Advantage Healthcare Nursing and Care Limited

Interserve Healthcare - Harrogate

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We undertook this announced inspection on the 14 April 2015. At the previous inspection, which took place on 20 December 2013 the service met with all of the regulations we assessed.

Interserve Healthcare - Harrogate is owned by Advantage Healthcare Nursing and Care Limited. The office is close to the town centre of Harrogate. The agency is registered to provide personal care and nursing care. They employ care workers and nurses and supports people and their families who wish to live independently and/or in their own homes. At the time of our inspection 13 people were supported by Interserve Healthcare - Harrogate. The service did not have a manager currently registered with the Care Quality Commission. The service had employed a manager who had recently commenced working at the service three months prior to our inspection. The manager informed us that they had made an application

Summary of findings

to register with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with said they felt safe with staff from the agency. However, people also told us they were not satisfied with the levels of staff provided from the agency with families sometimes being told they had to manage as there were gaps in the rota. We have recommended that the manager makes sure that appropriate levels of staff are provided to meet peoples needs.

Staff were recruited safely and they were trained appropriately to be able to support people.

The service had safeguarding vulnerable adult's policies and procedures which were understood by staff. Staff received training in safeguarding vulnerable adults and all those spoken with confirmed that they would tell someone should any aspect of poor care be observed.

Staff identified and understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

People were positive about the staff who supported them. People using the service described being treated by staff from the agency with politeness and respect.

People told us they were able to make choices. Their likes, dislikes and personal preferences were recorded within their care records and were known and understood by staff.

Several people made comments to us about the agency not being very responsive. Examples people gave us were having to phone the office and 'chase the agency' to see if cover was arranged for gaps in the rota. They also said that the office/manager did not respond to phone calls very quickly or return calls and people felt there was little personal contact with managers and agency office staff.

Training was provided for all staff and staff said this supported them in their roles. They received appropriate induction, training, supervision and support.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA (Mental Capacity Act 2005) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The agency did not have an effective quality assurance system in place which ensured that the agency could satisfy itself that it provided care to people in their own homes in a safe and effective way. We have recommended that the agency improves the quality assurance system.

The agency had received complaints and we saw that they had dealt with them appropriately. However people told us that they had not had a copy of the agencies complaints procedure, although most people told us they would not hesitate in contacting the agency if they had a complaint. We have recommended that the manager makes sure that people who use the service know how to complain.

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?

Requires Improvement

The service was not always safe. Although people told us that they felt safe leaving their relatives with staff from the agency. People told us that there were gaps in the rota which meant they did not receive the planned support as they required.

Staff were recruited safely and received training to help them to look after people.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Is the service effective?

Good

The service was effective. Staff received induction, training, supervision and support to help them carry out their roles effectively.

The manager and staff we spoke with understood the principles of the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards.

Is the service caring?

Good

The service was caring. People who used the service told us they looked forward to staff from the agency coming to support them and being able to have a break from caring.

People told us that they were treated with dignity and respect and that they were involved in making decisions about the care and the support their loved ones received.

Is the service responsive?

Requires Improvement

The service was not always responsive. People told us they 'chase the agency' to see if cover was arranged for gaps in the rota. They also said that the office/ manager did not respond to phone calls very quickly or return calls and people felt there was little personal contact with the agency.

People said that they had not been given a copy of the agencies complaints procedure. However, people told us they would ring the agency office if they had any complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. People who received a service said that there was poor communication between them and the agency.

There were clear policies and procedures in place for staff to follow and some audits had been completed but these were not regular.

Summary of findings

Systems were in place to audit the service. However some of these were out of date. The agency did not always seek out the views and opinions of people who received a service, other stakeholders and staff.

Interserve Healthcare - Harrogate

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.

We inspected the service on 14 April 2015. The visit was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location offices to see us. At the time of our inspection there were 13 people who received a service from the agency.

