Interserve Healthcare Limited

Interserve Healthcare - Fylde Coast

Inspection report

1st Floor
18 St Georges Road
Lytham St Annes
Lancashire
FY8 2AE

Tel: 01253788344
Website: www.advantagehealthcare.com

Date of inspection visit:
24 March 2016

Date of publication:
02 June 2016

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

This inspection took place on the 24 & 31 March and 1 April 2016, the first day was unannounced.

The registered manager was present throughout the inspection and was cooperative throughout the inspection process. 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.

Interserve Healthcare was first registered with the Care quality Commission on 26 January 2015. This was the services first inspection since its registration.

Interserve Healthcare delivers specialist healthcare services to people in their own homes. Care services are delivered to adults, children and young people with varying health issues such as spinal injuries, acquired brain injuries, learning disabilities and mental health requirements.

At the time of our inspection the service was delivering approximately 1500 hours of care per week to 29 people using 52 members of staff.

The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We asked staff we spoke with if they felt confident with the process of matching people to carers and if they were given the training and support necessary to provide care and cover care packages. They all told us they did have the correct training, support and information to make this judgement.

We asked people and relatives if they were happy with the competence of staff and if they felt they were well trained given the complexity of the care given.

We saw good evidence of staff training within the personnel files we reviewed, this included bespoke training for specialist areas of need.

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate.

We contacted other professionals involved with the service, including the local health authority, which commissions the majority of the agency's services, and asked them about their experiences of dealing with

managers and staff at Interserve. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although no-one we spoke with had made a formal complaint some had raised issues.

The content of each person's care plan we reviewed contained good and detailed information, was specific to the person receiving care and was up to date. They were easy to follow and staff we spoke with told us that they found plans easy to navigate and contained all the information they needed in order to provide the care each person needed.

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service via the carers that visited them and when they spoke with office based staff.

We saw a wide range of policies and procedures in place which provided staff with clear information about current health and social care legislation and good practice guidelines.

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.

The service had procedures in place for dealing with allegations of abuse.

Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices.

We saw that risk assessments were in place, were thorough, up to date and pertinent to each individual receiving a service.

Is the service effective?

Good

The service was Effective.

We asked staff we spoke with if they felt confident with the process of matching people to carers and if they were given the training and support necessary to provide care and cover care packages. They all told us they did have the correct training, support and information to make this judgement.

We asked people and relatives if they were happy with the competence of staff and if they felt they were well trained given the complexity of the care given.

We saw good evidence of staff training within the personnel files we reviewed, this included bespoke training for specialist areas of need.

Is the service caring?

Good

The service was Caring.

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate.

We contacted other professionals involved with the service, including the local health authority, which commissions the

majority of the agency's services, and asked them about their experiences of dealing with managers and staff at Interserve. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

Is the service responsive?

Good

The service was Responsive.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although no-one we spoke with had made a formal complaint some had raised issues.

The content of each person's care plan we reviewed contained good and detailed information, was specific to the person receiving care and was up to date. They were easy to follow and staff we spoke with told us that they found plans easy to navigate and contained all the information they needed in order to provide the care each person needed.

Is the service well-led?

Good

The service was Well-Led.

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service via the carers that visited them and when they spoke with office based staff.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines.

There were no registration issues at the service, a registered manager was in place, the service was registered appropriately and notifications were submitted in a timely manner.

Interserve Healthcare - Fylde Coast

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 unannounced inspection took place on 24 & 31 March and 1 April 2016 and was carried out by the lead Adult Social Care Inspector for the service. An Expert by Experience made phone calls to people using the service and relatives of people using the service on 31 March and 1 April 2016. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with a range of people about the service; this included five members of staff including the Registered Manager. We also spoke with two people who used the service and eight relatives.

We spent time looking at records, which included four people's care records, four staff files, training records and records relating to the management of the agency which included audits for the service.

Good

Is the service safe?

Our findings

We asked people and their relatives if they saw the same care staff, we received positive responses, some of which were as follows; "It's always the same", "I only accept one person and have not allowed them to change her" and "Yes, most of the time". Both people and their relatives did accept for holidays and short term absences there may be a different member of staff. When we asked people and relatives if they felt there were enough staff all ten replied positively.

