

Interserve Healthcare Limited

Interserve Healthcare Nottingham

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

About the service: Interserve Nottingham is registered to provide personal care. It specialises in providing care and support for children living with their families and adults living at home. At the time of the inspection there were 22 people receiving personal care. The age of people receiving care ranged from two years to over 65 years of age.

People's experience of using this service: People and relatives were extremely satisfied with the service people received and spoke highly of staff, nurses and the registered manager. People were supported by a small team of staff that understood their needs.

We found there were systems, processes and practices, which followed effectively to safeguard people from situations in which they may experience abuse including physical harm. Risks to people's safety had been thoroughly assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People told us they received their medicines as prescribed. Medicines administration records (MARs) reviewed had been completed by staff and were regularly audited confirming people's medicines were safely managed and accounted for.

Safe recruitment practices were followed before new care staff had been appointed. Staff had received all the training required to support people safely. Staff received regular supervision and annual appraisals and were able to reflect on the care and support they delivered. People were protected by the provider's processes for the prevention and control of infection. The provider was able to demonstrate lessons had been learnt when things had gone wrong.

People received personalised care that was responsive to their needs. Care staff understood the importance of promoting equality and diversity by supporting people to make choices about their care. Confidential personal information was kept private. Staff protected people's rights; to lead as normal a life as possible. 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.

The service encouraged regular feedback from people who used the service, relatives, care staff and professionals. One complaint had been received in the last 12 months and this had been responded to appropriately. People were introduced to lay advocates if necessary.

Comprehensive quality checks had been completed. This ensured people benefited from the service being able to quickly put problems right so that people could consistently receive safe care. People and relatives benefited from a robust professional management framework, which helped care staff to understand their responsibilities so that risks and regulatory requirements were met. Good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons worked in partnership with other agencies and stakeholders to support the development of joined-up care.

There was a registered manager in charge of day to day care operations, whose office team were in regular contact with staff and people.

Rating at last inspection: At the last inspection on 8 April 2017 we rated the service Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Interserve Healthcare Nottingham

Detailed findings

Background to this inspection

Background

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out the inspection.

Service and service type: This service provides care and support to people living in their own home' supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. At the time of inspection, the service supported 22 people.

The service had a manager 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 because we wanted to make sure someone was available to speak with us. We visited the registered office on 20 December 2019 and with prior consent visited two people in their homes on 23 December 2019 and also contacted relatives for their feedback.

What we did before the inspection: Information had been gathered before the inspection from notifications sent to us by the provider. Notifications are used to inform us about certain changes, events or incidents when they occur within the service. We received feedback from local authorities that contracted services and reviewed other information from people who made their views known to us.

The provider sent us a provider information return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with two care staff, two nurses, two client manager's and the registered manager. We looked at care files belonging to five people who used the service and recruitment files including training records for five staff. We viewed management records and documentation relating to the running and monitoring of the service.

After the inspection: We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff. One person said, "The care is safe."

□□□□□□□

- The service had effective safeguarding systems, policies and procedures and managed safeguarding concerns using local safeguarding procedures.□

- All staff had received safeguarding training and knew the procedure for reporting any concerns to the local authority safeguarding team. Staff had access to company safeguarding policies.

Assessing risk, safety monitoring and management□□□

- Risk assessments had been completed for each person's level of risk. This included any nutritional risk and to ensure safe support with people's medicines. People were able to maintain their independence safely at home and when out in the community.

- Two full time registered nurses were employed by the service to support people with complex medical needs. These nurses supported people, relatives and staff to manage and monitor risks. An example included supporting a child who had complex health needs attend a local nursery.

Staffing and recruitment □□□□□□□□

- Safe staff recruitment and selection processes were followed. Each staff recruitment file we looked at contained their DBS checks, references, proof of identity and the relevant health checks for their employment.□

- We looked at the staffing rota and found that there were consistent staffing levels to meet people's needs.

- Some staff did raise concerns about staffing levels because they were having to pick up more shifts to cover sickness. We shared this with the registered manager and she was aware of the concerns and confirmed they were actively recruiting for new staff.

- People and relatives told us there were sufficient staff deployed to meet people's needs. Every person receiving care received a copy of their rota.

Using medicines safely □□□□□□□□

- People received their medicines safely and medicine administration forms were completed correctly.

