

Interserve Healthcare Limited

Interserve Healthcare - Milton Keynes

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 

Overall summary

This inspection took place on 05 November 2015 and was announced.

Interserve Healthcare - Milton Keynes, delivers bespoke healthcare services to people in their own homes. They provide a care service to adults, children and young people with varying conditions including

spinal injuries, acquired brain injuries, learning disabilities and mental health requirements. At the time of our inspection there were two people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to use the whistleblowing procedure. Risk assessments were centred on the needs of the individual. Potential risks to people had been identified and plans put into place to enable them to live as safely and independently as possible.

Robust recruitment checks took place in order to establish that staff were safe to work with people before they commenced employment. There were sufficient numbers of staff available to meet people's care and support needs. Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in a person centred manner. They were well supported by the registered manager and senior management team in respect of supervision and informal support. Specialist training was provided to staff that was specific to the person they were providing care for. This provided staff with the knowledge and skills to meet people's needs in an effective and individualised way.

Staff sought people's consent before they provided care and support. All staff and management had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation.

People could access suitable amounts of nutritious food that they enjoyed and which met their individual preferences and dietary needs. Referrals to other health and social care professionals were made when appropriate to maintain people's health and well-being. Staff worked closely with other professionals to ensure people's needs were fully met.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. The privacy and dignity of people was promoted by staff and they treated people with respect.

People received care that was responsive to their needs and centred around them as individuals. People's needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

The service had an effective complaints procedure in place. There were appropriate systems in place for responding to complaints. Staff were responsive to people's worries, anxieties and concerns and acted promptly to resolve them.

The service was well-led with systems to check that the care of people was effective, the staffing levels sufficient, and staff appropriately trained so they had the skills to provide safe care and support.

The culture within the service was positive; staff were motivated and committed to their work. They strived to give people positive care experiences and worked hard to ensure that people had ample opportunities to achieve their goals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Staff were knowledgeable about the principles and reporting requirements of safeguarding people from abuse.

Risks were assessed and managed effectively.

Staffing levels were sufficient to meet people's needs. Staff were recruited following safe and robust procedures.

People's medicines were managed safely.

Good



Is the service effective?

This service was effective.

Staff received regular training and supervision to ensure they had the skills and knowledge they needed to perform their roles.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Good



Is the service caring?

This service was caring.

Staff knew people well and had developed positive and meaningful relationships with them.

People and their families were treated with kindness and compassion.

Staff treated people with respect and dignity.

Good



Is the service responsive?

This service was responsive

People's needs were assessed before they began using the service and care was planned in response to their needs.

People contributed to the planning of their care.

Complaints and comments made were used to improve the quality of the care provided.

Good



Is the service well-led?

This service was well-led.

There was a positive and open culture at the service.

There was a registered manager in place who knew the needs of people using the service.

Good



Summary of findings

There were quality control systems and audits in place to help develop the service and drive improvements.

Staffs were well supported and were aware of their rights and their responsibility to share any concerns about the care provided by the service.

Interserve Healthcare - Milton Keynes

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 5 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the registered manager would be in. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people using the service. The two people using the service at the time of our inspection were not able to talk with us about the care and support they received. However, we were able to speak with their relatives. In addition, we also spoke with one nurse employed by the provider, two health care assistants, the branch consultant and the registered manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to the two people using the service, four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

The two people who were using the service at the time of our visit were unable to talk with us about the care they received. However, we spoke with their relatives who told us that when their family members received care they felt safe and comfortable with staff, who worked to ensure their safety was maintained. One relative told us, “The carers are very competent, they know what to do and how to do it safely.” A second relative said, “I have complete trust in the carers to keep my [family member] safe. Everything has been well organised and the carers know what they are doing.”

Staff had taken action to minimise the risks of avoidable harm to people from abuse. One staff member told us, “I would look out for changes in people’s behaviour and if I was at all worried I would report my concerns to the manager or the office staff.” A second member of staff said, “It’s our duty of care to report any concerns we have. If I was worried about the behaviour of another member of staff I would discuss it with my manager. I know I would be well supported. Staff told us they had undertaken training in recognising and reporting abuse and were able to demonstrate their awareness of how to keep people safe. Through our discussions we established that they had a good understanding of the local safeguarding procedures and the different types of potential abuse that existed.

