Interserve Healthcare Limited

Interserve Healthcare - Tees Valley

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on 19 July and 2 and 9 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to be sure that senior management were present for our visit.

This service is a domiciliary care agency. It provides personal care to children, young people and adults living in their own houses and flats in the community. At the time of our inspection 29 people were using the service.

At the last inspected the service on 24 May 2016 and rated the service as good. At this inspection we found the service had deteriorated and rated the service as requires improvement. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the time of the inspection the service did not have a registered manager in place. 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.

The service provided by Interserve Healthcare - Tees Valley was not reliable. There were not enough care and nursing staff who were adequately trained to support all children, young people and adults who used the service. Calls to people were often cancelled at last minute or didn't take place at all which meant parents and relatives had needed to step in and provide care. This had not only impacted on children, young people and adults but also the parents, relatives and other siblings.

We looked at the staff training chart and found most training for staff was up to date. However, people who used the service had very individual needs and staff needed specialist training in areas such as tracheostomy care. This training also involved competency assessments to make sure staff followed safe practice. Staff competency assessments were not up to date and this was one of the reasons why people had been let down and their calls uncovered. Most of the competency assessments were undertaken by nurses employed at the service, however there had only been one nurse for some time and they had not been able to undertake all competencies as they had other responsibilities.

Staff were not encouraged or supported to gain further qualifications such as the diploma in health and social care. Staff supervisions and were not up to date for all staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

For those people lacking in capacity, health and social care professionals, staff and relatives had been involved in making best interest decisions for people, however there were no decision specific mental capacity assessments or best interest decisions available within peoples care records.

Parents and relatives told us they did not think the service was well led and heavily criticised office staff for their poor communication. Senior staff had carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. However, these had been ineffective as they had failed to pick up on areas of concern that we had identified during the inspection.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Medicines were managed safely with an effective system in place.

Staff were aware of the action to take to manage risks to the health, safety and welfare of people who used the service but, we found some risk assessments to be generic. However, we did find detailed information within people's care plans on how to keep them safe.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Some people using the service received support with food and nutrition. Where this was the case people's dietary needs and preferences were recorded in their care plan, along with any specialist diets or recommendations from dieticians or speech and language therapists.

Staff told us the importance of promoting dignity and respect. The expectation of a caring and person-centred approach to people was made clear to staff at interview and induction, and was reinforced through training. Staff told us the importance of ensuring people were supported to retain as much of their independence as possible.

Policies and procedures were in place to investigate and respond to complaints. However, on some occasions the action taken on receipt of the complaint or follow up had not been recorded.

At the time of our inspection nobody was receiving end of life care. However, with the support of other health care professionals people could remain at the home at the end of their life and receive appropriate care and treatment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

The service was unreliable. There were insufficient numbers of care and nursing staff who were adequately trained to support all children, young people and adults who used the service.

Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely.

Effective infection control policies and practice were in place.

Recruitment procedures were in place to reduce the risk of unsuitable staff being employed.

Is the service effective?

Requires Improvement

The service was not effective.

Training of staff was up to date. However, staff had not had their competency assessed in specialist areas such as tracheostomy care. Staff supervision was not up to date.

Professionals, staff and relatives had been involved in making best interest decisions for people, however there were no decision specific mental capacity assessments or best interest decisions available within peoples care records.

People were supported with their nutrition and hydration and there was clear evidence of involvement from dieticians and speech and language therapists.

Is the service caring?

Requires Improvement

The service was not always caring.

Parents and relatives were generally complimentary of care staff. However, the service was unreliable.

Staff treated people with dignity and respect and promoted their independence.

People were supported to access advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were very detailed and provided guidance to staff about how to meet people's care and support needs. However, they could be improved to contain more person-centred information. Care plans needed reviewing.

The service had a complaints policy and people and their relatives said they would use it.

Policies were in place to provide end of life care where needed.

Is the service well-led?

Inadequate

The service was not well led

Parents and relatives told us the service was well led and criticised office staff for their poor communication.

Staff did not speak positively about the culture and values of the service.

Quality monitoring was ineffective.

Interserve Healthcare - Tees Valley

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 was 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 19 July 2018 and 2, and 9 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we wanted to make sure senior management were present. The inspection team consisted of two adult social care inspectors.
Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection included telephone calls to nine parents and relatives of people who used the service. We contacted the commissioners of the relevant local authorities and other health and social care professionals who worked with the service to gain their views of the care provided by Interserve Healthcare-Tees Valley.

