Interserve Healthcare Limited

Interserve Healthcare - Leeds

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an announced inspection carried out on the 20, 24, 26, 25 and 27 July 2017.

At our last inspection in March 2016 we identified three breaches of regulations. We found systems and processes were not operated effectively to report allegations of abuse in a timely way and systems were not in place to assess, monitor and improve the quality and safety of the service provided. We also found staff did not receive appropriate support through a robust programme of training.

At this inspection we found the provider had taken action and they were now meeting the requirements of these regulations. However, we recommended that quality assurance systems were reviewed to make sure they were strengthened. We saw there were processes in place to monitor and improve the service, however we found this had not always identified gaps on Medicines Administration Records (MARs). The manager had already begun to take action in response to this.

Overall, staff showed a good understanding of promoting choice and gaining consent from people. However, the registered manager and staff were not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated codes of practice.

The service is registered to provide personal care and/or treatment of disease, disorder or injury to people living in their own homes. Children and adults were supported. Three separate types of service were delivered; a service for people with complex health care needs, a home renal dialysis service and a service for people who required treatment through intravenous therapies.

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 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 home intravenous therapies part of the service was managed by a central team and the manager of Interserve Healthcare- Leeds did not have day to day management oversight of this service. During the inspection we were told that the provider had identified a manager for the intravenous service and a separate application for their registration was to be made.

People who used the service told us they felt safe when using the service. Staff understood their responsibilities under safeguarding and we found safe recruitment procedures were in place. Overall medicines were managed safely and people told us they received good support with their medicines. We saw risks were well managed, and staff understood how to ensure these risks were minimised.

There were enough staff employed to provide support and ensure that people's needs were met. Staff received appropriate supervision, appraisal and training to enable them to carry out their role. Staff spoke

highly of the support and training the received.

People who used the service told us staff were well trained, caring and kind. Staff showed a good knowledge of the people they supported, and understood how to maintain people's privacy and dignity. Staff described the care they delivered in a person centred way. It was clear they had developed positive relationships with people.

People were supported to maintain good health and staff had a good awareness of how to support people with nutrition and hydration.

Care plans were reviewed regularly, and we saw people were involved in this process. Staff received timely updates to ensure they were aware of any changes in people's needs.

There were systems in place for responding to people's concerns and complaints. People told us they knew how to raise concerns if they had any.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

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 consistently safe.

Overall medicines were managed safely however, some improvements were needed to ensure the records reflected this.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns in a timely way.

Recruitment was managed safely and there were enough staff to meet people's individual needs.

Is the service effective?

Requires Improvement

The service was not always effective.

The manager and staff were not always acting in accordance with the requirements of the Mental Capacity Act 2005 and associated codes of practice.

People received support from staff who received regular, relevant training and guidance.

People had access to healthcare services when required and their nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people who used the service.

Staff understood how to treat people with dignity and respect and were confident people received good care and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans had been

developed from this information.

People had contributed to the planning and review of their support needs. They received person centred support based on their preferences and wishes.

The provider had effective systems in place to ensure complaints were well managed.

Is the service well-led?

Requires Improvement

The service was not consistently well- led.

The registered manager did not maintain overall management responsibility for all aspects of the service provision.

Quality assurance systems. although much improved from the previous inspection, had not always been robust enough in identifying some areas where improvements were needed. We made a recommendation that the systems in place were strengthened to take account of this.

Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

Interserve Healthcare - Leeds

Detailed findings

Background to this inspection

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

This inspection took place on 20, 24, 26, 25 and 27 July 2017and was announced. During this time we spent two days at the provider's office and made telephone calls to staff, people who used the service and their relatives. The provider was given short notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of domiciliary care services and carried out telephone calls to people who used the service and their relatives. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders and Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection, the provider completed 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.

At the time of the inspection, there were 25 people using the service. During our inspection we spoke with two people who used the service, six relatives, five staff, the manager, the branch nurse and two client care

managers.

We spent time looking at documents and records related to people's care and the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2016 we found people were not always safe because systems and processes were not operated effectively to appropriately report allegations of abuse. At this inspection we found the provider had made the required improvements in this area.