Shortly prior to our inspection there had been an issue raised by a family member regarding a lack of suitably qualified and competent staff to cover a package of care when the regular carer was not available. This ultimately meant that the family covered the care when a carer was meant to do so. The issue was being investigated by the Local Authority Safeguarding team at the time of our inspection. We discussed with the registered manager how as a provider the ensured the correct staff and staffing levels were in place for each person. We were told that all referral were managed via the completion of a Referral, Assessment and Development form (RAD). Once this form was completed a score was given to indicate the complexities of each new care package. If the initial score reached a certain grade it was referred on top the 'Highly Complex Care Committee' (HCCC). Discussions then took place with senior management to determine if the agency could provide the level of care needed. If care could be provided the branch care consultant would meet the person and family, put an initial care plan in place and either allocate existing staff or look to recruit staff to the needs of the individual. Once these measures were in place a management review meeting would take place and if all parties were happy with the arrangements in place the care package would begin.

With regards to staff covering care packages that they were not familiar with we were told that care plans, which we found to be very thorough and detailed, were sent to care staff and it was then down to each individual to state whether they were competent and confident to cover the shift. We were also told that the organisation had been reviewing staffing competencies, with a particular emphasis for covering regular carers, given the complexities of most people's care, prior to the safeguarding incident referred to above. As an organisation this would mean that as well as staff declaring they were able to cover specific care needs there would also be a more comprehensive skills audit from the organisation in place which would enable a more robust 'matching' process when choosing carers to cover complex care packages at short notice.

We asked staff we spoke with if they felt confident with the process of matching people to carers and if they were given the training and support necessary to provide care and cover care packages. They all told us they did have the correct training, support and information to make this judgement. One member of staff told us, "Yes, at the end of any training I've always felt competent but know I can ask for further training or guidance at any time. I would not cover any care package I was not comfortable with and I would be surprised if any other staff did."

All of the people we spoke with told us that they felt safe whilst receiving care and support from Interserve Healthcare. Relatives we spoke with also told us they felt their loved ones were cared for by caring and competent staff. One person we spoke with told us, "I feel safe, the people who support me are very kind."

We spoke with care staff and they were all aware of the providers safeguarding policy and how to report any potential allegations of abuse or concerns raised and were aware of the procedures to follow. Staff were also able to tell us who they would report issues to outside of the provider if they felt that appropriate action was not being taken. One member of staff told us, "We get a lot of information and guidance (for safeguarding) as well as training. I've never had any major issues here and if I've ever had any minor concerns I've raised it with the office and it gets sorted."

As mentioned previously there was one safeguarding enquiry still open at the time of our inspection with regard to covering care adequately. There was also another safeguarding enquiry being investigated regarding am individual member of staff. We discussed both issues with the registered manager during the inspection and the Local Authority before and following the inspection. We were confident the provider was cooperating with the investigations and taking the necessary actions to prevent either occurrence happening again going forward. Both safeguarding issues had been reported to the Care Quality Commission (CQC) in line with the provider's regulatory responsibilities. There had been no other safeguarding issues during the 12 months prior to our inspection.

Accidents and incidents were reported through the organisations internal reporting system which all branches completed. Senior management were able to access the system which also recorded safeguarding issues and complaints.

We looked at the systems for medicines management. We saw clear audits were regularly conducted and detailed policies and procedures were in place. Staff told us that they received adequate training in relation to administering people's medicines and that they could always get in touch with a senior member of staff if they had any issues. We asked people if they got their medicines on time, nobody raised any issues with us. Staff we spoke with were happy with the training they received in respect of medicines management and we saw medication competency checks were carried out via an internal assessment. The assessment covered a wide range of issues including responsibilities, recording, legislation, storage, side effects, consent and controlled drugs administration. We also saw specific competency checks were in place for specialist administration techniques, e.g. via nebulisation and the administration of oxygen. There had been no medication errors reported during the 12 month period prior to our inspection.

Infection control policies were in place and staff told us they were aware of them and had training around infection prevention. Staff told us that they used personal protective equipment (PPE) such as gloves and aprons and that there was always enough stock available and that different sizes were available. People we spoke with raised no concerns regarding staff using PPE or any other issues pertaining to cleanliness, hygiene and infection control measures.