Staff told us they had received training on safeguarding procedures and we confirmed this by reviewing their records. One staff member said, “The training we had about safeguarding was thorough and applicable to our work.” Records showed that safeguarding procedures, including those in relation to whistle blowing, were available to members of staff for guidance, in the staff handbook. In addition to this, information about who to contact in the event of a safeguarding concern was displayed in the office together with details of the relevant telephone numbers. At the time of our visit no safeguarding referrals had been made. However, systems were in place to report potential concerns to the local safeguarding team. The registered manager was able to demonstrate a good understanding of their responsibility to report allegations to the local authority and to notify the Care Quality Commission (CQC) of these.

There were risk management plans in place to protect and promote people’s safety. One relative told us, “I have read my [relative] risk assessments and I have seen that the carers stick to it.”

Staff were able to explain to us how risk assessments were used to promote people’s safety. For example, one member of staff told us how the moving requirements of the person they cared for could be complex at times. They described the risk management plan in place for this person and what actions the staff should take to minimise the risk. They said, “It’s a very detailed risk assessment and gives me the answers I need.” Staff told us that people were involved with the development of their risk assessments and records confirmed this.

We looked at people’s care files and found that risk assessments were in place for people where risk had been identified. Risk assessments outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people’s safety and independence; and to minimise any potential risk of harm. We saw that risk assessments were up to date and reviewed as people’s needs changed.

There were sufficient numbers of staff to meet people’s needs. One relative told us, “The carers are very reliable and we have never been let down by staff not turning up.”

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, “There are enough staff to meet people’s needs. We work as a team on the same care package so if someone needs to take time off it means there is always trained staff to cover.” A second staff member commented, “Staffing is good. We all support each other.”

The registered manager told us that staff were recruited to work with a specific care package. This meant that the person received care from a consistent staff team. We were told that rota’s were sent out to people using the service and staff two weeks in advance. We looked at rotas and saw that a staff team for each care package was in place and sufficient to meet people’s needs.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff member said, “I couldn’t even start my on-line training until all my checks had come back.”

Is the service safe?

We saw evidence that safe recruitment practices were followed. We looked at four staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service (DBS) certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

We looked at the arrangements in place for the safe administration of medicines and found that people received their medicines safely and as prescribed. We were unable to ask people who received a service directly about the administration of their medicines; however their relatives told us they did not have any concerns. One relative said, “Staff are not even allowed to enter the house until they have completed training in medicines.”

Staff told us they supported people to take their medication safely. One told us, “We have to complete training in medication before we can provide care to anyone.”

The registered manager told us that a nurse employed by the service would prepare people’s Medication Administration Records (MAR) on a monthly basis. This would then be checked by another nurse before it was placed in people’s homes for use.

The service had policies and procedures in place to manage people’s medicines when they were not able to. We saw that specific medication training had been provided to staff where there were complex issues involved with the safe administration of medicines. There were risk assessments in place that recorded the level of support each person required to take their medicines safely.

Is the service effective?

Our findings

People using the service were unable to tell us whether they felt that staff had the appropriate knowledge and skills to provide them with effective care and support. However, relatives were positive about the staff and both felt they were skilled to carry out their work. One relative told us, "The carers are competent, skilled and obviously well trained." Another relative said, "The carers are very knowledgeable and trained to meet my [family member's] needs fully. They are often supported by a more experienced worker when they first start so they can learn on the job as well as having training in a classroom."

Staff told us that they were well supported and explained that when they first started working at the service they completed an induction. They also told us that they were able to shadow more experienced staff until they felt confident in their role. One staff member said, "My induction has been brilliant. Firstly I learned about the company. Then I did all my mandatory training. On top of that I had specialist training that was specific to the person I am looking after." Records demonstrated that staff completed an induction programme before they commenced work.

Staff told us that they received refresher training and this benefitted the way in which they delivered care to people. We spoke with a nurse employed by the service. They told us, "I have to renew my nurses PIN number and validate my training. I won't have any problems. The training has been very good."