There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. Staff were aware of the provider's whistleblowing policy. Staff said they had received training in the safeguarding of vulnerable adults and children, and the records confirmed this. Staff told us they felt confident any concerns they reported to the manager, branch nurse or client care managers would be dealt with. One staff member said, "They have people's best interests in mind always."

We looked at three people's medication administration records and found there were some gaps where staff had not signed to say medication had been administered or had not used the correct coding system to show medicine had been omitted. On each occasion, the daily records noted medicines had been administered or omitted on the advice of a health practitioner. The provider had an audit system in place to check medication administration records (MARs) to ensure medicines were administered correctly. We found the audit had not been fully effective in identifying all the gaps we found. On the second day of our inspection, the manager told us a more in depth checklist was to be used when checking MARs in future and any shortfalls would be addressed through an action plan.

Some people were prescribed topical lotions and creams. We found for one person the MAR did not have clear instructions on the use of these items. The person's care plan did not have any detail of what the creams and lotions were used for or what part of the body they were to be applied to. When we spoke to staff they could however tell us how these prescribed creams and lotions were used. The manager told us they were reviewing the pre- printed pharmacist supplied MARs as they found they could capture more detail and guidance on instructions if they produced their own MAR.

The manager was aware of the recently introduced National Institute for Health and Care Excellence (NICE) guidance, Managing medicines for adults receiving social care in the community. The manager told us this was incorporated into the medicines policy to ensure good practice.

People who used the service or their relatives told us they or their family members received their medicines as prescribed and had no concerns about how this was managed. One relative said, "We share the responsibility for giving (medication) and when they (the staff) do it, they write everything down on the MAR chart. I've double checked it so I know it's right."

Records showed staff had completed training in the safe handling of medication and their competence was assessed regularly. Staff told us the branch nurse carried out spot checks and had assessed them when providing support with medicines.

People who used the service or their relatives told us they or their family members felt safe and well supported. Comments we received included; "My [family member] is very safe with the nurses. I have absolutely no worries at all about safety" and "My [family member] is very safe with them. More importantly she is happy and looks forward to the carer coming in."

Risks to people who used the service were appropriately assessed, managed and reviewed. These covered areas of support such as moving and handling, chest physiotherapy, use of mobility aids, falls and nutritional risks. This meant staff had information to help keep people safe and maximise independence. Records demonstrated that prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for staff to work in. We also saw the provider checked any equipment people used had been serviced and was fit for its purpose. For example, a hoist used for moving and assisting people.

Staff were able to describe the risks people faced and what they did to prevent and manage risk. Staff showed good knowledge on how they would recognise and respond to medical emergencies such as pulmonary aspiration (when food, stomach acid, or saliva is inhaled into the lungs) and autonomic dysreflexia (uncontrolled high blood pressure). We saw staff were trained in emergency aid.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children. The provider had systems in place to ensure timely checks with the nursing and midwifery council were made to ensure the nurses employed by the service had active registrations to practice.

People and their relatives told us they were overall provided with consistent regular staff. They said they had regular carers or nurses and they knew them and their family members' needs well. One relative said, "It has a big (detrimental) effect on her if it's somebody she doesn't know. She has to have regular deep suction and if it's not her regular nurses she is very poorly afterwards. Thankfully we have had the same nurses for a long time so I really don't want anything to change." Another relative said, "They are usually on time. I don't have any concerns about that and they don't clock watch when they are here." However, one relative said they had occasionally experienced difficulties at weekends getting the cover they needed for their family member and being provided with staff who were not familiar with the needs of their family member. They told us; "I can't fault the two regular carers; they are marvellous but when they are off they have sent people who have no idea of the needs of my [family member]." We discussed this with the manager who said this should not have happened and they would review why this had occurred. Following the inspection, the manager told us they had reviewed rotas for the last few months and could find no evidence of inappropriately trained staff being provided to anyone who used the service.

Staff told us they worked in small teams to provide the care people needed. Some staff provided live-in care on a rota basis for people who used the service. Some staff accompanied people to school or adult social care placements. All the staff we spoke with said there were enough staff available to meet people's needs in a consistent way. Records we looked at showed people were provided with consistent staff.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in March 2016 we found staff did not receive appropriate support through a robust programme of training. At this inspection we found the provider had made the required improvements.

