Interserve Healthcare Limited

Interserve Healthcare - South Coast

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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Interserve Healthcare South Coast is a care at home agency that provides personal care to people, including adults, children and infants, in their homes. Interserve Healthcare South Coast provides support for people across the south coast who require a range of personal and care support. Staff provided bespoke care depending on the person's need. Personal care or support was bespoke, ranging from four hours every other day to 24 hours a day 'live-in' support for people who have more complex needs such as long-term health conditions. At the time of the inspection, 18 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
We received mixed feedback about staffing levels and staff deployment from people, relatives and external professionals. Relatives told us they and people were not always informed about changes to their visits. At this inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004 regarding Staffing.

Medicines were handled correctly and safely, staff were trained to give medicine safely. Despite this, we saw gaps and errors in recording of medicine administration. Audits used to monitor medicines identified these gaps, but the provider did not always take action informed by these audits to improve record keeping and ensure compliance with all the fundamental standards.

At the time of our inspection, there was no registered manager. The manager was very newly in post and was well regarded by office staff. Staff told us they had already made improvements such as holding team meetings. Office staff told us that during the transition between managers, an interim manager continued to support them. Staff told us they had supervisions and appraisals however they told us there had been a gap in team or peer meetings since the change in manager.

Recruitment processes were robust and made sure staff were employed who were suitable to work with adults and children and in the care sector.

People were protected from the risks of abuse and said they felt safe with the staff providing their support and care. Staff were trained to identify safeguarding concerns for adults and children.

People received bespoke care and support that was personalised to meet their individual needs. Records showed that people received care and support from staff who were trained. Despite this, we received mixed feedback about staff knowledge and competency. We recommended that the provider checks that all staff have completed their training and competency checks as required by the provider.

Staff monitored people's health and wellbeing and took appropriate action when required to address concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People, relatives and staff had mechanisms to give their feedback about the quality of the service. We saw that formal complaints were recorded and investigated. People were consulted about their care and support.

People were treated with care and kindness. People's diverse needs were identified and met and their right to confidentiality was protected.

This service met the characteristics of Requires Improvement. More information is in the 'Detailed Findings' below.

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

Why we inspected
This service was registered with us on 23 October 2018 and this is the first inspection since the provider made a change to its registration. Newly registered services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. The last rating for this service was Good (published 10 August 2016). Since this rating was awarded the provider changed its registration as the service moved premises. We have used the previous rating of Good to inform our planning and decisions about the rating at this inspection.

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services.

Follow up
We will review the service in line with our methodology for 'Requires Improvement' services.

We will continue to monitor information we receive about the service until we return to visit. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Interserve Healthcare - South Coast

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
There was one inspector who visited the office on 22 and 25 October 2019 and spoke to people using the service or their relatives by telephone on 29 October 2019.

Service and service type
The service is a home care agency, it provides personal care to people in their homes.

The service did not have a manager registered with the Care Quality Commission. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
A comprehensive inspection took place on 22 and 25 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that staff would be in the office and to arrange for telephone calls to people and relatives.

What we did before the inspection
We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection we looked at three personal support plans and risk assessments and medication records for two people and other documents relating to the management of the service.

During the inspection we spoke to the manager, a quality assurance manager, a clinical nurse, client manager and recruitment manager.

After the inspection, we spoke by telephone with two relatives, one person and a support worker. We received feedback by email from three commissioners who work with the service. Two commissioners gave us permission to quote them in this report.

Requires Improvement

Is the service safe?

Our findings

Staffing and recruitment

● The provider could not be assured that there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Feedback we received from relatives and external professionals was that shifts were missed. People were left without care at short notice. A relative told us they had covered a night shift for staff who had not arrived, they said "Staff let you down at the last minute, it makes it difficult not knowing that staff aren't going to come. You should be given option of who you want. Sometimes there's miscommunication." A commissioner told us, "Staff resource not always in place to meet the package…a contingency plan was not in place when carers were on holiday or off sick. The family report it was becoming more frequent for the shift not being covered, and when the family contacted Interserve office there was a lack of communication." The commissioner told us a shift had been missed for three consecutive nights and that due to this the family had changed their care provider. A second commissioner said that Interserve South Coast staff, "do not always understand the consequences of a carer not attending a shift and the impact that has on the family."

