Interserve Healthcare Limited

Interserve Healthcare - Portsmouth

Inspection report

44b West Street
Portchester
Fareham
Hampshire
PO16 9UN

Tel: 02392382323
Website: www.advantagehealthcare.com

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18 April 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 12, 13 and 18 April 2016. The inspection was announced.

Interserve Healthcare Portsmouth, provides personal care services to people in their own homes. They provide services to adults and young people, some with complex health care needs. At the time of our inspection there were 6 people receiving personal care from the service. There was a combination of nurses and care staff; 40 in total, a senior branch consultant, branch consultant and a branch nurse who planned people's care. There was also 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.

During our inspection, staff demonstrated knowledge of how to recognise signs of potential abuse and there were systems in place to report concerns. The registered manager thoroughly investigated any safeguarding matters and acted upon them in a timely manner. There were systems in place to ensure medication was administered safely.

There were procedures in place to identify, assess and mitigate any potential risk to people's health and wellbeing. However, risk assessments were being removed from people's homes which could place people at risk of unsafe care if they were not immediately available to care staff. There was sufficient staff to support people safely according to their need. Recruitment processes were in place to ensure staff were suitable to care for people within their own homes.

Staff received an induction and ongoing training to ensure they had the knowledge and skills to effectively carry out their role. They were supported by the registered manager with supervision and appraisals.

People were encouraged to eat and drink enough to promote and maintain a balanced diet.

People were positive about the care they received. Care was provided by regular staff who knew people well, and with whom they had developed a good rapport. People's dignity and privacy was respected. Care calls were rarely late and there were no missed calls.

People's care plans were personalised and met individual needs. People were involved in their care planning, which was reviewed regularly and care was delivered according to the person's preferences and wishes. People knew how to complain about their care provision and complaints were logged, and dealt with according to policy.

There was an open and inclusive culture which was promoted by the registered manager. Staff felt able to raise concerns with the leadership which would be listened to and acted upon. Positive feedback was given to staff for achieving good outcomes.

Safeguarding notifications were not always sent to the Commission and we have made a recommendation about this. There were effective management procedures and processes in place to monitor and improve the quality of service 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?

Requires Improvement

The service was not always safe.

People were protected from avoidable harm and abuse. Risks to people's health and wellbeing were assessed and reviewed, however new systems in place could put people at risk of receiving unsafe care.

Safe recruitment processes were in place to ensure staff were suitable to provide care.

Procedures were in place to safely support people with their medicines.

Is the service effective?

Good

The service was effective.

Induction and ongoing training was provided, to ensure staff had the appropriate skills to perform their role effectively.

Staff received supervision and appraisals.

People with complex health needs were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were positive about their care experiences and were supported by regular staff who knew them well.

People were encouraged to be involved in their care planning and decisions about their care.

Privacy and dignity was respected and promoted by care staff.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and were assessed and reviewed according to the individual person's preferences.

People felt able to contribute to their care plans and to raise any areas of concern which would be acted upon.

Complaints were logged and dealt with in a timely manner, in conjunction with policy.

Is the service well-led?

Requires Improvement

The service was not always well led.

Safeguarding notifications were not always sent to the Commission and we have made a recommendation about this.

There was an open and supportive culture which was promoted by the registered manager.

There were management and auditing processes in place to ensure effective quality monitoring and improvement of service provision.

Interserve Healthcare - Portsmouth

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 12, 13 and 18 April 2016 and was announced. We gave the registered manager 24 hours' notice of our visit to make sure people we needed to speak to would be available. The inspection was carried out by one inspector.

Before the inspection, we reviewed previous inspection reports and other information that we held about the service; including information from people who used the service, and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the registered manager, senior branch consultant, the branch nurse and seven staff members, which included care workers and nurses. We spoke with two people using the service and two relatives.

We reviewed recruitment, supervision and training records for five staff. We also looked at records relating to the management of the service, including, risk assessments, audit records, management reports, policies and procedures and training records. We looked at the care plans for three people who used the service.

Requires Improvement

Is the service safe?

Our findings

People receiving care said they felt safe when personal care was provided, this was confirmed by relatives. One person said, "I have a lot of mobility problems and I always feel safe when my carers are with me." Another person said, "I see the same carers and that makes me feel confident, they know me and what I need."

During the inspection, staff demonstrated a good understanding of how to recognise and protect people from avoidable harm and potential abuse. The provider supported staff with safeguarding training to ensure staff felt confident in reporting any concerns they had. Staff felt that they could report any safeguarding issues to the registered manager, and their concerns would be investigated thoroughly without delay. Staff told us they were aware of external professionals they could go to outside of their immediate branch should their concerns not be dealt with appropriately, and they knew where to look for the whistleblowing policy if required.

Safeguarding concerns were investigated fully by the registered manager. The details of any safeguarding issues or incidents were shared with the provider's corporate clinical governance team who then produced a newsletter 'Lessons Learnt' which was disseminated to all staff to reflect upon improvements to be made within the service.

