

Interserve Healthcare Limited

Interserve Healthcare - Tees Valley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Interserve Healthcare – Tees Valley is a domiciliary care agency. The service provides personal care to children, young people and adults living in their own houses and flats in the community. At the time of our inspection 17 people were using the service.

People's experience of using this service and what we found

Significant improvements had been made to people's safety and wellbeing since the last inspection. The provider had recruited a registered manager who had made a positive impact on the staff morale and service culture. This had led to children, young people and adults experiencing better care and feelings of wellbeing.

The service provided was much more reliable. However, there were times when calls had not been covered. This had not placed people at risk of harm as parents and relatives had stepped into provide support, but this had impacted on parents and relatives wellbeing. The provider was rolling out permanent contracts to staff to improve staff retention and reliability.

Staff had the skills and knowledge to deliver care and support in a person-centred way. Where there were gaps in training this had been identified by the registered manager. Staff were caring and understood people's likes, dislikes and preferences. They worked with people to ensure they received support how they wanted it.

There were systems in place for the management of medicines. However, sometimes there was a delay in returning medicine records to the service for checking, which meant there could be a delay in picking up on any errors.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider was open and approachable which enabled people to share their views and raise concerns. People told us if they were worried about anything they would be comfortable to talk with staff or the

registered manager.

The provider monitored quality, acted quickly when change was required, sought people's views and planned ongoing improvements.

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

Rating at last inspection and update The last rating for this service was requires improvement (published 21 November 2018) and found two breaches in regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Interserve Healthcare - Tees Valley

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

The inspection team consisted of two inspectors an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to children, young people and adults living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service short notice of the inspection because we wanted to make sure senior management were present. Inspection activity started on 8 May 2019 and ended on 22 May 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan

our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we spoke with the registered manager, regional director, a nurse and three care staff.

We reviewed a range of records. This included four people's care records and two people's medicine records. We looked at two staff files in relation to recruitment. We reviewed multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We spoke on the telephone with 10 parents/relatives of people who used the service. We continued to seek clarification from the management team to validate evidence found. We looked at training data, supervision and appraisal records, surveys and complaints. We spoke with two professionals who work with the service. We sent questionnaires to thirteen staff, but only received one response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Staffing and recruitment

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure there were enough staff who were qualified and competent to meet people's needs. We found the service to be unreliable. Communication was poor and there was frequent unfilled shifts with many calls to people uncovered. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- There were enough staff employed to support people who used the service. Good recruitment procedures were in place to ensure suitable staff were recruited and people were safe.
- Most parents and relatives told us the service was much more reliable. However, there had been occasions when calls had not been covered. The management team were aware further improvement was still needed. The provider was rolling out permanent contracts to staff to improve staff retention and reliability. One parent told us, "They seem to be ok at the moment, I haven't had one cancellation since Christmas. We had a lot of problems previous to this and [child] wasn't able to go to school, as [child] had no support. Since we have the new member of staff this has changed things."
- We received mixed views from parents and relatives. Some parents and relatives thought the service had improved with consistency in staff and a more reliable service with others remaining unhappy with the reliability of the service. We met with senior management to discuss this feedback.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and wellbeing were managed and measures were put in place to reduce or prevent these risks.
- Risk assessments were in place for children and adults and they described the actions to be taken to reduce the risk. Records were up to date. One parent told us, "Absolutely safe with the staff, they know [children] well and they know how to prevent any problems."
- The registered manager monitored and analysed medicine errors, accidents and incidents enabling any safety concerns to be acted on and to identify lessons learnt.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their duty to raise or report any safeguarding incidents to ensure people were kept

safe. Staff had access to a whistle blowing policy which detailed how to report any concerns.

Using medicines safely

- There were arrangements in place to ensure people received medicines in a safe way.
- The nurse told us they made checks on medicine records when they were returned to the service. However, on some occasions there were delays in checking these which meant there could be a delay in picking up any mistakes.
- The nurse checked to make sure staff followed safe practice and procedures for the management of medicines.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received training and followed safe practices. Staff had access to personal protective equipment such as disposable gloves and aprons.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staffs competency had been assessed in areas such as caring for a person with a tracheostomy. Staff had not received regular supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 18.

- Most staff were up to date with their training and where there were gaps the registered manager was aware of this and had taken action to address this.
- Staff working with people with additional needs had received training specific to the needs and had their competency assessed. The management team were aware of the need to roll this training out to other staff as a back up in case of staff leaving or sickness.
- Staff told us they felt supported by the management team and had received supervision and appraisal.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to ensure there were decision specific mental capacity assessments or best interest decisions recorded within people's care records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made and the provider was no longer in breach of Regulation 17.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. At the time of the inspection an application had been made for one person and the registered manager was awaiting the outcome of this.

- Records were in place to confirm people were supported to make decisions and acted in the best interest of people.