We looked at four care plans and medicine administration records (MARs). We spoke with ten members of staff, including the deputy branch manager, branch nurse, service operations manager, the regional director for the Yorkshire hub, a registered manager from another branch, the clinical assurance assessor, the clinical quality nurse and to three care staff. We looked at four staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

Requires Improvement

Is the service safe?

Our findings

Before this inspection CQC received information of concern about the unreliability of the service provided by this provider. We asked the provider to investigate these concerns and report back to the people who had complained. In addition, we spoke directly with the nominated individual to raise our concerns. The nominated Individual has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided.

During this inspection we spoke with parents and relatives who told us the service provided by Interserve Healthcare - Tees Valley was not reliable. Comments included, "I have had times where I am sat waiting for staff to come so I can go to bed and they haven't arrived and no one has been in touch. I'm at the end of my tether. [Name of child] is palliative care and I know I won't have [them] forever so I want what time [they] are with me to be the best they can have" "We are supposed to get two carers three times a week for six hours, but today only one has turned up because the other has rang in sick and they [office staff] can't get cover. This meant that we had to stay in", "We are supposed to get two staff for 24 hours a day. Some days we only get one member of staff and we [family] are asked to support like today. Got a call this morning saying one staff down and could we support" "Staff get pulled out and moved around all the time. If someone [parent, relative or person who uses the service] complains they [staff at the office] pull staff from other packages to cover there", We have no care again tonight so it falls on family to cover."

Some parents and relatives told us they got a rota telling them which staff would be attending to provide care, however, they were not kept up to date with any changes. Comments included, "Yes we do get a rota but we are often not quite sure who will be turning up. The rota is more of an aspiration than reality. We are not always informed of any changes." Parents and relatives told us the communication between the office staff and themselves was extremely poor. We were also told that office staff would ring parents and relatives and say the care staff member was off sick. However, when the care staff member next visited they would tell parents and relatives that they had not been sick but removed to cover a package of care for another person who used the service. We were told this poor communication had undermined the confidence families had with the provider and several families had given notice recently due to the poor and inconsistent communication, rotas being wrong and frequent unfilled shifts.

We were also made aware that staff were employed on zero-hour contracts and were just picking up the hours they wanted and were often cancelling their shifts at last minute. The service did not have sufficient numbers of care and nursing staff who were adequately trained to support all children, young people and adults who used the service. Recruitment was ongoing at the time of the inspection.

Most children, young people and adults who used the service had complex needs and relied heavily on the support of the service for day to living. If care staff did not turn up for their shifts then this didn't only affect the person but the whole family. Due to a lack of care staff, children had missed school or had their school day reduced. One parent talked about missing important events at school for their other children. Parents and relatives told us how this impacted on their own health and wellbeing.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection process we wrote to the nominated individual to raise our concerns about staffing. We asked that they provide us with an urgent action plan of what they were going to do to ensure people were safe. We were provided with this action plan.

During the inspection senior management were brought in to review governance and to ensure there was enough management support at the branch. The provider gave a commitment not to take on any new packages of care until areas of concern were rectified. An escalation process was implemented to deal with any issues and concerns, which included unfilled and cancelled calls. We were told all care packages were to be reviewed. Following the inspection, the provider has continued to send us updated action plans and information on improvements made.

Staff were aware of the action to take to manage risks to the health, safety and welfare of people who used the service. However, we found some risk assessments to be generic and not individual to the person and for one person some risk assessments were missing. However, we did find detailed information within people's care plans on how to keep them safe. We pointed this out at the time of the inspection to senior management who told us they would take action to address this.

Staff told us there were procedures for staff to follow should an emergency arise. Staff were aware of what to do in case of emergencies. The service had an on-call procedure in place, which meant staff could contact the responsible person if they had any concerns.

Policies and procedures were in place to safeguard people from abuse. Staff were aware of the different types of abuse that can occur and the actions staff should take to report any concerns they had. One member of staff we spoke with said, "We get training in both adult and children safeguarding. If I had any concerns I would escalate immediately to either the branch or out of hours."

Policies and procedures were in place to ensure good standards of infection control. Staff told us personal protective equipment such as gloves and aprons was readily available whenever this was needed.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked. Medicine administration records (MAR's) that we look at were completed correctly. However, we did note that for 'as required medicines' there wasn't a PRN protocol in place. A PRN protocol provides specific guidance to staff such as when the medicine should be given, how much and the interval between doses. One staff member told us, "I get a four hour course every two years and a yearly refresher. Before we give out medication we are competency assessed and trained."

