aimed to offer high quality care services with excellent clinical governance and a passion for client centred care. Feedback from people and family members told us that these values were put into daily practice by the management and care staff team.
- People told us they were very happy with their care and support and would recommend the service to others. A family member said, "The staff are a lifeline for us, sharing care and enabling us to be a family." Another said, "[Deputy manager] does checks and spot checks and is always checking out if we are okay. I highly recommend them for organising us and the care they give."
- People knew who the registered manager and deputy manager were and were positive about how the service was run. A professional told us, "[Deputy manager] is very responsive and no-one has anything but good to say about them."
- Staff also spoke positively about the managers and clinical staff and felt supported. Comments from staff included; "They are fantastic, when I think about the core values, caring, commitment, compassion, communication, they do all those things so well." And, "Support is good, information on the website, supervisions and appraisals. Always there for us, any time of the day, we have access to someone."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong. They investigated incidents thoroughly, sharing any learning from mistakes and issuing information and guidance to remind all staff about their responsibilities.

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

- Services that provide health and social care to people are required by law to inform CQC of important events that happen in the service so that CQC can check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcomes for people and any action taken.
- Management and care staff were clear about their roles and responsibilities. People and their families told us staff were very skilled and responsive in what they did. Family members said they trusted staff to provide good and safe care for their relatives and for the management to make sure this happened.
- The registered manager led by example and the deputy manager was described as, "Accessible, always

there and sorts things out" A staff member told us, "I am happy to say I am a complex carer. Best practice, best training, brings the best out in me."

- Systems and processes were in place to monitor the safety and quality of the service. This included medicine audits, checking people's care records and daily notes and monitoring of staff performance through observations and spot checks.

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

- The service engaged with people and their families to ensure they were involved in the service. Telephone calls, home visits and annual surveys were used to obtain people's feedback. Any feedback provided was used to improve the service. The most recent survey showed people were happy with the service.
- Staff were also included in the development of the service as were invited to regular staff meetings. The minutes of these meetings showed they were used constructively to discuss good practice and remind staff of their roles and responsibilities. One staff member said, "I do appreciate their feedback and take their suggestions, concerns, consideration and listen to their opinions. They [deputy manager] also advise me that I can pop into branch at any time for a chat or to discuss any issues which arise."

Continuous learning and improving care; Working in partnership with others

- Call monitoring and random spot checks of staff were completed to assess and improve the overall quality of care and support.
- The registered manager kept their knowledge and skills up to date by using best practice resources and the clinical expertise of their company. They also kept their training up to date to ensure they were skilled and knowledgeable to lead the service.
- The service worked in partnership with the local authority, clinical commissioning group and health and social care professionals to ensure services for people and their families were joined up and comprehensive.
- The staff were actively involved in supporting charitable causes through their personal and professional involvement.