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

- No new packages of care had been taken on since the last inspection to enable the service to improve. The registered manager told us when they were in a position to provide care to any new people they would be assessed before care was provided. This assessment considered how people wanted to be supported and any needs in relation to culture, religion or ethnicity.
- After the last inspection all children, young people and adults were reassessed by the management team. For a number of different reasons, such as the inability to train suitable numbers of staff to work with people the provider had given notice and some packages of care had ceased.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with food and nutrition. People's dietary needs and preferences were recorded in their care plan, along with any specialist diets or recommendations from dieticians or speech and language therapists (SALT)

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend appointments when necessary.
- The provider worked in partnership with other organisations to ensure they delivered joined-up care and support for people.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Staff treated people with kindness and respect. One parent told us, "I can't fault the girls [staff] in any way, they come to work because they care not just for a wage packet. They are very caring and support my children well. Another told us, "I can't fault the girls that work with me now, one of the biggest parts of having staff is not having strangers in your house and not feeling like you're a stranger in your own home. We have a good routine now, we share the cooking and share the tasks."
- An equality and diversity policy was in place to ensure staff treated people with respect regardless of their sex, age, disability or beliefs. The provider monitored staff practices to ensure they were kind and caring.
- Equality and diversity training encouraged staff to promote a person-centred approach and ensure people's preferences, wishes and choices were respected. However, for some staff this training had not been refreshed for some time.

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

- Staff supported people to express their views and to be involved in their care. Care plans were written using information from parents and their relatives.
- People were supported to access advocacy services, who provide impartial support to people to make and communicate decisions. One person was supported by an advocate at the time of our inspection.
- People were given choice and control in their day to day lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Parents and relatives told us that staff were respectful whilst attending to personal care needs. People were supported to maintain their independence and retain their skills. Examples of this included staff encouraging and supporting people with their mobility and personal care.
- Care plans included details of what people could do for themselves and what they needed support with.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement.

This meant people's needs were not always met.

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

- Although improvement had been made to deliver a responsive service to meet people's needs they acknowledged further improvement was still needed. There had still been occasions when calls had not been covered which, meant parents and relatives had needed to step in and provide care.
- Some parents and relative told us this had impacted on their own wellbeing. Comments included, "I had a [staff member] booked on a shift for two nights to cover me to go to work, [they] cancelled at the last-minute, which meant I had to cancel work" and "last week they asked all my staff to go on the same training day, this caused me a lot of problems because I had no staff. I then had to fill in for all of the day shift, and then backfill the nightshift as they'd been training all day."
- People's assessments and care plans were person-centred and contained details of people's choices and preferences.

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.

- Information was available in ways which people could understand, including large print and easy read (where pictures were used to aid people's understanding).
- Staff understood how people communicated. They knew how people expressed themselves, so recognised if people were in pain or how they indicated their choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to take part in activities and outings of their choice. However, one relative told us this didn't always happen as some staff were not able to drive. The registered manager told us when this happened the service paid for the person and staff member to use public transport.
- Staff supported children to access education. A representative from the school told us the service were now much more reliable in ensuring children got to school. They wrote and told us, 'I can feedback that between September and December 2018, six school days were missed due to no carer being available for the young person. This was again challenged at the time and since January 2019 only one school day has been missed which is a significant improvement.'

Improving care quality in response to complaints or concerns

- People, parents and relatives could share any concerns with staff who supported them. Parents and relatives knew how to make a complaint and told us they would be listened to by the management team.
- One parent said, "I have no problem complaining I go to [name of staff member] as I have more contact with [them]. If the problem is bigger than that, which is very rare, I go to the manager."
- The registered manager told us they encouraged an open culture where people, parents and relatives felt able to raise issues.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The support of health care professionals was available to care and support people at the end of their life. The registered manager told us people were supported to make decisions about their preferences for end of life care.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Leadership had improved with the appointment of the new registered manager. However, further work was needed to ensure reliability and consistency. The management team were confident the introduction of the permanent contracts for staff would contribute to this.
- Most parents and relatives told us leadership had improved. Comments included, "Yes I do think [registered manager] has made a difference. I feel I have a good service, [registered manager] checks your home and equipment and things to make sure that the [staff] are safe in your home, which has never happened before" and "I'm neutral on this, it's not bad but it's not good. Things are just a better and were not being pushed from pillar to post."
- The management team demonstrated a commitment to continuous improvement to deliver a safe and high-quality service.
- The principles of the duty of candour were embedded within the registered managers practice. The registered manager was open and honest in response to any complaints and worked in partnership to make improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff morale was good. Staff told us the registered manager was approachable and lead by example.
- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since the last inspection the registered manager has worked hard to build relationships with people, parents and relatives to improve the quality of service received.
- The management team spent time with people, relatives and staff at meetings or at reviews of care. This allowed them to gain people's views and involve people in any changes being made to the service.
- People, parents and relatives could feed back on the quality of the service via surveys. We looked at the last survey completed in February 2019. The survey focussed on caring and the results were very positive.

- The service worked in partnership with other agencies.