The inspection team consisted of one inspector from the Care Quality Commission and one expert by experience who supported the inspection by carrying out some telephone interviews to seek people's views and experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and whose expertise was in adult health and social care.

Prior to our visit we looked at a range of different information which included information we hold about the service. We also looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications we had received for this service and reviewed all the intelligence CQC had received. We reviewed all of this information to help us make a judgement about this service.

During the inspection visit we reviewed five people's care records and four staff recruitment and training files. We reviewed records required for the management of the service such as audits, minutes from meetings, statement of purpose, satisfaction surveys and the complaints procedure. We spoke with the manager during our visit to the agencies office. We also spoke with four members of staff by telephone. We telephoned a total of thirteen people who received a service from the agency. We spoke directly with three people who received a service from the agency. We also spoke with ten relatives of people who received a service.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Requires Improvement

Is the service safe?

Our findings

While some people reported they received care as planned, others we spoke with raised concerns. Some relatives we spoke with told us this related to care staff not being available in numbers as had been agreed with the agency and the impact this had on the care provided for their relative.

Examples people gave us included having to phone the office and 'chase the agency' to see if cover was arranged for gaps in the rota. We were told by one person "More and more the rota I receive has gaps and I have to phone the office to check if they can cover." This person added "Whether this is related to the change to Interserve I do not know but the other agency were wonderful."

We were also told by people who used the service the agency sometimes stated they were not able to get staff for cover and the family had to manage. We were told by one person that night visits could be problematic particularly if only one member of staff attended instead of two as required by the care plan. They told us this impacted on them as they then had to help the member of staff. This person went onto say, "They do not seem to appreciate the urgency and the impact of this on the family can be massive." Another person said, "We do not feel looked after anymore. I have to phone the agency to check if there is any cover and the problem is more acute out of normal hours and weekends." We did not have any evidence of anyone suffering harm or neglect from this as relatives told us they had to manage without the support they were expecting from the agency.

We were informed by the manager that staffing levels were determined by the needs of people using the service. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required. The manager told us that rotas were sent out to people on a monthly basis. At the time of rotas being sent out there were some gaps in them. The manager said that the agency continued to actively fill the gaps in the rota with staff. However, the manager went on to tell us that people had turned down the offer of visits from alternative staff, when regular staff were either sick or on leave which had created problems with support for some people.

One member of staff told us that they were given their rotas at least one week in advance. They said that their shifts were always consecutive and if any changes were identified that staff were notified by telephone and then new rotas were issued. They also told us, because staff worked in small teams to ensure continuity, that people who used the service knew who would be providing their care and support. However, staff told us that there were occasions where there was a shortage of staff but 'they managed.'

We recommend the provider reviews staffing levels to ensure that people receive the care they need as planned with them.

Despite these concerns, without exception, every person with whom we spoke told us that the staff from the agency when they did attend to provide care were "excellent" at what they did. One person told us, "The staff are first rate and we feel safe with the service." People we spoke with all said that staff working for the agency were very good and new staff were well trained and were often supported by a more experienced worker.

We looked at the care records for five people who received a service from the agency and saw that the information obtained as part of the assessment process had been used to develop a plan of care. The care plan included details of the person's life history, their medical history, their current health problems and their daily routines. A moving and handling risk assessment and an environmental risk assessment had been carried out to ensure that the person who received a service and staff from the agency remained safe whilst care was being carried out. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and their bed. In addition to this, there were more individualised risk assessments in place for topics such as medication and risk to staff. Though the care plans we looked at indicated that reviews had taken place and care plans had been updated, these had all taken place some time ago in June and October 2014. When we spoke with people who used the service they confirmed that care packages had not been reviewed. This meant that there was a risk that people's current care needs were not being met.

Requires Improvement

Is the service safe?

We recommend the provider reviews people's care plans regularly to reflect current care needs and the support required.