All necessary checks were made before new staff commenced employment. For example, Disclosure and Barring Service checks (DBS). These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with people. We did find that gaps in employment had not been explored for one of the four recruitment records we looked at during our visit.

Requires Improvement

Is the service effective?

Our findings

We looked at the staff training chart and found most training for staff was up to date. One staff member told us, "We get loads of training. We need the clinical training to do our job. When you start you get an induction which covers introducing the company, who is who, safeguarding, moving and handling, health and safety, fire and duty of candour. We get trained by nurses in what we need for the person. It could be PEG feeding, but we do get the right training." PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medicines to be put directly into the stomach.

People who used the service had very individual needs and staff needed specialist training in areas such as tracheostomy care. This training also involved competency assessments to make sure staff followed safe practice. Staff competency assessments were not up to date and this was one of the reasons why people had been let down and their calls uncovered. Most of the competency assessments were undertaken by nurses employed at the service, however there had only been one nurse for some time and they had not been able to undertake all competency assessments as they had other responsibilities.

One relative told us the progress for a person who used the service had been halted as there were insufficient staff trained to meet their needs and because some staff who were employed only worked occasional shifts. They said, "We need a stable package for [name of person]. At present the therapy team have told us that [their] progress is being held back as they need a team to deliver their training to. It's no point training someone that is only going to work the occasional shift with us. [Name of person] progress is dependent upon [their] care team and they need to be trained by the therapy team."

Staff were expected to undertake training in their own time and were not paid for this training. One professional wrote and told us, 'We have been informed by professionals that care staff are not paid to attend training. Staff don't turn up when booked on the physio course which is run by the local trust which then results in costs incurred by the CCG [Clinical Commissioning Groups] for the non-attendance and this also increases the length of time the carers remain untrained in all aspects of a child or young person's care.'

In addition, staff were not encouraged or supported to gain further qualifications such as the diploma in health and social care.

Staff supervisions were not up to date for all staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received mixed reviews from parents and relatives when we asked them if staff had the skills and knowledge needed to provide effective support. Comments included, "The staff who are trained are good. They tend to show each other what to do and get some training from physios. We don't trust the staff who

come on a night because they don't keep [name of person] sat up correctly for [their] PEG, this worries us for when we go away" "Initially they told us they had staff trained for the package then once they got the package they said it would take them six weeks to train up the staff" and "The nurses seem to know what they are doing when they are here. I have no concerns about this."

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. We checked whether the service was working within the principles of the MCA.

For those people who were lacking capacity to make specific decisions, health and social care professionals, staff and relatives had been involved in making best interest decisions on their behalf. However, there were no decision specific mental capacity assessments or best interest decisions available within peoples care records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people using the service received support with food and nutrition. Where this was the case people's dietary needs and preferences were recorded in their care plan, along with any specialist diets or recommendations from dieticians or speech and language therapists (SALT).

Parents, people and relatives had overall responsibility to ensure people's health care needs were met, However, staff at the service worked with health professionals such as occupational therapists and physiotherapists.

Requires Improvement

Is the service caring?

Our findings

The findings at this inspection do not support that of a caring service. People, parents and relatives have been let down by an unreliable service.

We asked parents and relatives if staff were kind and caring. Comments included, "There are some really good staff who would be excellent with more training, however, there are some really bad ones too. Some staff are worth their weight in gold and we don't think the office staff appreciate that" "The staff who come are lovely. They are great with [name of child] and really care. It's just a shame the organisation isn't as good" and "Staff are very caring. I would trust them with any of my children." One relative told us when they had been unwell the care staff had even called on their day off just to check on the person who used the service.

Staff told us the importance of promoting dignity and respect. One staff member told us, "When I'm doing personal care I would ask anyone not involved [this didn't include parents of children] to leave the room to give the person more dignity. When people are in the shower or bath I would stand outside to give them privacy if they were safe to be left. I try to offer as much choice in what I'm doing as possible. I always make sure people are covered to keep their dignity."

The expectation of a caring and person-centred approach to people was made clear to staff at interview and induction, and was reinforced through training. Staff told us the importance of ensuring people were supported to retain as much of their independence as possible.