The provider used an assessment tool, to establish what risk assessments would be appropriate for each person to protect their health and wellbeing.

Risk assessments were usually kept in people's homes alongside their care plans for all staff to access when caring for people. However, there had been a corporate level directive to commence removal of risk assessments from people's homes, with a view to this information eventually being available online for staff to view. However staff would have to visit the office to read this information about people. This project was in its infancy and risk assessments were kept within the office in the interim. This meant people could be at risk of receiving unsafe care from staff because staff may not receive the most up to date information about risks to people before they commenced their care.

The provider followed safe recruitment practices. We looked at five staff members' recruitment files and saw that appropriate steps had been taken to ensure staff were suitable to work with people. Disclosure and Barring Service checks (DBS), professional references, evidence of qualifications (for registered nurses) and photographic identification checks had been made for all five staff records we looked at. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff felt that there were enough staff to provide a safe, reliable service for people. They felt their workloads were manageable. If any extra shifts were available, it was usually to cover calls for people they knew well and supported regularly. People told us that there were enough staff to cover their care calls and regular

carers attended to support them. People told us that calls were very seldom late and there were no missed visits. One person said, "the occasional call is late but the office ring me and let me know if my carer is late for any reason."

Medication training was provided by the branch nurse for all staff. Staff told us that they felt confident prompting medication and if they had any queries the branch nurse was there to support them. There was a medication policy in place which staff adhered to. Medication was not given covertly and people had no concerns about staff prompting or assisting with their medication. Medication records were audited by the branch nurse and if any anomalies were identified they were followed up and action taken.

Good

Is the service effective?

Our findings

People said carers had the knowledge and skills to care for them well. One person said, "My carers know every bit of my routine, they have been coming to me for a long time." Another person said, "I know they do lots of training, because we've talked about it. My carers are very well qualified and they know how to look after me."

Before providing personal care, staff sought consent from the person receiving care. One person said, "If I don't want to have personal care during a call, I'll tell my carer. [The carer] never pushes me, we will chat about it and [they are] very kind but if I don't want it done that's it, they never push me." A relative said, "Sometimes if [my relative] isn't feeling right, [my relative] might not want personal care, but the carers are so good, really calm. They talk to people and explain why it's important, but they wouldn't ever force anyone to have care that they didn't want." People had signed consent forms which were kept within their care plans.

Staff had a good understanding of the Mental Capacity Act 2005 and were aware of its principles and how to apply them in every day practice. The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as
possible. Training in the Mental Capacity Act was provided for all staff, with support from the clinical governance lead for any complex issues relating to the Act.

An induction programme was available for all new members of staff which included shadowing an experienced staff member. All care workers were required to complete the Care Certificate in addition to their mandatory training requirements. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate provides assurance that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Mandatory training included, medicines, safeguarding, moving and handling and equality and diversity. Staff were expected to refresh their mandatory training annually and records confirmed this. Staff were reminded when their mandatory training was due to be renewed by the registered manager, who had a process in place to alert them when staff required updated training.

Staff told us that they were supported to provide care by having individual supervision sessions every three months. Annual appraisals and spot check visits from the office staff were also provided. Records confirmed this. A spot check is an observation carried out at random. Staff felt their supervision, appraisal and spot check sessions were meaningful and feedback on their performance helped them to identify additional training and development needs.

Some people receiving care required support with maintaining a balanced diet. Where diet was identified as

a risk, personalised care planning and risk assessments were available for staff, explaining the types of food and drink that should be encouraged to maintain health and wellbeing, whether the person required assistance with feeding and what routines could be developed during mealtimes to encourage healthy eating practices. For example, sitting with people during meals whilst prompting and encouraging them to eat.

People were supported to receive healthcare services as and when required, which included attending hospital appointments. Within the community, people had access to health care professionals when they needed them such as District Nurses, occupational therapists, physiotherapists, and GP's. One person said, "if I need to see my GP, or go to the optician, my carer will help me with this."

Good

Is the service caring?

Our findings

People said they were treated with kindness and compassion by care staff and nurses. One person said, "I don't know what I would do without my carers. I would be lost without them. They are so kind, they really help me." A relative said, "I'm so grateful for the support given to (my relative), but I know that if I feel a bit down they (carers) cheer me up too." People spoke highly of the office staff also. We received comments such as, "they always listen if I have a problem and they do something about it too."

Compliments written in thank you cards were sent to the office, which were seen during inspection. They contained comments such as, "Thank you from our family for the invaluable service you have offered in what has been a difficult period. We are especially grateful to (name) for shouldering the greater part of the work with humour, compassion and great professionalism way beyond the call of duty." Another person had commented, "the Interserve team has made my life worth living."

The minimum call length to people receiving a service was three hours and this offered regular staff the opportunity to develop a good rapport with people. People told us that they were very involved in their care planning and had been encouraged right from their initial assessment to contribute to decisions made about their care provision, and that their views were listened to. Relatives were also encouraged to contribute and participate in assessments and care planning where the person was able to consent to this.