People who used the service or their relatives said they felt the staff were well trained and had the right skills and knowledge to meet their or their family member's needs. People's comments included; "I think the staff are well trained and know what they are doing", "They do their very best. I can't say more than that", "They have really reassured me and given me a lot more confidence" and "The nurses who come are well trained, kind and caring."

Staff told us they received a good induction which had prepared them well for their role. One staff member said, "I felt very confident with everything; the training was so good." Records we looked at showed induction training was based on the particular competencies needed to care for and support people as individuals. This included skilled clinical support such as tracheostomy care and percutaneous endoscopic gastrostomy (PEG) feeding. This is where a tube is passed into a person's stomach through the abdominal wall; most commonly to provide a means of feeding.

Induction training also included a number of mandatory training topics that all staff completed and received annual refreshers in. Topics included; moving and handling, medication awareness, health and safety, safeguarding children and adults and fire safety. Records showed staff's training was mostly up to date and where any updates were needed these were planned.

Staff's competence in their role was assessed on an annual basis or sooner if needed. For example, if a new piece of equipment was to be used for any procedures undertaken. Any specialist training required was provided. This included training for staff, who were known as renal technicians, in continuous ambulatory peritoneal dialysis. (A type of kidney dialysis carried out in people's homes).

Staff told us they felt well supported in their role and that they received regular supervision and an annual appraisal, which gave them an opportunity to discuss their roles and options for development. Records we reviewed confirmed this to be the case.

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, 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 live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

Records we looked at showed people's capacity was assessed at the start of service delivery. However, capacity assessments were not specific to the decision to be made, for example, the use of bed rails or other

forms of restraint. The manager explained that the people who had these generic assessments of capacity in place had transitioned from children's services where parents had parental responsibility for decision making and the need for best interest decision making in line with the MCA had been overlooked since they had become adults. During our inspection, the manager contacted a physiotherapist and specialist nurse who confirmed best interest decision processes would be followed to show how the use of bedrails and restraint were used in the peoples' best interests. After the inspection we spoke with the manager who confirmed best interest meetings had now been completed to show how the decision to use equipment had been agreed in the best interests of people who did not have the capacity to agree to its use themselves.

We also noted that some people may be deprived of their liberty and the manager confirmed they had been assessed as such. The records for these people stated they must be referred to the commissioning authority for a formal capacity review to see if a court of protection order was required. This policy had not been followed and no action had been taken to protect the rights of people in these circumstances. After the inspection, the manager informed us the assessments had been completed wrongly and these people were not deprived of their liberty and records had been updated to reflect this. The manager also told us of a new person about to commence use of the service. The manager said their assessment had indicated this person was at risk from a deprivation of their liberty and the person's care manager was involved to ensure an application to the court of protection was made.

One person's care plan was not clear about their level of capacity. In one part of the plan it was noted they could answer yes or no if provided with simple choices. In another part of the plan it stated the person had no understanding of the spoken word. This inconsistency could lead to the person's rights to make choices being overlooked.

We concluded this was a breach of Regulation 11, Need for consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they or their relatives were able to make their own decisions and that their preferences were taken into consideration. One person said, "They never do anything without asking me if it's alright even though they do the same things each time." Another person said, "They always have a chat with [family member] and explain everything that they need to do. They are so patient and never mind how many times they have to go through things with him."

Staff we spoke with were overall able to give us an overview of the MCA; its meaning and could talk about how they assisted people to make choices and decisions and respected these. One staff member said, "It is important to respect people's rights and choices even if we don't agree with them." One staff member was unsure if they had completed training on the MCA but did say they knew it was about people making choices. They also said, "I think it is about consent."

The service provided support to some people with their meals. Staff told us they made meals of people's choice and were aware of any special guidance in place to assist people to eat and drink safely. Staff told us of the importance of good nutrition and hydration for people who used the service.

Staff said they were trained to recognise deterioration in people's health such as pressure ulcers or urine infections. They said they would always take action such as contacting the branch nurse for advice or ringing a person's GP if they felt that was needed. Records we looked at showed people were supported to maintain good health and had access to the healthcare services they needed. The staff teams worked with other health professionals to ensure people's needs were met properly.

