

Interserve Healthcare Limited

Interserve Healthcare Birmingham

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 Birmingham provides personal care to adults and children in their homes. It also provides renal technicians to service the dialysis machines people use within their own homes. Many of the people who used the service had multiple, complex health needs. At the time of our inspection there were 8 people receiving personal care 4 of whom were children. The service also supported 32 people with renal technicians within the community.

At the last inspection in January 2016, the service was rated Good.

At this inspection on 20 July 2017 we found the service remained Good.

People received safe care from staff at Interserve. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused. Staff knew the risks associated with people's specific conditions and the actions required when people were at risk of harming themselves or others.

There were enough staff to meet people's care and support needs promptly. People received their medicines when they needed them.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported to make use of the services of a variety of mental and physical health professionals. People told us that staff were caring. People were supported by regular staff who spoke fondly about the people they supported.

Staff promoted people's independence and respected their privacy. People's care and support was planned with them so their care plans reflected their views and wishes. People told us that staff and the registered manager were approachable and would take action if they were not happy or had a complaint.

People and their relatives felt the service was well run. The registered manager was aware of their responsibilities to CQC the Commission. Staff enjoyed working at the service and felt valued team members. People had the opportunity to influence and develop the service they received. The provider and registered manager made checks to help ensure that good standards of care were maintained.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Interserve Healthcare Birmingham

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 checked 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 was a comprehensive inspection which looked at all five key areas.

This inspection took place on 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to meet with us. The inspection team consisted of one inspector 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. Their area of expertise was around receiving personal care within their own home.

As part of planning the inspection we reviewed any information we held about the service. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We asked the provider to complete a 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 improvements they plan to make.

We considered feedback provided to us by commissioners of the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This was received within the necessary timescale. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with ten people who used the service and the relatives of two other people. We also spoke the registered manager and two members of senior staff within the office. We met

and talked with two members of the staff team. After the inspection we spoke on the telephone to the lead clinical nurse and also the nurse based within the service.

We reviewed records including three people's care plans, staffing records, complaints, medication and quality monitoring.

Is the service safe?

Our findings

All of the people and relatives we spoke with told us they felt safe and they liked the care they received. One person told us "Interserve carers are perfectionists." Another person said, "I feel safe with my workers, they know what they are doing."

People were protected from avoidable harm and potential abuse. Staff received training and demonstrated they knew how to protect adults and children from the risk of abuse. One member of staff told us, "This company doesn't hire just anyone, they are particular, and people are ever so safe here." Staff we spoke with knew how to support people in order to protect people from the risks associated with their specific conditions and very detailed training and support was given to staff who supported people who had these. For example one member of staff told us that they had been on specific training in relation to autism in order to support a person well.

There were records of the risks associated with people's conditions and the action staff had to take in order to minimise the possibility of harm. There were clear records and protocols so any risks associated with people's conditions could be shared with other health professionals and timely action taken to keep people safe and well. Accidents and incidents were managed well which meant that people were protected from the likelihood of accidents happening again.

There were enough suitably trained staff to keep people safe. Some people who used the support of the renal technicians said that staff were often very late. The registered manager explained that the technicians had a specific contract that gave them a four hour window of time to attend to each person. We found that the renal technicians were operating within this contractual time frame. The registered manager told us that they planned to discuss this with people in more detail to ensure they had a good understanding of the service they received. People who received personal care however, told us that the staff were very timely and had no concerns.

Recruitment checks had been completed by the provider's human resources department to ensure people were supported by suitable staff. We saw electronic records that confirmed that the recruitment system of staff was safe. Staff managed medicines consistently and safely. The medicines were administered by staff who were trained to do so. People knew what their medicines were for and were supported to self-medicate if they wished. Regular audits and competency checks of staff ensured people received their medication as prescribed.

Is the service effective?

Our findings

People and relatives told us staff were good at meeting their needs. One person told us, "Interserve have pleasant and friendly staff." and another person said "My personal care is dealt with in a professional manner which I really appreciate."

People received care from staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. One member of staff told us, "I have had the training and support I needed. This company is the most thorough I have ever worked for."

Staff who supported people with personal care told us they had received a supportive induction and had been trained to give people effective care. The renal technicians we spoke with said they had been given very specialised and intensive training including a week's training and on-going competency checks throughout that process. The clinical lead told us and staff confirmed that staff's competencies were checked on a regular basis. This helped to ensure that people received appropriate and effective care that met their needs.

