

Interserve Healthcare Limited

# Interserve Healthcare - Norwich

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Interserve Healthcare - Norwich is registered to provide personal care to people who live in their own homes. There were 12 people receiving personal care from the service when we visited. The inspection took place on 23 November 2016 and we gave the provider 48-hours' notice before we visited. This was to ensure that someone was in..

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Members of staff were knowledgeable about reporting any incidents of harm. There was a sufficient number of staff to provide care safely and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place and actions were taken to reduce identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medicines.

Staff were supported and trained to do their job and additional training was provided for specific care needs to be fully met. Staff received training on the Mental Capacity Act 2005. This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure that people's rights are legally protected.

The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. People told us that their privacy and dignity was respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to. People were able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

There were effective recruitment procedures in place so that only suitable people were employed. There were sufficient numbers of staff to meet people's needs.

People were supported with their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff were aware of the principles of the MCA. Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible.

Staff were supported by the provider to carry out the expected care for people.

People's health and nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were looked after in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in reviewing their care needs and

this was carried out on a regular basis.

Staff were knowledgeable about people's care and support requirements and responded to their individual needs

People were aware of the complaints procedure and were able to raise their concerns with the management staff.

### Is the service well-led?

Good ●

The service was well-led.

Robust procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and were able to raise concerns and issues with the registered manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

# Interserve Healthcare - Norwich

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. 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 any improvements they plan to make.

During the inspection we visited the service's office, spoke with three people and three relatives. We also spoke with the registered manager, operational manager, service manager, two office based staff and six care staff. We also spoke with a care manager from the local authority and a manager from continuing healthcare. We received comments from a children's care commissioner and a care case manager. We looked at four people's care records and records in relation to the management of the service and the management of staff.

# Is the service safe?

## Our findings

Due to their complex needs not all people were able to verbally communicate with us about whether they felt safe. However, one person said, "The care staff give me all the care I need and the support is first class." A relative told us that, "I feel that [family member] is cared for very safely and they [staff] take their time and are careful when providing the care."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and said they would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were available to staff and displayed in the service's office.

Staff we spoke with were aware of the safeguarding reporting procedures. One staff member said, "I have had safeguarding training and I would always report any incident of abuse without hesitation to my [registered manager] and feel confident that it would be properly dealt with."

This showed us that people were kept safe as much as possible. The provider was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included manual handling assessments, assessments of environmental risks and procedures regarding the safe administration of medicines.

We saw that there were guidelines for staff regarding the administration of medicines. There was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of medicines. We saw samples of medicine administration records which had been completed accurately by staff when required. Any changes in medicines were recorded and reviewed by a member of the service's management team. There were guidelines and protocols in place for staff regarding the use of 'as when required' medicines (PRN) such as for pain relief.

We spoke with a nurse who regularly audited medicine administration records and liaised with GPs so that any issues were addressed promptly. The nurse also completed medicines competency checks with staff to ensure they safely administered people's medicines. This was confirmed by staff we spoke with during our inspection. Staff told us that they had attended annual training in administering medicines. The training records we saw confirmed that satisfactory competency checks had been made.

Records showed the provider had identified how many staff were required to carry out each task safely. This was especially regarding safe manual handling requirements. People and their relatives told us that there were sufficient numbers of staff to safely provide the required care and support. People we spoke with told us that staff were on time for their care visits. Staff told us that they had to contact the office based staff if they were running late to inform the person of any lateness.

We saw that recruitment procedures were in place to ensure that only staff who were suitable were employed. We saw the personnel records of three members of care staff. Satisfactory recruitment checks had been carried out and included evidence of completed application forms, satisfactory work references, proof of identity, and a satisfactory criminal records check via the Disclosure and Barring Service .

The registered manager told us that any gaps in employment were pursued during the person's interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and providing them with care. Staff received a hand book which outlined the service's policies so that were aware of their role and responsibilities. This was confirmed to be the case by staff we spoke with.

Care staff told us they had received an induction and training prior to commencing work with people. New staff shadowed more experienced staff before they felt confident in working on their own to ensure people's safety. One member of staff told us that their induction had been very good and that they had been well supported by the management team and staff colleagues. They confirmed that they had received a range of training before they commenced working with people.