Records showed that staff recorded accidents and incidents that happened in a person's home or when they were supporting a person to go out into the community. The manager told us that accidents and incidents were all investigated. A risk assessment was then undertaken where necessary to keep people safe and action plans developed to reduce the risk of a reoccurrence, which meant that the staff could easily identify trends.

Safe recruitment practices were followed. We examined four staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring Service to check if they had a criminal record and had two references to check their suitability to work in a domiciliary care setting. The Disclosure and Barring Service helps employers make safe recruitment decisions by processing criminal record checks (DBS check) and checking whether or not people are barred from working with vulnerable groups. This meant that the organisation was carrying out checks to ensure that prospective employees were suitable to work with people in their own homes which in turn protected people who used the service.

Medication was managed safely. We saw that there were clear instructions in care plans for staff. We looked at the agencies policies and procedures for staff to follow regarding medication. Procedures were clearly written for staff to follow. Staff we spoke with confirmed that they completed medication administration record's (MAR's), in people's care records in their homes to show that they had received their medication as prescribed and that it had been given to people appropriately. We were unable to ask people who received a service directly about this, however their relatives told us they did not have any concerns. We saw from the agencies training record that staff received annual medication training. This ensured that staff were competent to administer medication and the potential to put people's health at risk was minimised.

We spoke with members of care staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, they could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with confirmed that they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding procedures and they knew what to expect if they reported an incident. The staff training records we saw confirmed staff had received safeguarding training in 2014.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of. The Care Quality Commission (CQC) had not received any notifications in relation to serious incidents, whistle blowing or safeguarding alerts in the past year. Staff told us they knew how to make such notifications where necessary.

Good

Is the service effective?

Our findings

People told us they received an effective service. Notwithstanding the issues raised regarding the staff rota, when staff did attend people felt that their care needs were met by staff from the agency. Everyone we spoke with told us that they felt that staff from the agency were skilled to carry out their work. One person said, "The staff are pleasant, skilled and well trained." Another relative said, "Staff are well trained and do meet my daughter's needs."

People we spoke with told us that staff from the agency arrived on time and stayed for the required time, often longer if the next member of staff had been held up due to transport problems. People we spoke to also told us that they thought new staff were well trained and often supported by a more experienced worker.

People we spoke with who use the service told us that a care plan was in place which had been agreed with them before any service commenced and that staff from the agency followed what was written and agreed in the care plan. The manager told us any changes to people's care needs and the care plans were reviewed and updated to reflect the changes. However, the care plans we looked at showed that they had last been reviewed in June and October 2014, which means they may not have adequately reflected people's current needs.

We saw from care records that people were involved in any decisions made about their care. We saw that consent had been obtained and individual preferences detailed in the care records. Care plans were created with input from people who used the service or with relatives.

The service had clear links with other professionals, which was demonstrated in peoples care and support plans. There was also clear evidence of the service seeking advice and support from other agencies such as the tissue viability nurse.

The Mental Capacity Act 2005 provides a framework for acting and making decisions on behalf of individuals who lack the capacity to do so for themselves. Deprivation of Liberty Safeguards (DoLS) are part of the MCA (Mental Capacity Act 2005) legislation. The legislation is designed to ensure that any decisions are made in people's best interests. The manager and staff we spoke with understood the MCA and DoLS. They understood the importance of making decisions for people using formal legal safeguards. The manager told us that they did not currently support anyone who required a DoLS assessment. Staff we spoke with from the agency confirmed that they had received MCA and DoLS training. This meant that staff knew the principles of the Mental Capacity Act (MCA) 2005 and what they needed to do if people lacked capacity in making decisions about their care.

We looked at records of induction, training and supervision. All staff received an induction when they began work. All staff received regular training and we saw records of this. Topics included; manual handling, medication, safeguarding vulnerable adults and/or children and basic first aid. We saw in staff records that they had received supervision from their line managers. We were given a copy of the workers handbook which is given to staff once they commenced working for the agency. This booklet contained information of key policies and procedures such as ethics and values, laws and regulations and staff code of conduct.