Records demonstrated that staff mandatory training was up to date. In addition, we found that where staff had been recruited to a specific care package, specialist training had been provided. For example, we saw that one person had a stoma and we saw that all staff involved in the person's care had received stoma care training.

Staff also told us that they received regular supervision from the registered manager and they could approach them for support whenever they needed to. One staff member told us, "We get supervision regularly and I can discuss anything I need to during these sessions. It's really useful." Staff told us they used these sessions to discuss

people and their needs, as well as identify areas for learning and development or raise any concerns or issues either party may have. We saw records to show that staff had received supervision from the registered manager.

We looked at supervision records and found that they had been completed on a regular basis. The registered manager told us that spot checks were undertaken during calls to people's homes and this was confirmed by the staff we spoke with. They informed us that during these checks a senior staff member carried out observations of staff practice and their relationships with people they were supporting. They were used to provide feedback to staff and highlight areas of positive performance, as well as areas for improvement. We saw records of spot checks that had been completed and found these were carried out on a regular basis.

People's consent was sought by staff. Relatives told us that staff always asked permission from their family member before they carried out any task or personal care. One relative said, "The carers will always discuss things with me and always ask [family member] if it's okay to go ahead with what they need to do."

A staff member explained, "If someone doesn't want any help or support we would respect their wishes." Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). One staff member said, "There is information in the care plan about making sure we respect people's choices and it refers to the MCA."

The registered manager understood the importance of making decisions for people using formal legal safeguards. They told us they did not currently support anyone who required a DoLS assessment. Staff we spoke with confirmed that they had received MCA and DoLS training. This meant that staff knew the principles of the MCA 2005 and what they needed to do if people lacked capacity in making decisions about their care.

Staff explained that they provided people with the food they had chosen and involved them as much as possible in its preparation. A staff member told us, "I do help prepare meals and make sure people have enough snacks and drinks."

We saw detailed guidance in people's files about the support they required with their meal preparation and support to eat their meals. Staff we spoke with confirmed

Is the service effective?

that they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people's reach.

People were supported to access health services in the community. One staff commented, "There is very good information in the care plans. If you follow that you can't go wrong." The service had links with other professionals, which was demonstrated in people's care and support plans. There was also clear evidence of the service seeking advice and support from other agencies and we saw that

guidance from healthcare professionals had been incorporated in people's care plans. For example, we saw that one person had specific nutritional needs. There were guidance and contact details for the community dietician and nutritional nurse.

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had received input from health professionals such as their GP, stoma nurse, dietician, physiotherapist and speech and language therapist..

Is the service caring?

Our findings

Relatives told us that staff were courteous, caring and patient when supporting their family members. One relative said, “I can’t fault the carers. They are patient and very kind. They are also very supportive of the family.” They said that staff gave their family members time to make decisions and they respected the choices they made. For example, we saw that one person liked to stay up late and we saw guidance for staff to respect the person’s wishes about when they retired to bed. We were told that support was provided in a kind and calm way.

Staff were also positive about the service and the relationships they had developed with people. One staff member told us, “It is good that we work with the same people. It means we can get to really know people and how they like things to be done.” Another member of staff said, “I really enjoy this work. We get to work closely with people and you feel like you are making a difference to their lives.” We looked at the staff rotas for both care packages and found these demonstrated that where possible, the service ensured people saw the same members of staff to allow them to build relationships and their understanding of their strengths and needs.

Relatives told us that they and their family members were involved in making decisions and planning their own care as much as they were able. The registered manager said that people receiving a service and their relatives made decisions jointly wherever possible. People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual and their relatives so that the information within

them focussed on them and their wishes. This meant that staff respected people’s choice, autonomy and allowed them to maintain control about their care, treatment and support.

Relatives told us that the service provided them and their family members with the information they needed regarding their care. One person told us, “They gave me enough information.” They said that when their care package started they were provided with a guide to the service which included useful information, such as contact details and the complaints procedure. We looked at people’s care plans and saw that this information was in place.

Relatives told us that staff were respectful to them and their family members. One relative commented, “The carers are very professional and always respectful to all of us. They treat my [family member] with such dignity, it’s brilliant and I am very grateful.”