## Is the service effective?

### Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "The carers are really good and kind to me and help me with whatever I need and I have no concerns with them [staff] at all." Another person told us that, "The carers are cheerful and they make sure everything has been done before they leave". We spoke with two relatives of people receiving care from the service and they felt that the care and support provided by care staff met their relative's needs. One relative told us that, "The carers are very good and I feel that [family member] is very effectively cared for by friendly and well- trained staff". The registered manager told us that they provided care only where the staff had the required competencies to ensure people's needs were met. This was confirmed by healthcare professionals who commissioned care from the service.

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.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about the MCA and how this may affect people using the service and their ability to make decisions. The registered manager was aware of the local authority's contact details regarding further information about this area. They informed us that where people's mental capacity for a specific issue are such as for a medical reason a best interests meeting was organised with the persons' family and healthcare professionals. Staff we spoke with confirmed that they had received MCA training and demonstrated their knowledge about the principles of the MCA.

One member of staff said, "We assume that everyone has capacity to make their own decisions and if this changed a meeting would be held – some people's capacity can change depending on the situation and the person's abilities. But this does not mean they lack capacity at all times." Another member of staff said, "I try and help people to do as much as they can for themselves and I always respect their right to choose and make decisions."

The registered manager confirmed there was a programme in place to ensure that staff training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety and administration of medicines. Each person using the service had a profile recorded which detailed the required knowledge and competencies that staff must have before they could provide care.

We saw that where people had specific health conditions staff had received bespoke training so that staff could meet these needs. Examples of this included; tracheostomy care, catheter care, spinal injuries, brain injury and the use of oxygen and suction equipment. We saw that training was monitored by a member of



office based staff and the registered manager, This was to ensure that staff remained up to date and received updates where required. This was confirmed by staff we spoke with and in the training records we were shown. Staff we spoke with also told us they had received regular ongoing supervision and an annual appraisal.

We found that assessments of people's nutrition and any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided the staff had always asked them about their individual preferences. One person said, "I choose what I would like to have for my meals and they [staff] prepare this for me." We saw that where people received food via a PEG feed (a means of feeding when oral intake of food is not appropriate) staff had received ongoing training to ensure they were safe to do so.

Health care professionals told us that they had received good quality information from the registered manager and care staff when any healthcare or support issue arose. They said that staff acted on any advice they were given. Health care professionals made positive comments about the contact they had with the service and that people and their families had been positive about the care and support the service provided. One healthcare professional said, "The care is well planned and care plans are detailed and thorough to meet people's needs. And staff are specifically trained prior in carrying out care and support."

## Is the service caring?

### Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were caring and respectful. For example, one person said, "They help me with what I need and - they are very kind and caring with me." Another person, who was receiving a live-in care package said, "They [the staff] are very thoughtful and always make sure I have everything I need and that I am comfortable."

A third person said, "They look after me very well and never rush me." A relative said, "The staff are brilliant and they always make sure my [family member] receives really good care – they are like a part of our family." A second relative said, "They do a really good job and know [family member] very well." A third relative said, "My [family member] receives care at night and the staff carry out all care in a kind and cheerful way – they do a really good job."

All of the people we spoke with, including their relatives, told us that care staff respected people's privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing their care. People told us that they usually had the same care workers providing care and support and knew in advance which staff would be visiting them which they found to be reassuring.

One person told us that they had a regular member of staff who knew them and this was very important to them and said, "They [staff] always provide my care in a gentle and respectful way." Another person said, "The care is very good and I know who to speak to about any concerns that I may have."

We saw that the registered manager had taken steps to ensure, as much as possible, in meeting people's individual preferences regarding whether they wished to be supported by male or female staff. In addition, people's preferred names were recorded. This showed us that people's choice and diversity was considered and acted upon. We were told by the registered manager that care plans were drawn up with each person and included their family's involvement where appropriate. Care plans demonstrated that people encouraged to maintain as much of their independence as possible. People we spoke with confirmed that this to be correct.

We observed phone calls being made by staff with people using the service and they demonstrated a professional, positive and caring attitude towards people they were speaking with.

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs in a caring way. Care and support plans reflected people's wishes and preferences and how staff should support them. The care plans we saw were completed in a person centred style and had guidelines to inform staff how people preferred their care to be delivered.