● The provider did not always plan for unplanned absences or to allow for changes in the rotas. The provider told us that in some circumstances they used agency staff however we received feedback from relatives that there were occasions where staff did not turn up for a shift and the office did not tell them.

People were left without care at short notice and the provider did not always plan for unplanned absences or to allow for changes in the rotas. Due to this we could not be assured that there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004 regarding Staffing.

● We received positive feedback from a person who had live-in carers, they said that they did not experience missed shifts from staff. A person who had live-in carers said, "They live in the house so haven't had any missed shifts or calls, they do 1-2 weeks on and off between two carers." A care support worker who worked as a live-in said, "We would work better with more staff but we always manage to cover, when it's full staff it's fine, but sometimes it's stressful if there is unplanned leave or sickness."

● Some packages included Interserve South Coast staff working with staff from other care at home agencies or charities. This was recorded in people's support plans so that staff were guided about their responsibilities and tasks.

● Robust recruitment systems ensured that new staff were safe to work in a social care setting and followed equal opportunity and competency-based protocols. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. Interview questions were values based and prospective staff were asked for examples about person centred care and promoting independence. Checks were made that nurses were registered with the Nursing and Midwifery Council (NMC) before and during their employment.

Using medicines safely; Learning lessons when things go wrong

● All people receiving care at home by the service were supported with medicines. No complaints or concerns were raised about people receiving their medicines, a person told us, "My current member of staff

is good with medicines and I get my medicines on time." We saw gaps and errors in recording in Medication Administration Records (MARs) from people's homes, this means that the provider could not be assured that a person had received the medicine they need and would have to check with staff, people or their relative that a person had received the medicine they were due to have when a staff member was visiting.

● Audits of MARs picked up on gaps and recording errors. Actions were recorded, such as discussing with the staff member, next of kin and relevant health professional and carrying out a visit to the relevant person's home. Records showed, that staff were trained in safe administration of medicines, record keeping and received refresher training annually. Staff competency was also checked annually.

● Up to date medicine information and allergies were included in people's support plans to inform staff.

● A range of audits carried out by the branch nurses monitored the quality of service being delivered and the running of the service, for example daily logs and medicine audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. For example, daily log audits picked up on any clinical issues that had not been reported to the office and the branch nurse looked at any gaps in charts such as positioning charts. Actions were recorded and checked. Records confirmed this.

● Incidents and accidents were recorded and monitored. Records showed that help from health professionals had been sought immediately where needed. Actions had then been taken to reduce the likelihood of the same thing happening again by referring to external health professionals or assessing the person's needs.

Systems and processes to safeguard people from the risk of abuse

● Systems were effective in safeguarding people from the risk of abuse. Staff had a good knowledge of safeguarding processes. Staff were trained annually in safeguarding adults and children. Staff knew what to do if they had concerns and how to report them. The provider understood how to notify the local authority and the CQC about any safeguarding concerns.

Assessing risk, safety monitoring and management

● Risks for the people receiving personal care were assessed and managed to support people to be safe. Personal support plans had guidance for support staff to mitigate these risks. Risk assessments contained information relating to people's mobility and personal care needs.

● People's homes were risk assessed by staff before people began using the service. Environmental risk assessments identified risks to the care support worker and considered risks of slip, trips or falls inside and outside the home for the person and care support worker. Staff working in the community were also supported by a lone worker policy and received training in lone working and personal safety.