Good

Is the service caring?

Our findings

People who used the service and their relatives spoke highly of their experience. People said staff were understanding around confidentiality and were both kind and compassionate. Comments we received included; "I think the nurses are marvellous. It's a real weight off my mind having them", "The nurses really go the extra mile all the time", "The regular carers don't only support my relative but they are kind to me as well and I feel supported by them" and "The regular carers are brilliant. I can't speak too highly of them. They are so kind to my [family member]. They understand her needs and she is very familiar with them."

People told us staff were respectful and polite and observed rights and dignity well. Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff told us of the importance of making sure care was carried out in private. They said people were kept covered as much as possible, curtains were closed, people's confidentiality was respected and people's chosen names were used.

Staff spoke of being mindful that they were working in someone's home and being aware of other family members who lived in the home. One staff member said, "It is important to give people privacy and time with their family or friends." Staff told us they were trained in privacy, dignity and respect during their induction and their practice was observed during spot checks to ensure care and support was provided in this manner.

Staff also spoke of the importance of maintaining independence for people who used the service. They said they always encouraged people to do what they could for themselves to maintain dignity, pride and self-esteem. One staff member said, "It's good to see people do what they can and I'm sure it makes them feel better."

Staff were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them such as wearing make-up and having time with friends or grandchildren. Staff spoke with warmth, kindness and compassion about people who used the service. It was clear they had developed positive relationships with people who used the service and their relatives. Staff spoke of a person who engaged in a hobby they enjoyed prior to using the service and how they were encouraging them to try and take this up again.

Care records did not always have detailed information on people's life history. The manager said they would look at including more of this information in people's care plans to enable a more person centred approach to care delivery and allow new staff to get to know people more easily.

Records showed people who used the service and their relatives had been involved in developing and reviewing their care plans. One person told us, "They came and talked to us about what we needed and there has been somebody coming about every six months to check on things. One of the managers attends the person centred planning meetings as well so we're all singing from the same hymn sheet."

The manager told us that no one who used the service currently had an advocate. They were however, aware of how to assist people to use this service if needed.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service. This information was used to write a series of care plans to show how care and support needs would be met. Assessments included the people who used the service, their family if appropriate and the local authority or health commissioners. Assessments were comprehensive and detailed and care plans were drawn up from this information.

We looked at care records for five people who used the service. Overall staff were provided with clear guidance on how to support people as they wished. People's clinical support needs were described in detail and explained the procedures required such as oral suction and chest physiotherapy. Some care records described the person centred, individualised way people liked their care. For example, one person preferred a wash in the mornings and the care plan said the person would give instructions on how this was to be done. Another person liked to have clean socks and pyjamas on for bed. Copies of some care records were not available at the location. The manager said they would make sure copies were obtained to keep on file should referral need to be made to them by the management team.

We saw care plans were reviewed regularly to ensure they were kept up to date with changes in people's needs or preferences. Staff said there was a system of text messaging in place to ensure staff received timely information on changes to care needs.

We noted from our review of people's daily records that staff recorded the person centred care they delivered such as spending time with people on social activities and making sure people's favoured skin care routines were followed. This information was not always reflected in their care plans. We discussed this with the manager who said they would look at making sure more person centred information was included in the care plans so there was no risk that important needs and routines were overlooked.

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. They said they had never been in a situation where they did not know what people's needs were. One staff member said, "Everything you need is in the care plan and you are never left not knowing what to do."

People told us they knew what to do if they had any concerns or complaints about the service. However, most of the people we spoke with were keen to say they had no complaints. People's comments included; "If I was worried about anything I would have no problem in ringing the office. I don't honestly know what they are like because I've never had to complain about anything", "I must stress that I've got no complaints at all" and "I have no complaints at all. I don't know what I'd do without them [the care staff]."