The staff we spoke with displayed a great deal of enthusiasm and affection about their work and the care they provided for people. One member of staff said, "I really enjoy my work and I provide a mixture of personal care and also assist people to be involved in going out in local towns and to go for personal shopping – I have got to know the people I support really well and feel I make a difference in their lives."

Another member of staff said, "I love my job and working with people with a variety of care needs."

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. Advocacy services provide support to people in being able to have their say about Advocates are people who are independent and support people to make and communicate their views and wishes. People had family members who acted in their best interest.

# Is the service responsive?

## Our findings

People we spoke with and their relatives told us they had been involved in the planning of their care and were able to make changes where required. For example, one relative said, "My family member's care is regularly reviewed and any changes to calls are made as necessary."

People said they were able to choose the care workers they preferred as much as possible, their preferred time of care and what was important to them. One person said, "The staff are very good and are usually on time and they let me know if they are running late."

We found that assessments of people's needs had been carried out to ensure that the service could provide the required care and support. People's preferences were recorded regarding their preferred name and a life history to aid staff understands of each person. People's healthcare needs were assessed to ensure these needs could be met by the service. These were used to formulate the care plan and outline the care which was to be provided at each visit. We saw that care plans and health and safety risk assessments were audited monthly by the management team.

We looked at four people's care plans during our inspection. There were guidelines in place for each visit so that care staff about the care and support that was to be provided. We saw details in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicines and social and welfare calls.

Staff gave examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines. They felt that the guidelines in care plans were sufficiently detailed to ensure they could provide the required care. We saw that the care plans were regularly reviewed and incorporated information regarding any healthcare changes. We saw that where agreements were in place, these had been signed either by the person or family member, regarding the care and support to be provided.

Care staff told us that they completed daily notes detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the service's office.

We saw that management staff had regularly recorded reviews of care plans with people and their relatives where necessary. The relative of one person said that, "They know [my family member] really well and I am very happy with the care they give."

People and their relatives told us that staff had been responsive in reviewing care and changes were made where required to care and support needs. The management team was in regular contact with people's healthcare professional such as GP and district nurses to ensure there was a coordinated approach and that any changes to a person's care was appropriately referred.

People and their relatives that we spoke with and met were clear about who to speak with if they were

unhappy or wished to raise a concern. One person said, "If I have any concerns the managers in the office are good at sorting it out for me." People told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with were felt able to raise and discuss their concerns with care workers and members of the management team at any time.

A copy of the service's complaints procedure was included in people's information pack. We reviewed the complaints policy/procedure which included expected time scales for response and guidelines for people on how to complain. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible.

All complaints were recorded and we saw samples of recent correspondence which to resolve people's concerns. One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." A relative told us that "The manager and office staff have dealt with any issues or concerns quickly and efficiently."

## Is the service well-led?

### Our findings

People we spoke with and their relatives told us that they had regular contact with members of the service's management team. They said that they knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can speak to the office [registered manager and management team] and staff at any time about any concerns I may have."

Relatives confirmed that they had good communication with the management team and any issues that they raised were promptly dealt with. Another person said, "They [office staff] meet with me to check things are alright." A relative said, "They [management staff] regularly meet or 'phone me to check that everything is going well with the care of my [family member]."

Surveys were by the management team with people who used the service to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the service's management team. Any actions identified were discussed with the registered manager and an action plan was formulated to improve the service. We saw feedback received from people using the service. These contained positive comments about the care and support that was being provided.

The registered manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. Staff told us that they felt the service was well managed. They also said that the registered manager and the management team were approachable and responsive to any issues or concerns that they had raised. They said they felt supported and that they were able to raise issues and concerns at any time including during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any incidents they had witnessed in accordance with the service's whistleblowing policy. Staff said they felt confident in raising concerns with the registered manager or appropriate external agencies if they were concerned about any poor care practices.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and health care professionals and their views were sought regularly. Members of the management team carried out spot-checks of care staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, audits and reviews of care, staffing, training and health and safety arrangements. This meant the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service.

The office based staff and care staff worked in partnership with other organisations to ensure people received appropriate care. This was confirmed by comments from health care professionals we spoke with. These included, "We are in regular contact and they are proactive and keen to deal with concerns and issues in a professional manner."