Preventing and controlling infection

● Care support workers were trained in infection control and had access to gloves and antibacterial gel to use in people's homes.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records showed that staff received training and had their competency checked, despite this we received mixed feedback from people, relatives and commissioners about staff training, competency and professional practice. A person said, "My current member of staff are great but previous staff have been very poor, I've had six staff, the current one is very good to live with, very competent. Previous staff were awful, disrespectful, talking on their phone on speakerphone. Office staff are alright, they occasionally visit to say hello." A relative told us, "Majority of staff are pretty good but a recent one did not seem competent…we reported back and did not see that member of staff again. They seem to be trained well, Interserve seem to be quite good at the quality of the training." A commissioner told us that staff did not always have the relevant experience and training. We recommend that the provider checks that all staff have completed their training and competency checks as required by the provider.
- All staff complete an induction of training, considered mandatory by the provider, online before they start working, staff complete practical training in manual handling and basic life support before they start working with people.
- Staff received training that equipped them to fulfil their role and had access to additional training specific to the needs of people using the service. A relative told us that due to the complex needs of their family member staff also received bespoke training to work with the person which they provided. They said that staff were accommodating and willing to do this.
- Staff told us they felt supported. A care support worker told us, "I had supervision earlier this year, but this member of staff left, it used to be every month, now the branch nurse does supervision at the house when they visit, I can talk to them if I have any problems. We do online training and class training, I've done practical training in medicine, next month we have moving and handling practical refresher training. Office staff keep our training up to date, they send us an email about booking training in when training is expiring."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. At the time of our inspection, no one was being deprived of their liberty.

● People's needs were assessed before they used the service. Personal support plans were reviewed with the person and their relative annually. People and relatives told us they were involved in writing the personal support plan and were involved in making decisions. People and relatives were asked this in the provider's feedback surveys. A feedback form read, "I am regularly asked if I'm happy with my package and carers." A care support worker told us that the branch nurse visited them at the person's home to review the support plan and check that the person as satisfied with their care. They told us, "I had the nurse visiting to check two weeks ago to check on how [Person's] care is going, to review things and check everything is ok." The recruitment manager told us, "Once a person starts to receive care from us we seek feedback throughout to check they people and involved relatives are happy."
● We checked whether the service was working within the principles of the MCA. Staff were trained in MCA and staff demonstrated a good understanding of MCA.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Health and social care appointments were co-ordinated by people, their relative or their support workers depending on the care arrangement. A feedback form from a relative said, "They always respond quickly to ['person's] health needs."
● People had complex physical health needs such as with mobilising or receiving medicines. Some people had devices such as tracheostomy, PEG or catheter. Where people had devices care support workers were trained and had guidance on maintaining the devices and sites. People that received medicines through a PEG had a specific care plan for this. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through the skin and into the stomach. Their PEG care plan included information on nutrition and/or medicines, how to care for the PEG site and when to consult with the person's GP.
● Care support workers were supported by a branch nurse to give advice and guidance. The branch nurse told us they tried to complete a clinical shift with each person to understand their needs and guide staff that were allocated to work with them, they said, "I've met with everyone now and I try to do clinical shift with each person. I'm supported by our regional clinical manager."

Supporting people to eat and drink enough to maintain a balanced diet
● Not all people required support with food preparation. Where people did have support, this was written into their personal support plan so that care support workers made them a meal and ensured people had access to food and drink of their choice. Staff were trained in nutrition and hydration. Staff knew people's dietary requirements and allergies.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by care support workers that were kind and caring. People and relatives confirmed this about their current care support staff. A relative said, "We're happy with them but certain things could be tweaked. I spoke to our client manager today. The care staff I have are very good."
- Care support workers told us they enjoyed getting to know people and understanding their needs, hobbies and interests. People needs, and preferences were assessed before a person joined the service. This supported people to transition from another service to this provider's service. Staff understood people's cultural or religious needs from pre-assessment information. This information helped staff to adapt their approach to meet peoples' needs and preferences.
- People had a choice of gender of staff member to support them, where people preferred a specific gender of staff member this was documented and reflected in rotas.
- People were supported to present themselves in accordance with their wishes for grooming or clothing. For example, records showed that staff encouraged a person to continue to make decisions about personal care, hygiene and dressing, the support plan for this person reflected that the person preferred wearing trousers and needed support from staff to choose what to wear so that clothing is appropriate for the weather that day. A support plan for another person guided staff that the person liked to choose what soaps or toiletries to use on a daily basis and their grooming choices were recorded, for example how the person liked their hair and nails to be styled maintained and occasional beauty treatments they enjoyed.
- We saw compliments on feedback forms that people, parents and relatives had given about the service, for example one form read, "Happy with the service we receive."