We saw that risk assessments were in place, were thorough, up to date and pertinent to each individual receiving a service. There were a number of examples such as the safe use of bedrails for people who were at risk of falling out of bed, manual handling, for Control of Substances Hazardous to Health (COSHH), one example being fore the use of a potentially flammable hand gel and a general risk assessment that was completed for all people. For each risk assessment hazards were clearly identified, the effects of the hazard were explained and control measures were put in place. They were signed by the member of staff carrying out the assessment and by the person, or relative of the person receiving care. If any changes were made as a result of the risk assessment being reviewed a new risk assessment was put in place. We saw that detailed 'Personal Emergency Evacuation Plans' (PEEPS) were in place for each person. Each PEEP we reviewed had been updated with the previous 12 month period and again were signed by both parties.

The service had effective recruitment policies and procedures in place which we saw during our inspection.

We saw within the staff files we reviewed that pre-employment checks had been carried out. We found completed application forms, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Good

Is the service effective?

Our findings

We asked people and relatives if they were happy with the competence of staff and if they felt they were well trained given the complexity of the care given. We received positive responses from the majority of people we spoke with. One person told us, "I'm very happy", another person said, "To be honest, the training has been done by my team, (of health care professionals) rather than Interserve but the staff from Interserve seem to know what they are doing." One relative told us, "On the whole (we are happy with staff), at times I've had to check certain things have been done but I've not had an issue recently". Another relative said, "We've got three new ones (carers) so we're going through a change, but they seem very nice and definitely know what they are doing."

We saw good evidence of staff training within the personnel files we reviewed, this included bespoke training for specialist areas of need. We found examples of staff training undertaken such as oxygen saturation, epilepsy awareness, tracheostomy care and percutaneous endoscopic gastrostomy (PEG) feeding. PEG allows nutrition, fluids and or medications to be put directly into the stomach, bypassing the mouth and oesophagus. There were many other examples of training that had been delivered to staff due to the specific needs and conditions of people using the service. As well as training we found examples of competency checks for staff within personnel files. Staff spoken with also confirmed that they had their competency checked in a number of specialist areas.

All the staff we spoke with told us they felt supported in their role. One member of staff told us, "I feel supported yes. There is good access to training and we get emails all the time asking us to come into the office. Some of it is e-learning but there is a lot of practical training as well. When we get a new care package we are always introduced and taken through the person's needs." Another member of staff said, "We get good support. There is enough good quality training which can be internal, external or online. We also get client specific training, usually at the hospital or at the client's home." As detailed in the 'Safe' domain the organisation was looking at introducing a comprehensive skills audit which would enable a more robust 'matching' process when choosing carers to cover complex care packages at short notice as an issue had been highlighted regarding the competency of a member of staff.

Staff spoken with confirmed that they had undertaken a formal induction when beginning work which consisted of both class room based learning and shadowing of experienced member of staff. We found induction checklists and learning objectives booklets within staff files which were completed during the induction period. Staff spoken with were happy that at the end of their induction period they were confident and competent to deliver care to the appropriate standard.

Staff also told us that they had regular supervision and were annually appraised. We saw good evidence of this within the staff files we reviewed. On average staff received a formal supervision on a three monthly basis although the frequency could be increased if either party felt it was needed. Supervision notes showed that staff could raise any questions and discuss their own personal objectives during each session. Staff also told us that aside from the formal supervision process they could contact peers or senior staff for guidance and advice or just for a general conversation.

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. We did find evidence that people's capacity was assessed and consent was gained within people's care needs assessment. We spoke with staff regarding their understanding of the MCA, the responses we received were good in terms of their understanding of the legislation and staff were very knowledgeable when discussing the issue of consent. All were very knowledgeable about how to ensure consent was gained from people prior to them assisting people. We asked care staff to talk us through how they would support people with personal care and other care tasks and they were able to do this effectively whilst giving us confidence that this type of assistance would be done with compassion and dignity. People we talked with spoke very positively about how staff communicated with them. We found up to date policies and procedures in place with regards to MCA. We found evidence of consent being given within people's care plans for the use of equipment such as bed rails. Appropriate risk assessments were also in place.

We saw that all staff undertook training for MCA and DoLS (deprivation of liberty safeguards) via competency workbooks. They were broken into three sections and covered a range of areas including; advanced decisions, code of practice, court appointed deputies and practical information for staff supporting people in their own homes. Each section included a learning checklist and there were a range of case studies at the end of the workbook. All the staff files we reviewed had a completed workbook within it.

