

Interserve Healthcare Limited

Interserve Healthcare - Croydon

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

The inspection of Interserve Healthcare Croydon took place on 22 January 2016. The inspection was announced 48 hours in advance because we needed to ensure the registered manager would be in the office.

Interserve Healthcare Croydon provides personal care to adults and children in their homes. Many of the people using the service had multiple, complex health needs. At the time of our inspection there were 14 adults and 34 children using the service.

The service had a registered manager. 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 told us they were safe. Staff had good knowledge of how to identify abuse and the action to take if abuse was suspected. Care was planned and delivered to ensure people were protected against avoidable harm.

Staff were recruited using a thorough recruitment procedure which was consistently applied. Appropriate checks were carried out on staff before they began to work with people. This helped to ensure that people were cared for by staff suitable for the role.

Staff arrived on time and stayed for the time allocated. People were cared for by a sufficient number of suitably trained staff which helped to keep them safe and meet their needs. People were cared for by staff who had the necessary experience and knowledge to support them to have a good quality of life. There was continuity of care and staff understood people's needs.

People were protected from the risk and spread of infection because staff understood their responsibilities in relation to infection control and followed the procedures in place. People received their medicines safely. Staff were responsive to people's needs. Staff supported people to eat and drink a sufficient amount.

People were treated with respect, compassion and kindness. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care. People felt able to express their views and to give feedback on the care they received.

The registered manager understood what was necessary to provide a quality service and had a variety of systems in place to regularly check and monitor the quality of care people received.

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.

The provider had policies and procedures to minimise the risk of abuse to people and these were effectively implemented by staff. Risks to people were regularly assessed and staff had detailed guidance on how to manage the risks identified

Staff were recruited using a thorough recruitment process which was consistently applied. There were sufficient numbers of staff to keep people safe.

Medicines were effectively managed. Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to deliver the care people required. Staff were appropriately supported by the provider to carry out their roles effectively through induction, relevant training and regular supervision and appraisal.

Staff understood the main provisions of the Mental Capacity Act and how it applied to people in their care.

People were support to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health. The service worked well with external healthcare providers.

Is the service caring?

Good ●

The service was caring.

Staff were caring. People were treated with compassion and respect. People's privacy, dignity and values were respected. People felt able to express their views.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning. Staff knew people well. Where appropriate staff received specialist training in order to meet people's needs. People's care was delivered in accordance with their care plans.

There were appropriate arrangements in place to deal with complaints. People knew how to make suggestions and complaints about the care they received.

Is the service well-led?

Good ●

The service was well-led.

There was a clear management structure in place at the service which people using the service and staff understood. Staff knew their roles and accountabilities within the structure.

People, their relatives and staff felt able to approach the registered manager with their concerns. Staff felt supported by the registered manager.

There were comprehensive systems in place to monitor and assess the quality of care people received which the management and staff consistently applied.

Interserve Healthcare - Croydon

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.

The inspection took place on 22 January 2016 and was announced. The registered manager was given 48 hours notice of the inspection because the location provides a domiciliary care service and the registered manager is sometimes away from the office. We needed to be sure that they would be in. The inspection was carried out by a single inspector.

Before the inspection we reviewed information we held about the provider. This included their statement of purpose and routine notifications.

During the inspection we spoke with four people using the service and four people's relatives. We spoke with five staff members and with two members of commissioning teams from local authorities that commissions the service.

We looked at seven people's care files and five staff files which included their recruitment and training records. We looked at the service's policies and procedures. We spoke with the registered manager about how the service was managed and the systems in place to monitor the quality of care people received.

Is the service safe?

Our findings

People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I am not at all worried about the staff" and "I feel safe". Relatives told us, "I completely trust them", "[The person] is very safe. I wouldn't have them [staff] in my home if I didn't think [the person] was safe" and "I keep an eye on them but I've never had any reason to think [the person] isn't safe. If I did I'd be straight on to the manager".

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. The service had policies and procedures which gave staff information on what constituted abuse and guidance on how to report any concerns. Staff had received training in protecting people from abuse. Staff had good knowledge on how to recognise abuse and how to report concerns. We saw confirmation the service had acted appropriately to deal with allegations of abuse or concerns about a person's safety. Referrals were made without delay to the relevant local authority safeguarding team and the CQC. The manager and staff fully co-operated and participated in local authority safeguarding investigations.