We saw from the records, that people where possible people were involved in making decisions about their care and the way it was delivered. Any changes were dealt with and care plans were updated accordingly.

At the time of our inspection one person needed the support of an advocate. Advocates help to ensure that people's views and preferences are heard. The provider had guidance for staff on how people could be supported to access advocacy services, and details of these services were made available to people and their relatives.

Requires Improvement

Is the service responsive?

Our findings

Before people started using the service a detailed assessment of their support needs and preferences was carried out. Where a support need was identified a care plan was drawn up based on the help they needed. Within the care plans there was clear evidence of the involvement of health care professionals such as the dietician, speech and language therapist, physiotherapists and occupational therapists. For example, one person had a nutrition and hydration care plan in place with detailed guidance to staff on the person's feeding regime and the type of support they needed. Another person had a plan in place detailing the support they needed to maintain their skin integrity.

Although care plans were very detailed they were more of a medical model and didn't include some person-centred information such as the child's favourite toy or blanket. A staff member told us, "Yes care plans are in place. The only one thing I would say is that from a clinical aspect they cover everything we need to know but I think they could be more person centred. People need to know about the person as well as their health needs. For example, I had a new member of staff with me today and I knew that the person we were caring for hates white undies. This is not written anywhere but I know it would really upset [them] if [the new staff member] got white undies out for [them]. We should have a pen picture of the person to help staff know the person better."

During the inspection we spoke with the regional director who acknowledged that the service was behind with their review of care plans. They told us that care plans would be reviewed with parents, people and relatives as a matter of priority over the coming weeks.

Policies and procedures were in place to investigate and respond to complaints. The provider's complaints policy was given to people, parents and their relatives when they started using the service, and described how issues could be raised and how they would be dealt with. We looked at the providers record of complaints with the regional director. On some occasions the action taken on receipt of the complaint or follow up had not been recorded. The regional director told us they would take action to address this.

At the time of our inspection nobody was receiving end of life care. However, with the support of other health care professionals people could remain at the home at the end of their life and receive appropriate care and treatment.

Inadequate

Is the service well-led?

Our findings

At the time of the inspection the service did not have a registered manager in place. 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. A new manager had been recruited and were starting on 13 August 2018.

Parents and relatives told us they did not think the service was well led and heavily criticised office staff for their poor communication. Comments included, "It's like dealing with children at times. Lies are told and one blames another. There is a lack of management skills in the office and not enough staff to cover packages" "It's [the management] disgusting. There isn't enough staff. The organisation doesn't know what they are doing" "It's shocking [the management] nobody seems to know what the tail is doing for the head" and "It [the management] could be improved if they had one or two nurses. At present the nurses are stretched geographically and it's not always the best."

Professionals we contacted during the inspection also raised concerns about the lack of leadership. They told us there had been a rapid turnover of staff with experienced staff leaving in the last 12 months which has had a negative impact on the service provided. They told us families had lost confidence with the service and didn't know who the main point of contact was at the service.

Team meetings with care staff were not taking place as they were on zero-hour contracts. Staff we spoke with during the inspection did not speak positively about the culture, values and leadership of the service. They told us previously there had been a bullying culture and were threatened with losing their job if they did not cover shifts. However, they did say that this had improved since new staff had been recruited such as the deputy manager.

Senior staff had carried out a number of quality assurance checks to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. However, these had been ineffective as they had failed to pick up on areas of concern that we had identified during the inspection. In addition, an audit on medicines had not been undertaken for some time.

The provider had client feedback questionnaires which we were told were sent out to people, parents and relatives on a quarterly basis. We saw these questionnaires were based on the Care Quality Commissions key lines of enquiry to check if the service was safe, effective, caring, responsive and well led. We asked parents and relatives if they were asked to complete a survey to seek their views on the service provided. Parents and relatives were unable to recall if they had been asked to complete a survey.

During the inspection we raised our concerns about the service with the nominated individual. They immediately carried out a review to ensure there was adequate management resource at the branch. The

regional director was drafted in to provide support as were other staff from other branches until such a time as the new manager had completed their induction and other key staff had been recruited and improvements had been made.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. Staff had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance There were no decision specific mental capacity assessments or best interest decisions available within peoples care records. Governance systems were ineffective as they failed to identify areas of concern that we identified during this inspection.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of suitably qualified and competent staff to meet the needs of people who used the service. Supervision was not happening on a regular basis.