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

- People and relatives told us they were involved in making decisions about their care and developing the personal support plans both when first starting to use the service and on an annual basis or as and when needed.
- Where people or appropriate relatives wished to develop their own personal support plans this was accommodated by office staff. For example, one person's parent coordinated care from a number of providers including Interserve Healthcare South Coast, they coordinated the support plan and rota, and Interserve Health South Coast understood why this arrangement was important for this family and were accommodating to it.

Respecting and promoting people's privacy, dignity and independence

● People told us they were treated with respect and dignity and relatives confirmed this. Office staff discussed people's needs and care arrangements with respect and kindness in the office environment.
● People's privacy was upheld. People said how they wanted to be supported in this regard and this was reflected in support plans information staff, for example records showed that a person described themselves as private so staff knew this was particularly important for the person, staff were guided to cover the person as much as possible while bathing and to ensure doors and curtains were shut during personal care.
● Care support workers supported people to maintain their independence. For example, in a person's support plan it said that the person wanted to prepare their spouse's meals with support from staff as they did this before they became unwell and continued to want to be involved in this aspect of their household.

● Private information relating to the care and treatment of people was kept in their home in their chosen place. Information was also kept securely in the office. The provider gave people a choice of where their private information was kept, for example one person preferred not to have any information kept at their home, office and care staff supported this choice and planned for this. The provider either delivered and picked up documentation from people's homes, such as medicine administration records, directly or by secure post.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

Good: This meant people's needs were met through good organisation and delivery.

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

● People received care in a personalised way, each support plan reflected the person's needs. Personal care or support was bespoke, ranging from four hours every other day to 24 hours a day 'live-in' support for people who have more complex needs such as long-term health conditions. The care people received from staff reflected people's needs and how they wanted to be supported, this ranged from personal care such as washing and dressing, going out shopping, being supported to attend education opportunities, going on trips out to the seaside and listening to music.

● Care plans reflected people's needs, preferences, hobbies and interests. The provider asked for feedback from people and relatives about whether staff and people got on. A feedback form completed by a relative said, "Yes I believe she likes the staff and they get on well." For example, one person's support plan showed that when they chose to stay home they enjoyed hand massages, listen to staff reading to them and watching their favourite TV programmes or music and doing their daily exercise sets to support their mobility. Another person's support plan recorded that the person enjoyed going to a sensory group at their church, music groups, doing pottery, hydrotherapy and watching football and other sports on TV.

● Feedback forms asked if people were satisfied with the communication they had with the office staff, a feedback form said, "I am in contact with the client manager, manager and nurse by text." And a second feedback form read, "Yes I get calls and emails from the branch."

● Care plans reflected people's specific health needs such as continence, tracheostomy care, epilepsy management and dementia. For example, we saw specific care plans for two people that received nutrition through a PEG. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through the skin and into the stomach. Their PEG care plan included information on nutrition and medicines, how to care for the PEG site including preventing infection and signs of blocks or dislodging and when to consult with the person's GP or to make arrangements for the person to go to hospital.

● From what people told us and from feedback forms submitted by people and relatives to the provider showed us that people and relatives had seen recent improvements in how support workers were allocated to people reflecting a good match. A person told us, "I feel strongly that in the 6-7 months I've been with Interserve it's only in the last few weeks they seem to be matching carers and clients, this is really important." A client manager told us that people meet new support workers and they do shadow shifts in the person's home, they said that they then seek feedback from the staff member and client to see whether it is a good match. People and relatives told us that when they reported to the office staff that a staff member was not a good match this was responded to by office staff and alternative arrangements were made.

● We read feedback forms that reflected on improvements the provider had made, one feedback form said, "It's better now. I am happy that [Person] is given a chance to meet carers before they start working.", another feedback form said, "[Person] interviews their staff and I (Person's parent) get to meet them before" and a third feedback form said, "We get to meet them (staff) before, they have all been lovely."