Staff we spoke with confirmed they received informal and formal supervision from senior staff on a regular basis to reflect on their practice. Staff demonstrated an understanding of people's rights to choose how they were supported and respected their decisions. 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. At the time of our inspection the registered manager told us that no one who used the service had reduced capacity. We found that the registered manager understood their responsibilities in relation to the Mental Capacity Act.

People told us that they did not need to be assisted with their food and drink as this was done by themselves or relatives. Staff were aware of people nutritional needs however as one person said, "My carers get me to eat properly because I don't and I'm lacking nutrition." We noted however that staff had received training in food hygiene should people require this support in the future.

People were supported to access health professionals. The renal technicians were very clear that they took direct advice from the hospital in all matters relating to a person's physical health. We saw clear protocols that they told us they followed. The registered manager had good oversight of the health conditions of people receiving personal care and they were visited once a month by the branch nurse to review their care package and to ensure people's continued good health. This ensured people received prompt and appropriate support when needed.

Is the service caring?

Our findings

People told us they found staff to be caring. One person told us, "The carers are perfect; I have banter with them, laugh and a joke so I'm happy overall." Another person said, "They brighten up my day...staff get me out of the dumps." A member of staff said, "Staff are passionate about their role, they really care about people and go the extra mile." Another member of staff told us, they treat people like adults."

People were supported by regular staff who knew and understood their history, likes, preferences and support needs. Staff spoke very warmly about the people who used the service and how they enjoyed supporting them. Records showed that people were regularly approached to review their care and identify if they would like to make any changes. This helped people to feel listened to and included in how the service was run.

People had their privacy respected. Staff told us they respected people's privacy and they took care to ask permission before supporting people with personal care. People and relatives we spoke with confirmed this. One person said, "They introduce themselves on each visit." During discussions with staff we found that the relationships between staff and people they supported consistently demonstrated dignity and respect. People were supported to maintain their independence. One person told us, "On an outing staff make sure I've got my wallet, money and phone. I go on a mobility scooter to allow my own independence."

We checked staffs understanding of confidentiality. Staff could describe ways in which they kept people's personal information confidential. The registered manager understood their responsibilities in relation to data protection. These practices meant people could be confident that their personal information would not be shared.

Is the service responsive?

Our findings

People and their relatives told us that the service was good. One person said, "Interserve are a pretty good service overall." Another person said, "They are accommodating to a high standard."

People were actively involved in developing their care plans and were supported by staff who had the skills to assess their needs and knowledge about people's preferred communication styles. People were actively supported to express their views and take part in the planning of their own care. For example the registered manager told us that people were given a choice of who was in their care team. This enabled people to meet various carers when they started using the service, and then people chose who they wanted to be their carer.

Care records we saw were person-centred and contained information about people's personal preferences, daily routines and life history. We saw that this identified what was important to people. The registered manager told us and people confirmed that they helped to choose their own carers and therefore had a choice of the carers gender and culture in order to meet their own needs.

Systems were in place to make sure changes to people's care was recorded in their care plans and were communicated to staff and other health professionals. The staff were able to contact the nurse if they required extra support or guidance on clinical matters. We noted that care records were reviewed and up to date.

People and their relatives knew how to make a complaint and felt that they would be listened to. The procedure to make a complaint was clearly outlined in the information people had received when they began to use the service. Complaint records showed that complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. We saw that formal complaints and incidents were clearly recorded along with the actions taken to improve the service and to prevent similar issues from reoccurring.

Is the service well-led?

Our findings

All the people and relatives we spoke with told us that they felt that the service was well run. One staff member said "I would use this company for my loved ones, it's the best company."

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.

The registered manager was present during our inspection and was aware of their responsibilities to the Commission and knowledgeable about the type of events they were required to notify us of, for example if there was a serious safeguarding incident. Their latest inspection ratings were displayed appropriately and they could explain the principles of promoting an open and transparent culture, and were aware of their duty of candour.

Senior staff lead by example and were available to staff for guidance and support. They provided staff with constructive feedback and clear lines of accountability. Members of staff told us that senior staff were supportive and led the staff team well. Staff understood their roles and felt appreciated and supported. This helped to ensure that people were supported by staff who knew what to do and where to seek help if needed.

There were clear systems in place to ensure people were involved in commenting on how they wanted to be supported. People's care plans were updated in response to people's needs and wishes.

The provider monitored the quality of care provided and had a comprehensive electronic recording and monitoring system. The service conducted a variety of internal audits such as, a medicines audit and an audit of staff training. We saw they had taken action when necessary to improve the care people received. We found 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 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 their own study. This information was then shared with staff. Action was being taken to develop the service. The provider and registered manager were revising the service's quality assurance process and were using guidance for providers published by the CQC to ensure the service continued to improve and develop.