Staff understood the importance of treating people with dignity and respect. For example one staff member told us, “Everyone should be treated with respect and dignity. It’s a big part of our work.”

Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “I always keep people covered up when I am providing care. I always ask people what they would prefer and give them enough time to respond.”

Records showed that this approach was reflected in people’s care plans and that these areas had been covered in staff induction and on-going training. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and were involved in the planning of their own care. Relatives told us that the staff visited their family members at home before a care package was offered. They said that staff listened to what they had to say and took into account their preferences, likes, dislikes and future wishes. They also told us that office staff came to their homes to discuss their care plan with them to ensure that it met their needs and wishes. One relative commented, “The staff came to our house and discussed all my [family member’s] needs. They asked us how we would like things to be done.”

Staff were recruited to work for specific care packages. They received training that was specific to the person’s needs which meant they got to know and understood the people they provided care for. Staff we spoke with demonstrated that they had taken time to familiarise themselves with people’s care plans. This meant that staff had an understanding of people’s needs and wishes, but also of their strengths and abilities. A staff member said, “We are well prepared before we start working with a care package. Communication and training are very good.”

The registered manager explained to us that people had an initial assessment before a care package was commenced. This was used to identify the areas where the person required care and support, and the skills and experience needed by the staff who were employed to care for them.

This would then be reviewed and used to produce the person’s main care plan. Care files we looked at confirmed that people had a comprehensive assessment of their needs before they received care.

Care plans took people’s needs, wishes and histories into account and detailed what they would like staff to do during a visit. We also saw that care plans were regularly reviewed and staff told us they felt they had enough information to care for people safely. They said that care plans were regularly updated as people’s needs changed to ensure people received a consistent approach to the support they received from staff. One staff member told us, “I am kept up to date with any changes to the person I help support.” This helped to ensure that people received care which was safe and appropriate to their identified needs.

People were encouraged to raise any concerns or complaints they might have about the service. They were confident that any concerns would be dealt with appropriately and in a timely manner. One relative told us, “I haven’t had any cause to make a complaint. I would do if I needed to.” Another relative said, “The communication is very good. Everything gets sorted straight away so we don’t need to complain.”

We saw that the service’s complaints process was included in information given to people when they started receiving care. The registered manager confirmed that no complaints had been received by the service. However, we saw there were suitable systems in place to record and investigate complaints if they should arise.

Is the service well-led?

Our findings

The service had a positive, open and transparent culture. Relatives were positive about the care their family members received. One said, “Everything has been well managed. I looked at 105 agencies until I found this one that could meet my [family member’s] needs.” They felt that both they and their family members were included in the development of their care package and their views were valued. At the time of our visit there were two people using the service. Both were complex care packages that required nursing input. Relatives we spoke with were positive about the registered manager and the service provided.

Staff were also positive about the service. They felt that they were well trained and supported and were committed to the care and development of the people the service supported. There was a clear relationship between people and the staff that cared for them, as well as with the registered manager and senior staff. This meant that communication between people, staff and the service was effective and concerns or issues were quickly identified and rectified. Staff felt that the registered manager was supportive of them and worked with them to ensure people received the care that they needed.

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, “I am more than comfortable about raising any concerns.” They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service.

The service had a registered manager in post. Relatives were positive about the management of the service. One relative told us the registered manager was working through a problem with them and they had received good support. Staff were also positive about the registered manager. They told us there was good leadership, effective management and they felt valued as a staff member.

Due to the current size of the service and the number of people they supported, there had been no accidents or incidents reported. However there were internal systems in place to report accidents and incidents. The registered manager told us she would analyse these at branch level, but they would also be analysed at head office by the compliance team. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

There were systems in place to carry out quality control checks as the service developed. The registered manager told us that spot checks were undertaken on a regular basis and records we saw confirmed this. We were told that satisfaction surveys and internal audits to ensure paperwork was up-to-date and the service was operating in accordance with their policies and procedures were being implemented. We saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as staff supervision and complaints. We also saw evidence that the registered manager had systems in place to carry out regular quality monitoring processes as the service grew in size.