- All staff had their competency for safe medicines administration regularly assessed by the in-house

registered nurses. □

- The service had clear guidelines for staff to follow if people required medicines that were taken as and when required.□□□□
- Medicine errors had been recorded and fully investigated. Any lessons learned were shared with the staff member and the team to help prevent any re-occurrence. Outcomes were also shared with the person or guardian, CQC, Clinical Commissioning Group (CCG) and the Local Authority.

Preventing and controlling infection□□□□□□

- Policies and practices in the service ensured people were protected by the prevention and control of infection. □□□□□□
- Staff had received training on infection control and prevention. Staff who supported people with food preparation had received food and hygiene training.

Learning lessons when things go wrong□□□□□□

- People and relatives told us they were happy with the service offered and if they had any issues these were resolved quickly. One staff member said, "We always use PPE when offering personal care."□
- Staff and management met regularly to discuss all areas of care delivery to make sure the service continued to offer safe care.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People had a comprehensive needs assessment to ensure the service could meet their needs before they started to receive support. Care and support plans were then created which were bespoke and person centred. These plans were regularly reviewed and met care standards. ☐☐☐☐☐
- We visited people in their home and observed staff supporting them effectively. A person told us, "Nothing can be improved. The care is very good." Relatives we spoke with confirmed they were very happy in the way staff supported their loved ones. ☐☐☐☐
- People's cultural needs were also identified and included in their care plans to show how these were to be met. For example, if a person wanted only male or only female carers this was documented.

Staff support: induction, training, skills and experience ☐☐☐☐

- People were supported by staff who had completed an induction programme which included mandatory training and shadow shifts with a more experienced care staff member.
- Records confirmed staff had received all the training required to carry out their role. Where required bespoke training was planned and delivered to meet the needs of people. One staff member said, "I enjoyed the training; I did epilepsy and cough assist training and was signed off by the district nurse."
- Staff received regular supervision and an annual appraisal of their work performance. Regular competency spot checks were completed by management on care staff when they were delivering support in people's home. One staff member talked about supervision and said, "It's really good [supervision] and supportive having a nurse [line] manager." ☐☐

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

- Information about people's meal and drink preferences were available in people's support plans.
- People were offered meals that were nutritious and freshly prepared. ☐☐☐
- Regular monitoring of people's food, fluid intake and body weight were carried out when required. Professional health advice was requested, when necessary; examples included support from dieticians and speech and language therapists.

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

- Services of healthcare professionals were accessed as required; staff maintained good working relationships with healthcare professionals for the benefit of people they supported. One relative said, "The service has been very effective in working especially hard with the OT and social worker when [person's] care needs changed."

- The service worked closely with specialist nurses from the local health services to support people with complex health needs. □□□□□□□□

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. The service worked within the principles of the MCA when people received care and treatment in their own home.

- The registered manager confirmed they followed 'best interest' decisions made by them, people's representative and when required a multi-disciplinary team of professionals. Records reviewed confirmed where this was required appropriate documentation was in place. An example being where people were unable to make important decisions about their medicines best interest decisions were in place.

- All staff had a good understanding of the MCA and how this impacted on people's daily lives.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by kind, caring and compassionate staff. A person said, "I'm so happy with everything they do." ☐☐☐☐☐☐☐☐
- Staff had taken the time to get to know people and their preferences. ☐ One staff member said, "I absolutely love my clients and the time I get to spend with them. I try to spend as much with people and making people happy is really rewarding." ☐☐☐
- Where people had specific diverse needs, staff were aware of these; they respected those differences, while maintaining an equality in delivering the service to people.
- When people wished to attend a place of worship staff of the same faith supported people to do this.

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

- People's care records showed they had been regularly reviewed and people were involved in discussions about how they wished to receive their care and support. ☐ ● Some people communicated using assistive technology on tablets and people spoke positively of how these aids promoted their wishes and independence. This enabled staff to follow people's decisions/expressed wishes for their care.
- Reviews also involved family or people's representatives where this had been agreed.
- Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence ☐ ☐ ☐

- People's privacy and dignity were respected. Personal care was offered to people in the privacy of their bedroom, bathroom or in a private area of their choosing. A staff member said, "I talk [name] through everything we do. You have to talk [name] through their personal care otherwise [name] will not know what we're doing." ● People and their relatives confirmed they were encouraged to be as independent as possible.
- People made choices about their daily routines and led the way in how they wanted their care and support delivered. ☐☐☐☐☐☐☐☐
- Care records were handled in a way that protected people's confidentiality and complied with data protection legislation.

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.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People and their relatives were positive about the service people received. One relative said, "[Relative] has a great range of carers now and some have been with [relative] for many years. Carers always keep me informed of what they are up to and take their own initiative to take [relative] out and try and keep their mind stimulated. Whenever they do fall poorly they monitor them closely and I feel they have [relative's] best interests at heart." ☐☐☐

● Staff understood how to deliver a personalised service. A staff member told us it's about the little things and said, "One person doesn't like crust on their bread so when we make a sandwich we make sure we cut the crust away. It's very simple but makes a world of difference."

● Care records showed people were actively encouraged to plan and decide what sort of care and support they felt they wanted. Where appropriate, their relatives were involved in care planning.

● Staff regularly reviewed care plans to ensure they reflected any changes in the person's needs.

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 ☐

● Staff had the skills to meet, as well as an understanding of people's social and cultural needs, diverse values and beliefs.

● Feedback from people and their representatives showed staff responded well to meeting people's needs. On staff member told that they supported a person and said they, "Do encourage people to take part in social activities and I support [name] to attend church."

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'. ☐

● The registered manager followed the requirements of the Accessible Information Standard to give people and their relatives key care and service information they needed in a format they required. For example, information was available in a format that they could access and understand what was being shared.

● Staff knew how to communicate with people in the way they understood.

Improving care quality in response to complaints or concerns ☐☐☐☐

- Copies of the provider's complaint procedures and complaints form were available for people to use. People were able to talk with a care worker they trusted if they were not happy about something.
- One complaint had been received over the last 12 months and it had been responded to appropriately.
- The registered manager regularly visited people at their home to gather feedback about people's experiences. The provider also sent out three monthly feedback surveys to people receiving support and their relatives to gather feedback about the service they receive. From December 2018 to December 2019; 111 completed surveys were received and nearly all gave positive feedback. Some people requested additional information about the provider. An information leaflet about this was created and sent out to everyone using the service.

End of life care and support□□□□□□□

- No one was currently receiving this type of support. The registered manger told us if people required end of life support they would offer this sensitively and with appropriate medical intervention needed for a peaceful death.
- The provider had a comprehensive end of life care policy which gave clear guidance to staff about how to deliver this type of care sensitively. This meant staff would be prepared should anybody require end of life care.

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 now 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.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong ☐

- The provider had a transparent and enabling culture which sought to improve outcomes for people who used the service. Their ethos and aims promoted an inclusive, person-centred approach which put people at the centre of service delivery.
- People and their representatives were fully involved in discussions about their care. A person said, "I never have any issues from the office, they're always responsive." ☐☐☐
- People, relatives, staff told us the management made sure everyone received the support they required. A relative said, "Interserve have been a great communicator to ensure I am kept aware of [relative's] care needs. A staff member told us, "They will always give you shifts if needed and if there are any problems they address them."
- Staff told us they were able to attend staff meetings and have their opinions heard. One staff member said, "[Line manager] is on the ball and they listen."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements ☐☐☐☐☐☐☐

- The service was well-led by a registered manager who had a good understanding of their role. They worked together with staff to ensure compliance with regulatory requirements. This included ensuring the CQC were informed of incidents that could affect people's safety. One person said, "Interserve is very switched on, they don't let anything go." ☐☐ ☐☐
- Quality management audits were completed regularly to review care plans, medicine records, staff files and behaviour management plans. This enabled the registered manager and nurses to have an overview of all areas of people's care, such as attending medical appointments, undergoing health checks and any changes in people's needs. A nurse told us, "Each month I audit all daily logs [notes] and MARs [medicines administration records]. Log any issues such as gaps in charts. I go back and review and raise with staff to make sure they are not repeated."
- All staff were clear about their roles, having been given information on induction and through training. Performance management processes were very effective, reviewed regularly and reflected best practice. One staff member said, "I've enjoyed working here, I like the vision and values of supporting people in their own home."
- Staff meetings were held regularly giving staff the opportunity to discuss their roles and

suggest improvements and training to further develop effective team working. Staff meetings gave management the opportunity to discuss care and share progress about the service. A staff member said, "I get support from the registered manager, I can her questions and she always advise. I can also go to the regional director and they are quick to help." □□□

Working in partnership with others□□□□□□

- Records showed staff worked closely with health and social care professionals to ensure the people using the service had the joined up care and support they needed.