We spoke with four members of staff by telephone. They told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually up dating care records to ensure people received a consistent approach to the support they received from staff. This helped to ensure that people received care which was safe and appropriate to their identified needs despite the gaps in more formal reviews of care. Staff we spoke with confirmed that they had received all the necessary training to ensure they were able to do their job well. One member of staff said, "I have completed all of the mandatory training such as first aid and medication." This meant that staff from the agency had received training to ensure people remained safe.

The manager said that all staff received the same training. They told us that they also carried out observations which focused on practice to ensure that staff understood the training and to check that they were carrying this out in practice. These checks were usually carried out by the lead nurse or staff from the agency office.

Good

Is the service caring?

Our findings

People who used the service were happy with staff from the agency and said they got on well with them and they were treated with politeness and respect. People described the standard of care as good and that staff from the agency encouraged them to make decisions. For example, if people wanted to stay in bed or what they to wear and so on. Relatives made positive remarks regarding good relationships between staff from the agency and people who they supported. One relative said, "The office do try to find a member of staff with similar interests for example music, and this helps develop good relationships."

The manager from the agency told us that people receiving a service and their relatives made decisions jointly wherever possible. For those people that were being cared for by the agency who did not have the capacity to make any decisions, their family members and health and social care professionals involved in their care made decisions for them in their 'best interest'. People using the service confirmed that family members were involved as appropriate often helping the staff from the agency understand the specific care required. One person said that their relative could do nothing at all but was aware of their surroundings They told us, "I explain how to make them comfortable and communicate and they (staff) do listen."

All of the people we spoke with told us that staff were pleasant and polite and that their privacy and dignity was respected, with care tasks explained and people's consent sought. Relatives we spoke with told us that 'positive relationships are developed and this is encouraging.' One person said, "My wife is unable to speak or see but she knows the staff's voice and will smile." Overall people felt reassured by the support they received from the agency with family members stating they were fully involved in their relatives care planning. People also told us that they felt staff had the time to complete all the necessary care tasks during their visits.

We spoke with four members of staff by telephone. Staff we spoke with gave us good examples of how they were respectful of people's privacy and how they maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. Examples included always asking people what they preferred, ensuring that they weren't rushed, talking with them and giving them time to respond. Staff told us it was important to be sensitive to people's moods and how well they felt.

People we spoke with told us they were aware of advocacy agencies that were available to them, but pointed out that family members were heavily involved in the care people received and that they would take action on any issues if necessary. We saw that it was not necessary as health and social care professionals were involved in most cases This meant that each person had someone to speak out on their behalf if it was necessary.

Requires Improvement

Is the service responsive?

Our findings

Although some people made comments to us about the agency not always providing sufficient staff and that contact with the agency office was not always good, others felt the service they received was good. People told us staff were usually on time and stayed for the required time. Overall people felt reassured by the support received with family members stating they were fully involved in the care plan, although they said that their care packages or their relatives care packages had not been formally reviewed by the agency.

Care plans we looked at were person centred. There were detailed descriptions about peoples care needs and how staff should support those needs. When changes to peoples care had been identified these had been acted upon and recorded. There were risk assessments in place which were linked to peoples care plans. The risk to the person was clearly outlined and there were clear instructions for staff about how to manage the risk. The care plans we looked at had last been formally reviewed in April, June and October 2014. The agency provides a service to people who have very complex nursing care needs in most cases, therefore care plans need to be reviewed frequently to ensure that people receive the appropriate care and support they need.

We recommend that the registered provider ensures that people's care is reviewed regularly to ensure that people receive the care and support they need.

People we spoke with told us that staff from the agency were good at engaging with them and where possible would either take people on trips out or engage them in various board games. People we spoke with also told us that they were able to express their views and were actively involved in their care, treatment and support and that care plans were in place and were followed by staff from the agency.