We discussed how effectively the service communicated with people with the people who used the service, their relatives and the staff working for Interserve. We received mainly positive comments from all parties. The only negative comments were as already alluded to in regards to some short term cover arrangements that had meant family covering some care packages. However most people and relatives were happy with staff, including office staff, being described as, 'caring', and 'empathetic' and 'professional'.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care they received from the service and that the approach of staff was caring and compassionate. One person told us, "Staff are very friendly, very professional and caring." Relatives also told us they were happy with the staff provided from the agency, some of the comments were received were as follows; "10/10", "Kind, caring and patient", "she's (carer) exceptionally supportive and very diligent in everything she does", "Brilliant, they're happy and positive, they have a laugh with her. They pay attention to detail" and "Absolutely brilliant, we couldn't ask for better."

We spoke with staff on issues such as confidentiality, privacy, dignity and how they ensured that people retained as much independence as possible whilst being supported. Staff were knowledgeable in all areas and were able to talk through practical examples with us. One member of staff told us, "I think all the staff here are good and understand the needs of people well, that includes assisting people to get out and live their life to the full. We match people up, care plans are detailed and we talk to each other regularly to make sure we are as knowledgeable as possible about the people we care for."

We contacted other professionals involved with the service, including the local health authority, which commissions the majority of the agency's services, and asked them about their experiences of dealing with managers and staff at Interserve. The responses we received were positive regarding the care people received and how managers and office staff dealt with enquiries and issues.

We asked people, and their relatives, if they were involved in the design of their care plans and if they knew what was in them. Everyone we spoke to knew about their care plan or their loved one's care plan. Most people told us they were very involved in all aspects of care delivery, including care planning. Some people / relatives told us they were happy to let the agency take the lead with care planning and for them not to get involved.

A good variety of information was provided for people who were interested in using the service. The service users' guide and statement of purpose outlined the services available, as well as the aims and objectives of Interserve. There was also good information available via the organisations website. This enabled people to make an informed decision about using the service.

The agency had an end of life policy and we were told end of life care, whilst not the specialism of the service, was provided when needed if it was felt appropriate by all parties involved. The organisation as a whole was looking to implement some end of life training for some staff.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

Good

Is the service responsive?

Our findings

We received positive feedback from people we spoke with and their relatives. People reported a safe, effective service, which was responsive to their needs. One relative told us, "They'll go over and above what they're supposed to." We received positive comments also in terms of emotional support offered to people from Interserve, on relative said, "I've got very friendly, if I'm upset the carers are very understanding and try to help out the best they can." We only received on negative comment which related to the issues raised earlier in this report regarding covering staff absences at short notice due to the specialist needs of the people receiving care and support from Interserve, that person told us, "Yes they do (give emotional support), but the difficulty is, for any changes we have to go through the office, even little ones. The amount of time I spend on the phone with a lot of bureaucracy can be a problem, but Interserve are doing very well."

We looked in detail at four people's care plans. All the care plans we looked at contained a thorough care needs assessment which were undertaken prior to each person receiving care. The care needs assessment covered a wide range of issues including; environment, breathing, mobility, nutrition, sleeping, care needs and medicines. We saw that needs assessments were continually reviewed and that any changes from an assessment review informed the care plan. Changes were evidenced both within the assessment review and the care plan itself.

The content of each person's care plan we reviewed contained good and detailed information, was specific to the person receiving care and was up to date. They were easy to follow and staff we spoke with told us that they found plans easy to navigate and contained all the information they needed in order to provide the care each person needed. Care plans were broken down into several sections that considered each person's individual needs. Examples included; breathing, specialist equipment such as ventilators, oxygen saturation and humidifiers, elimination, mobility and medication. Each section detailed each person's need, aims identified and interventions needed. There were clear day to day guidelines for staff to follow and what to do in the event of an emergency. Each care plan contained clear photographs of any specialist equipment and equipment was named clearly, with measurement s specific to the person, i.e. the size of tracheostomy tube, catheter tube etc to ensure that the correct equipment was in place and used. All equipment was listed with serial numbers, manufacturers' details, maintenance frequency and the last service date. All settings were also listed for each piece of equipment and staff told us that if they had any issues there was always assistance on hand either via the office or the on call system. Detailed guides were in place for every piece of equipment.