The service had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We reviewed the complaints log and saw no complaints had been raised with the service for a number of years. Staff we spoke with knew how to respond to complaints

and understood the complaints procedure. Staff said they would always try and address people's concerns as they came up but were aware of people's rights to make complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in March 2016 we found systems were not in place to assess, monitor and improve the quality and safety of the service provided. At this inspection we found the provider had made improvements; although issues we found about the recording of medicines administration and adherence to the principles of the MCA had not all been identified through the audit systems in place. We recommend the provider reviews their quality assurance systems to make sure they are more robust and include checks on MCA and DoLS.

The provider had systems and processes in place to ensure quality in the service was monitored and improved. Regular spot checks and observations of staff took place to ensure they delivered care and support appropriately. We saw records were made of these and any actions identified were addressed. Daily record logs were checked on a monthly basis to ensure staff were delivering the care and support people needed. MARs were checked monthly and some concerns had been identified and addressed. For example, the need to have a more detailed MAR to give staff more guidance on how medications were to be administered and where a medication had been administered in error.

A quarterly clinical assurance review was carried out by the provider's central auditing team. Areas of audit included; clinical risks, training, safeguarding and incident management, care records audits, audits on spot checks and safety alert responses. We looked at the audits completed in March and July 2017. We saw they were conducted over several days and an action plan was drawn up to identify any shortfalls that were to be addressed. The action plan from March 2017 had been completed and this was reflected in the findings of the latest audit in July 2017 which indicated improvements had been made in the service.

We reviewed accident and incident records and saw these were reviewed by the manager, in a timely way, to establish how to prevent a similar event or any learning. Staff were aware of their responsibilities to report any accidents or incidents. There were systems and procedures in place to ensure notifications of incidents occurring at the service had been made to the CQC appropriately and in line with their registration requirements.

People who used the service and their relatives were asked for their views about the care and support the service offered. Regular telephone monitoring took place to enable people to give their feedback on the service. We looked at a sample of these and saw there was a high degree of satisfaction with the service. No suggestions for improvement had been made.

There was a registered manager in post who was supported by a branch nurse, two client care managers, a team of nurses and support workers. The manager told us they received good support from the provider and systems of reporting and communication were clear.

It is a condition of the provider's registration that they must ensure the regulated activities of personal care and treatment of disease, disorder or injury are managed by an individual who is registered as a manager in respect of the activity, as carried on at or from all locations. We found the home intravenous therapies part

of the service was managed by a central team and the manager of Interserve Healthcare- Leeds did not have day to day management oversight of this service. This meant they did not manage situations that may occur such as complaints, safeguarding and incidents to ensure they were dealt with appropriately. The provider managed these types of situations from the central team. We were informed during the inspection that the provider had identified a manager for the intravenous service and a separate application for their registration was to be made to ensure this service was managed appropriately. This had not been submitted at the time of our inspection.

Overall people told us they were satisfied with the service they received. One person said, "I've been told there have been a lot of changes in the management and the office but it hasn't made any difference to us at all. I don't have much contact with them (the office) because I've no concerns." However, one person told us they did not find the management team responsive. They told us they found communication and organisation from the office was lacking. They also said there had been communication problems with the on-call service. After the inspection we reported these concerns to the manager who told us the on-call records were reviewed each day and there had not been any problems reported recently. The manager said they would continue to keep these records under review and check timely responses were made.

Staff spoke highly of the management team and spoke of how much they enjoyed their job. It was clear they were supported and encouraged to provide a person centred service. They said the management team came out to see them delivering the care and support to ensure good standards were maintained and they were aware of issues that affected the service. Staff's comments included; "They like to know we are doing a good job" and "We get visits from the [name of branch nurse] to make sure everything is being done as it should be."

Staff said they found the management team approachable and were confident they had a good working relationship with them. One staff member said, "I feel comfortable to ask anything." Staff spoke of the meetings they had and that they found them useful to encourage good communication and consistency. We saw a new system of meetings in the groups staff worked in had been introduced. These were called peer group meetings. Topics discussed included; reminders to complete MARs accurately, punctuality, new equipment for people who used the service and thanks for hard work. Staff told us they felt valued and able to make suggestions or raise concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and staff were not acting in accordance with the requirements of the Mental Capacity Act 2005 and associated codes of practice. Where people were unable to consent to their care and treatment the principles of the MCA were not always followed.