Care was planned and delivered to protect people from avoidable harm. Staff arrived at the time they were due and stayed for the time allocated. People had individual risk assessments and care plans gave staff detailed information on how to manage identified risks such as, how to safely move people who had mobility difficulties. People's risk assessments were conducted to help ensure their safety whilst respecting their right to independence. The risk assessments we saw covered a range of daily activities and their associated risks including escorting people while in public, preparing meals and medicine administration. Equipment used to support people was checked during the risk assessment process to ensure it had been serviced recently and was in good working order. Before staff used equipment they were required to check the equipment and whether it was safe to use. Care coordinators carried out spot checks at people's homes to help ensure staff were taking into account people's risk assessments in the way they provided care

Staff assessed people's needs before they began to use the service. The number of staff required and their relevant experience to deliver care to people safely was also assessed. People with complex needs were allocated staff with the most relevant experience or staff were given specialist training to meet people's complex needs. People told us they received care and support from the right number of staff. The number of staff a person required and staff experience was reviewed when there was a change in a person's needs.

The service operated an effective recruitment process which was consistently applied by the recruitment administrators. Appropriate checks were undertaken before staff began to work with people. These included a screening process over the telephone to check whether applications had the required experience and aptitude, criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Staff had been trained in how to give people their medicines safely. Staff were required to complete medicine administration record (MAR) charts. Records demonstrated that staff fully completed these and that people received their medicines at the right time in the correct dosage.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. Staff told us they had an ample supply of personal protective equipment (PPE). People told us staff always wore PPE when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People were cared for by staff who had been appropriate training and support to carry out their role effectively. People commented on the staff, "They are very good. They really know what they are doing", "I think they are well trained" and "They are very professional". Relatives told us, "I have complete confidence in them and I rely on them", "we couldn't do without their expertise" and "I couldn't do without them". Staff felt supported by the management through relevant training, regular supervision meetings, staff meetings and annual performance review. Staff told us, "They provide good support for us", "We get a lot of training" and "If a problem arises, I can get support from someone straight away".

Staff were required to complete mandatory training as part of their induction. This included essential training such as moving and handling people, safeguarding adults and where relevant safeguarding children, and the safe administration of medicines. Staff told us they could access other training they felt would improve the support people received such as epilepsy awareness. Records indicated that staff attended regular supervision meetings where they discussed issues affecting their role and their professional development. Individual staff performance was reviewed during an annual appraisal. At staff meetings staff received guidance on good practice and discussed ideas on how the care they provided could be delivered more effectively. The provider supported and encouraged staff to obtain further qualifications relevant to their role.

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 people lack mental capacity to take particular decisions, any made on their behalf must be made 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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff had received training on the MCA. Staff we spoke with understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so.

People received the support they needed in relation to nutrition and hydration. Records demonstrated that staff assessed the support people required to eat and drink as part of the assessment process before they began to use the service. For example, some people's assessment stated they required support with the preparation of their meals. People's preferences were catered for. One person told us, "They prepare my meals the way I ask them to." Staff knew what represented a balanced diet and told us how they encouraged people to eat and drink healthily where appropriate.

Staff supported people to maintain good health and have access to healthcare services. People were

supported to attend their healthcare appointments and outcomes from these visits were documented. Changes or additional support needed as a result of these visits were communicated to staff. Staff were in regular contact with people's specialists, GPs, occupational therapists and district nurses. People told us that where there was a change or deterioration in their health staff promptly involved the relevant healthcare professional. People who used the service and staff had access to the contact details for healthcare professionals and a representative of the service if they needed to make contact outside of office hours or in the event of an emergency.

Is the service caring?

Our findings

People told us the staff were kind, caring and treated them with respect. People commented, "I'm happy with the carers, they're all very good to me" and "The carers are very patient and kind". Relatives commented, "We've had the same carers for many years and they're lovely." Relatives told us staff interacted and engaged with people in a positive and supportive way. Relatives said of the staff, "They know how to get the best out of [the person]", "They are very patient with [the person]" and "The carers are really good with [the person]" People were supported by staff in a way that maintained their dignity. One person told us, "I'm totally dependent on my carers for a lot of things but they make me feel very comfortable" Another person told us, "They respect me."

Staff spoke about people in a caring way and said they enjoyed working for the service. Staff commented, "I love this job and [the people] who I work with, "I know I am making a positive difference to people's lives", "I like that every day is different. I like the people I work with. You get to know them and their family really well" and "It's hard work but I find it rewarding".

People were involved and consulted about the care they needed and how they wished to receive it. People were involved in developing their support plans and their views were listened to and respected. The registered manager and staff knew people well, including their preferences and how they liked to be supported. They demonstrated good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them. People told us and we saw evidence that staff had formed meaningful relationships with people. A relative told us, "[The person] is very fond of her carers. They go out of their way to make [the person] happy. They are like friends or family."

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and registered manager. People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. Staff were aware of the importance of maintaining people's privacy and were able to give examples of how they applied this in practice. People told us their privacy was respected at all times when staff were in their home. One person told us, "They will always knock and ask if they can come into the room." One relative told us, "They do their best to make sure [the person] has their privacy." Care plans reminded staff to support people to be as independent as possible and made clear whether people needed to be prompted or assisted. A staff member said of people using the service, "Part of our job is to support and encourage them to do as much as they are able."