Meeting people's communication needs

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

● People's communication needs were assessed and accommodated. Care support workers had communication plans that supported them to understand people's varied communication needs. For example, one person's communication plan guided staff that the person does not always communicate verbally, that they used non-verbal cues such as eye contact and hand gestures and described how the person shows distress or contentment. Another person's plan guided staff to communicate slowly and to give one piece of information at a time. A third person had restricted sight and hearing impairment which meant it was difficult for them to hear if there is environmental noise, staff were guided on how to reduce environmental noise where possible and staff were guided to direct communication to their left side as their hearing and vision was better on that side.

● Where people used glasses or hearing aids this was recorded in their plans. Some people used a wide range of assistive technology such as Alexa devices, smartphones and computers to communicate, maintain relationships with people that were important to them and maintain their independence.

Improving care quality in response to complaints or concerns

● The provider looked at complaints made by people or their relatives promptly and carefully. The provider monitored, reviewed and analysed all information received about the service as a means of continuously reviewing performance, quality and safety. People and appropriate relatives were aware of how to make a complaint or raise a concern, a feedback form said, "No complaints but if we needed to, we would raise a complaint." A relative told us, "[Client manager] said, don't be afraid to tell us if there's anything wrong, which I thought was good."

●Staff told us they could approach the manager or senior staff with any concerns about people or their care should they needed to. Staff were supported by clear policies and procedures on how to respond to complaints or concerns.

End of life care and support

● At the time of the inspection, no people were in receipt of end of life care and the provider told us that they have not provided end of life support in the past. The provider told us they would support people at the end of lives with support from commissioners, district nurses and local hospices. People's preferences were recorded around death and dying.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

● Management staff and the provider did not monitor shifts where a support worker had arrived late or where missed shifts had been covered by an agency staff member. The provider did monitor where missed shifts had impacted on people for example being late for school or appointments, but the provider did not record where a missed shift had impacted on a member of the person's family, for example staff not turning up for a shift so a family member had to provide care. We told the provider about this, they told us that regional directors were reviewing missed shifts and lateness at the time of our inspection.

● The provider did not always plan to ensure there were enough staff so there could be flexibility in rotas when changes were needed. We told the provider about this and they shared their recruitment plans.

● The provider had a range of audits to measure and monitor the service overall, for example audits of medicine records and daily logs. The service benefitted from the support of the provider's quality assurance team that carried out additional checks and oversight of incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The manager was newly in post and office staff felt confident in having a new manager. A registered manager and a provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have a manager registered with the Care Quality Commission (CQC) but there was a manager who was in the process of registering with CQC at the time of the inspection. Where there had been an absence of a manager a regional manager had visited the office once per week during the interim period whilst recruiting a manager. A branch nurse told us, "The atmosphere is better since the new manager started, more positive, we now have nursing correspondence on SharePoint [provider's intranet] so that branch nurses can share that information."

● Notifications that the manager was required to send to CQC by law had been completed.

●The provider had a range of policies and procedures in place which were regularly reviewed and updated when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a positive culture that was person-centred. The provider sought feedback from staff and people that used the service regularly. The provider surveyed staff to seek their feedback and people or relatives were asked to complete feedback forms every quarter, these had a different focus following the Care Quality Commissions key questions, Safe, Effective, Caring, Responsive and Well-led. A feedback form asked if people or their relatives are consulted, a person responded, "Yes I do these questionnaires all the time."
● A support worker told us, "If we have any problems we can call or email. I would recommend Interserve to work for. If you need some help, they [office staff] are helpful, polite and professional, they do what they can. We haven't had team meetings but it's difficult when the office is in Brighton."

Working in partnership with others
● Records showed that staff work in partnership with other professionals where relevant and appropriate to how staff from the service were involved in a person's care.
● Commissioners told us that managerial staff had been available to meet to discuss people's care arrangements. A commissioner told us, "I did meet with the previous manager and regional account manager to discuss the issues we were having and at the time they were very receptive to this."

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	Regulation 18 HSCA RA Regulations 2014 Staffing People were left without care at short notice and the provider did not always plan for unplanned absences or to allow for changes in the rotas. Due to this we could not be assured that there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe.