

Interserve Healthcare Limited

Interserve Healthcare - Shropshire & North Wales

Inspection report

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Date of inspection visit:
02 July 2019
03 July 2019

Date of publication:
30 July 2019

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

About the service

Interserve Healthcare is a domiciliary care agency which provides assistance with personal and nursing care to people living in their own homes.

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

People felt safe with the staff who supported them. One person said, "I get a rota so I always know who will be visiting me. If there are new staff, they are always introduced to me." Risks to people were monitored and procedures were in place to help keep people safe. There were safe systems for administration of people's prescribed medicines. People were supported by adequate numbers of staff who were safe and competent to work with them. People were protected from the risks associated with the control and spread of infection.

People were supported by staff who were well trained and competent in their role. A relative told us, "The staff are definitely on the ball and they're very skilled at what they do. I know they get a lot of training." People were assessed before they used the service to ensure their needs and preferences could be met. Staff understood the importance of ensuring people's rights were understood and protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health care and nutritional needs were monitored and understood by staff.

People were supported by kind and compassionate staff who ensured they were fully involved in decisions about their care. People were treated with respect and their right to privacy was understood and respected by staff.

People and their relatives told us they received a service which met their needs and preferences. One person said, "I have the same staff all the time and they are all so lovely. They are like good friends." A relative told us, "My [relative] always smiles when the carers arrive. I know they are happy and comfortable with them." People's communication needs were assessed and understood by staff. People were provided with information in a format which met their needs. People felt confident that any concerns would be taken seriously, and action would be taken to address them. There were systems in place to ensure people's preferences during their final days and following death were understood and respected.

The service was effectively managed by a team who were committed to providing a high standard of person-centred care. The provider and management team promoted an open and honest ethos and learned from mistakes. Staff were motivated and well trained and there were effective systems to ensure staff remained competent in their role. People's views about the service were valued and there were effective procedures in place to continually monitor and improve the quality of service people received.

Rating at last inspection

The service was rated good at our last inspection (report published December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Interserve Healthcare - Shropshire & North Wales

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal and nursing care to people living in their own homes.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to obtain people's consent to contact them.

Inspection activity started on 2 July 2019 and ended on 3 July 2019. We visited the office location on 2 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered managers, nurses, care workers and office staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the staff who supported them.
- One person said, "I get a rota, so I always know who will be visiting me. If there are new staff, they are always introduced to me." A relative told us, "We have the same staff and always know who is visiting. Staff wear a uniform and have ID badges as well."
- The provider's systems ensured people were protected from the risk of abuse.
- Staff received training about how to recognise and report abuse, and they were confident concerns would be taken seriously.
- A member of staff told us, "I've never seen anything concerning but I would pick up the phone and report it straight away if I did."

Assessing risk, safety monitoring and management

- Risks to people were considered and there were plans in place to manage and mitigate risks.
- Assessments were in place to identify risks from people's care, their home environment and healthcare conditions.
- Risk assessments and care plans were regularly reviewed to ensure they remained effective.
- People and staff told us they had access to an out of hours contact number. One person said, "I can contact somebody day or night if I need to."

Staffing and recruitment

- The provider followed safe recruitment procedures and made sure only staff who were suitable to work with people were employed.
- The provider ensured there were enough skilled and experienced staff available to meet people's needs.
- A person's relative said, "The staff always arrive on time and they don't leave before they should."

Using medicines safely

- People were supported to take their medicines by staff who were trained and competent to carry out the task.
- Medication administration records (MAR) provided information about people's prescribed medicines, the dose and time the medicines should be administered.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.

- Staff had access to sufficient supplies of personal protective equipment (PPE) and people told us staff used these when assisting them.
- One person told us, "The staff always wear gloves and aprons when they help me."

Learning lessons when things go wrong

- The registered managers maintained a record of any accidents or incidents which they reviewed each week. This helped to identify any trends.
- Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- There was a culture of learning from accidents and incidents which was shared with staff. The provider alerted staff through newsletters.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and training to meet their needs.
- One person said, "All the staff are very good, and they know what they are doing." A relative told us, "The staff are definitely on the ball and they're very skilled at what they do. I know they get a lot of training."
- A member of staff said, "The training is really good, and we get reminders when refresher training is due."
- Before staff started working at the agency they completed an induction programme which gave them the basic skills to work with the people who used the agency. They also received training to meet people's specific health needs.
- New staff worked alongside and shadowed more experienced staff before they worked alone with people.

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- A member of staff said, "When we get a referral from hospital we go and meet the patient and then carry out an additional assessment when they return home."
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- Where people required support to eat and drink, information about their needs and preferences was recorded in their plan of care.
- At the time of our inspection there was nobody who was at risk of malnutrition or dehydration however, one of the registered managers informed us that any concerns would be referred to the person's GP.
- There were detailed care plans in place for people who required their intake via a percutaneous endoscopic gastrostomy (PEG). Only staff who were trained and competent supported people with a PEG.