Staff gave good examples of when they had respected people's privacy and dignity whilst providing personal care. People told us about practical measures staff used during personal care routines to ensure their privacy and dignity was at the forefront of the care they received, such as staff closing doors, drawing curtains and covering people while assisting with washing. Independence was promoted wherever possible, with staff encouraging and supporting people to manage personal care tasks as much or as little as they were able to. Staff said they would be mindful of the use of modesty screens to promote privacy for people who could manage to wash independently but needed care staff at hand for support when required.

Good

Is the service responsive?

Our findings

People said they were satisfied their care plans met their needs. One person said, "Yes my care plan is fine. It tells my carers what I need help with, and someone comes out from the office to go through it with me now and again." Another person said, "My carers do look in my care plan to make sure there isn't anything new in there. When things change, the office come out and they change the book. After my calls the carers write down what they've done."

People's care plans reflected their personal preferences and individual needs. Some examples of this included how a person liked their clothes to fit and what their choice of attire might be. Another plan mentioned what one person liked to do when they went out and what things they liked to look at. The care plans recorded the objectives of the care provision and the individual person's desired outcomes. Staff confirmed the care plans contained sufficiently detailed and personalised information so as to enable them to support people according to their needs and preferences.

Care plans were kept online in the office as well as in the person's home. The plans included information regarding maintaining a safe environment, medication, mobility (including walking outside of the home environment/transfers and falls), eating and drinking, personal care and personal grooming, and promoting independence. There were also details of the next of kin, managing medical conditions, risk assessments and reviews. All were comprehensive and fully completed; they were detailed according to the individual persons' needs. Reviews were completed by office staff regularly. If a persons' needs changed, for example, if someone had been in hospital, staff would not wait until the next scheduled review to alter the care plan, it would be done as soon as possible post discharge. Risk assessments were completed fully with regular reviews having taken place.

Care workers recorded the daily care they provided in logs which were kept in people's homes. This information provided details of the care provided to people and observations of their general health and appearance. This information would be read by the staff member who next visited, which helped to give them an up to date picture of the person's health and well-being.

Copies of the complaints policy were kept in folders within people's homes. One person said, "If I wanted to complain about anything I would phone the office and they'd sort it out. I know that I can write in if I wanted to, but I like to sort things out by speaking to someone." Complaints were dealt with according to policy and within policy time constraints. The registered manager kept a file within the office of complaints that had been received. These had been dealt with in a timely manner and to the complainant's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with described the service as caring and well run. One person said, "the service is well organised, the manager is good, all the staff in the office are good. I don't think I would change anything." During inspection, we saw feedback from the registered manager to staff members, thanking them for their hard work and recognising positive outcomes and achievements.

Notifications had not been sent to the Commission. Records showed three safeguarding concerns had been received by the service and had been dealt with in line with the provider's policy. However, the Commission had not been notified of these concerns, following discussion with the registered manager it was agreed that notifications would be sent to the Commission as appropriate. We recommend the registered manager review the CQC Guidance for providers on meeting the Care Quality Commission (Registration) Regulations 2009.

Reporting and quality assurance processes were uniformed across all Interserve locations.
The registered manager provided information that fed into a weekly corporate report that ultimately provided a summary of the branch performance.

There was a quarterly satisfaction survey process in which a questionnaire was sent to people who received care from the service. The feedback from these surveys were collated and analysed by head office. Actions were raised for the branch to implement to improve service provision.

Some staff said there had been an online staff satisfaction survey, while others had not participated in this survey and were not aware of it. There was no clear evidence of any outcomes from the staff online survey.

Staff told us they enjoyed working for Interserve Portsmouth and were generally positive about working there. One care worker said, "There is nothing I would change about working here. I've been here a long time now. The other staff are friendly, our manager is supportive and I feel that I can go to [them] with any worries." Another said, "the management here are pretty good. They're friendly and welcoming. I've no complaints". The registered manager felt well supported by their line managers and peers within the organisation. There were regular managers' meetings where they could share information and learn from each other's experiences.

There was a morning handover for office staff and the registered manager, it gave them the opportunity to discuss any issues that had occurred the previous night and to look at covering calls in the event of a care worker or nurse reporting in as unwell. Staff said there were peer review meetings to discuss people's care plans, progress and how to improve care provision, which were held two to three times a year. However, there were no team meetings for all staff to attend. Staff felt they had regular contact with the office and confirmed the registered manager had an open door policy which they utilised when necessary.

There were quality monitoring processes in place. Examples of these included; infection control audits and

medication audits which were completed by the branch nurse. Any anomalies identified were actioned immediately and improvements made. Evidence of audits improving quality was observed during inspection. The daily care communication logs were audited monthly by the registered manager, to verify that the care provided was in accordance with the care plan. Where there were any discrepancies noted, the registered manager would address these with care workers.