Care plans also identified what specific training staff needed to attend prior to caring for each individual. All sections of each care plan made it clear to staff that any concerns were to be notified to the branch office and the appropriate documentation was to be completed when doing so. Appropriate consent forms were in place where they were need to be, e.g. for medication or the use of restraint such as bed rails.

We saw that daily record sheets of each visit were in place within care plans. They contained good detail and gave good examples of what took place during each visit. We saw good examples of people being assisted to access the community, of equipment checks and that daily records were audited by office staff to

ensure they were completed to a god standard.

People we spoke with told us they knew how to raise issues or make complaints. They also told us they felt confident that any issues raised would be listened to and addressed although no-one we spoke with had made a formal complaint some had raised issues. One person told us, "I wasn't happy with one of the carers, I rang the agency and they found somebody else". One relative said, "It wasn't resolved (my concerns) under the previous management but the management has changed and it's a lot better."

The service had a complaints policy in place which was up to date and contained information for people to make formal complaints directly to the organisation or to relevant external organisations such as the Care Quality Commission. We saw that the agency had a complaints system in place and that complaints were logged, acknowledged, investigated and followed up appropriately. We were told that all complaints were referred to head office automatically via the internal 'people planner' computerised system, as were any compliments received. All the evidence was logged on the system and tracked as well as being placed on each individual care file. All the care staff we spoke with were aware of the agency's complaints policy and could explain how they would assist people with raising a compliant either informally or formally.

We saw evidence in care plans, and from speaking to people and relatives, that people were supported to undertake activities, access the community and attend school. There was a dedicated section within all the care plans we reviewed entitled 'Activities'. People's favourite activities were listed with details of how best to support each person to attend or undertake them. One care plan contained good information and advice on how to best support an individual with autism to ensure they were safe and felt confident and secure when undertaking their favourite activity. There were also other good examples seen. We also saw good examples of how staff were matched to people in terms of background, skills and understanding of people's specific needs. People and relatives also told us that they were involved in this matching process and that if they felt matches were not working then this was addressed by the agency.

Good

Is the service well-led?

Our findings

People we spoke with talked positively about the service they received. People spoke positively about the management of the service and the communication within the service via the carers that visited them and when they spoke with office based staff. Some of the comments we received from people and relatives were as follows; "They are really nice to you, they are so professional", "They are always around when you need them", "They seem polite, there was a carer I didn't like and they didn't challenge me on the issue", "They ring me every now and again to make sure things are o and "They're really helpful, they're really good at getting things sorted." We only received one negative comment from a relative regarding communication when staff moved on from the service. They told us, "I think at times the communication is not brilliant. When people (staff) leave they've not got good foresight, the branch have known people are leaving. There are periods of uncertainty and staff have had to do extra shifts to cover or we have had to do it."

There was a registered manager in place who was also a registered manager for another Interserve location in the North West. She told us that this arrangement meant that her time was split between the two locations but as the systems were the same across all Interserve branches the arrangement worked well. The registered manager told us that there were benefits to managing two locations as this meant that staff could work seamlessly across the two locations to help with any staffing shortfalls. The registered manager told us that she felt supported in her role by senior management and that overseeing two locations was manageable given the systems in place which all Interserve branches shared. The registered manager told us that there were a range of support mechanisms in place such as monthly clinical governance webinars, management meetings, clinical conferences, support from head office, human resources and access to a clinical assurance nurse.

A range of Quality Audit systems were in place at the service which we saw evidence of. These included audits of specialist equipment, MAR charts, daily record sheets and blood sugar monitoring. Auditing systems also linked into the wider organisation's system and it was evident that issues picked up within audits linked back into service delivery. We saw copies of recent quality surveys that had been returned and we found the responses to be positive.

Staff we spoke with were happy with the support they received from managers and told us that if they had any issues there was always support available. This was the case both within office hours and via the out of hours on call system.

We saw a wide range of policies and procedures in place which provided staff with clear information about current legislation and good practice guidelines. All policies and procedures included a review date. This meant staff had clear information to guide them on good practice in relation to people's care.

There were no registration issues at the service, a registered manager was in place, the service was registered appropriately and notifications were submitted in a timely manner.