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

- Staff worked well with external professionals to ensure people's health care needs were met. This meant the agency could make prompt referrals and seek advice where concerns were identified.
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals.

- A person who used the service told us, "The nurses are brilliant. They noticed something was wrong with me before I did and they got straight on to the hospital."

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

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.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection there was nobody who lacked the capacity to consent to their care or treatment.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- A member of staff said, "You must always assume a person has capacity and respect their decisions. I would let the management know if I had any concerns."
- Care plans had been signed by people confirming their consent to the care they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were supported by kind and respectful staff.
- One person said, "I have the same staff all the time and they are all so lovely. They are like good friends."
- A relative told us, "My [relative] always smiles when the carers arrive. I know they are happy and comfortable with them."
- A member of staff said, "I believe all the staff are passionate about providing the best care possible. We've had some great feedback from patients. It's rewarding being able to provide this service as it's given people their lives back as they are not having to travel to hospital every day for their treatment."

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

- People and their relatives told us they were fully involved about the care they received.
- One person said, "The carers do things just how I like them. If I want things done differently they are very accommodating."
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. One person told us, "I specifically requested only female staff, and this has always been respected."

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their privacy and dignity.
- One person said, "The staff respect this is my home and that I might want some privacy."
- Care plans detailed how to support people to maintain their independence. For example, how to support a person to mobilise.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care planning and delivery was person-centred. Person-centred planning is a way of helping someone to plan their life and support they needed, focusing on what was important to the person.
- People and their relatives told us they were fully involved in the planning and review of the care they received.
- One person told us, "I have a care plan in my home which I was consulted about. [Name of one of the registered managers] visits me to check it all still suits."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place for people who were unable to express themselves through speech. These gave detailed information about how to recognise if a person was in pain, distressed or happy.
- One of the registered managers told us that documentation could be produced in accessible formats for people who required this.
- They also told us that interpreters could be accessed where people did not have a relative to assist with translation where required.

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

- The agency supported some children to continue with their education.
- Staff accompanied them during their journey to school and worked alongside staff to ensure children received the support they needed to continue with their education.

Improving care quality in response to complaints or concerns

- People knew how to raise any concerns and felt confident action would be taken to address them.
- One person said, "I've never had any issues but if I did I would contact the office. I am confident these would be addressed." A relative told us, "There were a few minor niggles in the beginning and these were sorted out as soon as I discussed them."
- Where concerns had been raised, records showed the provider had carried out an investigation and

provided a response to the satisfaction of the complainant within agreed timescales.

End of life care and support

- The agency was not providing a service to anybody who was receiving end of life care. However, care plans showed there had been discussions with people about their preferences for life saving treatment in the event of a medical emergency.
- A fast track pathway was in place to provide staff where a person required end of life care. This helped to prevent unnecessary admission to hospital.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and management team were committed to providing people with a high standard of care which was tailored to their needs and preferences.
- Where required, staff were recruited and trained for a package of care prior to the person using the service.
- People were introduced to potential staff before they started working with them. This gave people the opportunity to decide whether they were happy for the staff member to support them.
- The provider valued and responded to people's views. For example, staffing was changed when a person felt they were not compatible with the staff member who supported them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider promoted an ethos of openness and transparency which had been adopted by the management and staff team.
- There was learning where things went wrong and open discussions with people and their relatives.
- Where there were concerns about a person's well-being, these were raised with appropriate authorities such as the local authority safeguarding team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People were supported by staff who were trained and motivated to carry out their role.
- A member of staff said, "I love my job. It's a great place to work. The support and training is really good."
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regularly monitored through observations of their practice and refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the registered managers had informed us about significant events which occurred at the agency within required timescales.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were annual satisfaction surveys which provided people and their relatives to express a view about

the quality of the service provided. The results of a recent survey showed a high level of satisfaction.

- People's views were sought daily when receiving support and through regular care plan reviews.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected.
- There were policies in place to ensure people's protected characteristics were considered and understood by staff.
- In their completed Provider Information Return (PIR) they told us, "We have developed an accessible information policy to ensure that Interserve Healthcare has a clear, consistent, transparent and fair approach to the provision of accessible inclusive information and communication support to all individuals who use our service. All staff who receive a request for information to be made available in another language or format will make their line manager aware. The manager will then ensure adherence to the policy. This could include adapting communication style, adopting techniques to enable effective communication with individuals who have specific communication needs, arranging for interpretation or translation of documents."

Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team.
- The provider operated a 'lessons learned programme' where learning from serious incidents was cascaded through the organisation.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

Working in partnership with others

- The agency worked in partnership with other professionals and organisations to achieve good outcomes for people.
- These included specialist healthcare professionals, hospitals, schools, and commissioners.