People's needs, values and diversity were understood and respected by care workers. Where a person spoke little English, the service tried to recruit staff who could speak the person's first language. Where this was not possible, staff providing care for people who spoke little English were encouraged to learn greetings and other basic phrases in the person's first language. This helped the person and staff to build a rapport.

Is the service responsive?

Our findings

The service was responsive to people's needs. People's comments about the service were positive. People told us, "I'm happy with the service. The carers are good" and "They are a great help". Relatives told us, "They do as much as they can for [the person] and "I have no complaints, they [staff] go out of their way for [the person] I couldn't ask for a better team". A community healthcare professional told us, "Whenever we have raised issues or made suggestions, they have been very receptive and taken steps to implement our recommendations."

People and where appropriate their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their personal goals as well as their personal care, dietary, social and health needs. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs.

There was continuity of care. People told us they were more often than not supported by the same staff. Staff were familiar with the needs of people they cared for. There was good liaison between the office and care staff which meant that where there was a change in a person's circumstances, staff were able to meet their needs without delay.

Many of the people using the service had complex health needs and/ or were unable to communicate verbally. Staff were given specialist training to meet people's specific needs. For example, people who had difficulty swallowing food and enough fluids were cared for by staff who had received specialist training in using the equipment required to support them to eat. Staff competency to use the equipment was checked by nurses employed by the service. People's care plans contained detailed guidance for staff on how to use the equipment people required.

The care staff were able to contact the nurses if they required extra support or guidance on clinical matters. People's care plans contained detailed instructions for staff on how to communicate effectively with people who could not communicate verbally. Staff supporting people living with diabetes had received training in how to manage the condition and their competency to do so was checked.

People knew the details of their care plan and told us their care was delivered in accordance with it. People told us they received personalised care that met their needs and gave us many examples of this. For example, one person who required several hours of care throughout the day requested that the care was provided in a less structured way and their care routine was adjusted accordingly. People were supported to follow their interests and spend time day-to-day in the way they preferred. We saw that staff went to great lengths to support a person who wanted to make new personal relationships

People and their relatives had opportunities to give their views on the care they received. People told us the registered manager was responsive to their comments and complaints. One relative commented, "[The

person] wasn't happy with their carer and when we made the office aware a replacement was sent." Another relative told us, "I am in regular contact with the office and they always do their best to do what I ask."

Is the service well-led?

Our findings

People and staff told us the service was well led. One person told us, "I think they are well organised." A relative commented, "They are consistent and I can always get hold of someone at the office if I need to." Another relative told us, "If I have a problem they do their best to sort it out." Staff told us the registered manager was approachable. They felt able to express their views and felt they had the registered manager's support when they needed it.

The provider had a clear set of values and a vision for the service. Staff told us they were made aware of these during their induction to the service and that the registered manager reminded them of the expected standards of conduct on an on-going basis during staff meetings. Staff spoke confidently about the values of the service and how they applied them in practice when providing care. One staff member told us, "Sometimes when I'm working with people who are going through a difficult time, thinking about the core values reminds me of the difference I can make." The registered manager told us, "Our values are at the centre of everything we do."

The registered manager displayed good management and leadership in relation to the way the service operated. There was a clear management structure in place which people and staff were familiar with. Office and care staff understood their roles within the structure and their responsibilities. There was regular interaction between care staff, clinical staff and the management in the form of staff and supervision meetings and unannounced "spot checks". "Spot checks" were carried out by the registered manager and clinical staff where they observed care staff providing care, to see whether they were providing care in accordance with people's care plans, followed the provider's procedures and to identify any training needs. We saw evidence that appropriate follow up action was taken through staff supervision and training if any improvement was required in relation to the skills staff displayed.

There were additional checks to ensure staff providing support had delivered the care as planned. For example, records of care provided were returned to the office and reviewed by office based staff to ensure they were accurate and up to date. If people's needs had changed, the service liaised with the local authority in order to organise an amendment to their care package so they received appropriate support.

We found that people's care and medical records and staff records were comprehensive, clear and up to date. They were appropriately stored and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised. Registered providers such as Interserve Healthcare Croydon must notify us about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.

The service conducted a variety of internal audits such as, a medicines audit and an audit of staff training. The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities to make improvements to its policies and procedures and to improve the quality of care people received. We saw that a check on staff punctuality identified some unacceptable standards. Records showed these shortfalls in performance were raised with staff during supervision

meetings and then monitored.

The registered manager was committed to improving the service. They were kept informed about relevant local and national developments in health and social care through guidance supplied by the provider and this information was shared with staff. Appropriate action was being taken to develop the service. The provider and registered manager were revising the service's quality assurance process and was using guidance for providers published by the CQC to ensure the service continued to improve and develop.