People we spoke with told us they did not have a copy of the complaints procedure, they said they would not know who to contact within the service, although everyone we spoke with said they would be vocal when necessary if they needed to make a complaint and would contact the agency. We looked at the complaints log during our visit. We saw that complaints that had been received by the agency had been responded to appropriately. We saw that any lessons learnt on how the agency could improve from complaints were documented. We saw that senior managers from the organisation checked any complaints the agency received in making sure that they had been appropriately dealt with by the manager.

We recommend that the registered provider ensures that people who receive a service from the agency are made aware of the agencies complaints procedure.

We spoke with four members of staff by telephone. They all told us they felt they had enough information to care for people in the way they would wish to be cared for. They said that they were continually up dating care records to ensure people received a consistent approach to the support they received from staff. This helped to ensure that people received care which was safe and appropriate to their identified needs. We asked staff how they used the care plans to ensure that the support they provided was up to date and appropriate to meet people's needs. One member of staff said, "We have log sheets which we complete and update each shift we work. We read these before each shift so we know of any changes." Another staff member said, "Care plan changes are written up every day in the log sheets."

Requires Improvement

Is the service well-led?

Our findings

The registered manager had left the service in December 2014 and the newly appointed manager of the service was present throughout the inspection and was able to answer all our questions and provide us with all the documents we requested. However, several people who used the service made comments to us about the lack of communication between the agency and people who received a service from them. People told us that the office/manager did not respond to phone calls very quickly or return calls. People told us there was little personal contact with the agency with communication being mostly by email which several people did not like. We were told the previous agency made regular contact and this was thought to be supportive and reassuring.

People told us that the manager was covering another office and did not return calls which they said was not good. We were told the agency sometimes stated they were not able to get staff for cover and that family had to manage. One person said, "There is little communication with the office. I received a call today but it was to alert me to the call from CQC, but I was not asked how I was and there was no discussion about the service I received." Another person said, "Staff run out of paperwork as well as gloves, and at present I would not recommend them to anyone. I pay for my service, need care but the agency are struggling to provide it." One person helping to look after their relative said, "I am thinking of serving notice to stop the service as they leave me without cover from time to time and it is usually last minute notification and I have to do the shift myself when I am very tired". This was not the view of everyone as three people of the thirteen people we spoke with were very satisfied with their contact with the agency office. The perception of most people we spoke with was that the changes in management of the agency seemed to have destabilised the running of the service and with the high level of care needed, people were understandably worried.

We saw that people had been surveyed for their views over six months ago under the previous manager. We were informed by the new manager that the service intends to make changes to how often surveys are sent out to people from six months to quarterly. We saw in one person's care file a feedback questionnaire where they had said, 'I am completely satisfied.'

Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account. They confirmed that the staff in the office gave them important information as soon as they needed it, which meant that the service was prompt when responding to any matters that arose which may affect staff working in people's homes.

We saw from records we looked at that staff meetings had been held, which gave opportunities for staff to contribute to the running of the agency. We saw the minutes from the meeting agenda for January 2015. Staff we spoke with told us that staff meetings were held but not as regularly as some staff would like. One member of staff said, "I would really appreciate more team meetings as you are on your own. I would benefit from having regular staff meetings or branch meetings so we could talk things through."

We saw that audits had been carried out such as spot checks (this is where managers conduct a visit to the person who received a service to ensure staff are carrying out their work well). We saw in two people's care plan that these visits had taken place. This was in September and October 2014. We were informed by the manager that these visits are undertaken by the lead nurse or one of the staff from the office.

We saw from records we looked at that the organisation had carried out an internal quality audit of the agency in November 2013 and we were told by the manager this was overdue for 2014. The 2013 audit had found that the agency provided a good service but many changes have taken place since that time and the provider has not examined the current situation in any depth.

This is a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not protected people against the risks associated with insufficient assessment and monitoring of the service.

Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not protected people against the risks associated with insufficient assessment and monitoring of the service.