Interserve Healthcare Limited

Interserve Healthcare - Halifax

Inspection report

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Date of inspection visit:
01 September 2016
16 September 2016
21 September 2016

Date of publication:
01 November 2016

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?	Requires Improvement

Summary of findings

Overall summary

On 1 September 2016 we visited the offices of Interserve Halifax and made telephone calls to people who used the service and staff on 16 and 21 September 2016. At the time of our inspection, there were 23 people using the service. This was an announced inspection which meant we gave the service 24 hours' notice to make sure someone was in the office.

Interserve Halifax is a Domiciliary Care Agency which provides nursing and personal care to people in their own homes. They specialise in providing care and support to people who have complex care or palliative care needs. Their service covers Calderdale and parts of Huddersfield and Bradford. The agency's office is located just outside Halifax town centre.

The service had a manager who showed us they were in the process of registering at the time of our inspection. 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.

There was enough skilled and experienced staff to meet people's needs. Staff underwent pre-employment checks before working with people to assess their suitability.

People were supported to take appropriate risks. Risks were assessed and individual plans put in place to protect people from harm.

Medicines were administered and recorded in a safe way. Management reviewed medicines records to maintain a high standard.

Staff had been trained in all areas to meet people's needs effectively. Staff received supervision and appraisal aimed at improving the care and support they provided. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People were supported and encouraged to eat a healthy diet and drink sufficient fluids. People were supported to maintain their independence.

People and their relatives told us staff treated people with kindness and with dignity and respect.

People, and where appropriate, family members, were involved in planning the care and support they received. People were supported to develop and maintain relationships with family and friends.

Care and support provided for people was individualised. The service was planned around people's needs. Staff supported people to participate in a range of activities. The service made changes in response to

people's views and opinions and learned from feedback.

The manager and provider did not always submit notifications of incidents to CQC. However, the manager and senior staff provided good leadership and management. The values, vision and culture of the service were clearly communicated.

The quality of service people received was continually monitored and any areas needing improvement were identified and addressed.

We found a breach of the Health and Social Care Act 2008 (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version 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?

Good

The service was safe.

There was enough staff to keep people safe.

Staff recruitment procedures ensured pre-employment checks were carried out to prevent unsuitable staff being employed.

People were kept safe because risks were identified and plans put in place to manage the risks.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had received training to meet their individual needs.

The manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff promoted and respected people's choices and decisions.

People were supported to maintain their independence.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

The service sought people's views where appropriate family members, were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

The service was planned and delivered on the basis of people's individual needs.

People were able to express their views about the service and staff acted on these views.

The service listened to feedback and the views of people using the service, relatives and others made changes as a result.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had been without a registered manager for an extended period of time.

The manager and provider had not always submitted notifications to CQC as required by law.

The manager and other senior staff were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Interserve Healthcare - Halifax

Detailed findings

Background to this inspection

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

The inspection took place on 1, 16 and 21 September 2016 and the visit was announced. This was our first inspection of Interserve Halifax.

The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams. 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. This document was completed and returned to us within the specified timescales.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at four care records for people that used the service and four staff files. We spoke with two people who used the service, two relatives, a manager who was in the process of registering and one support worker. We looked at quality monitoring arrangements and other staff support documents including supervision records, team meeting minutes and individual training records.

Good

Is the service safe?

Our findings

People we were able to talk with told us they felt safe. One person said, "I have no concerns, I feel safe with them [staff]." Another person who used the service told us in response to our question about if they felt safe," No problems." Relatives we spoke with said they were happy with the safety of their family members and trusted the staff who supported them.

There were safeguarding procedures in place for staff to follow with contact information available for the local authority safeguarding teams. This included a description of action staff were to take if abuse was suspected, witnessed or alleged. Staff had received training in safeguarding. Staff were able to described the action they would take if they thought people were at risk of abuse, or being abused providing us with assurance that procedures would be followed. Staff knew about 'whistle blowing' to alert senior management to poor practice. We saw the manager had reported safeguarding concerns to the relevant local authority team and taken appropriate action to keep people safe.

People were kept safe because there were comprehensive risk assessments in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for supporting people to use community facilities safely. These risk assessments had been regularly reviewed and kept up to date. Staff told us they had access to risk assessments in people's care records and ensured they followed them.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. We saw people's risk assessments and support plans had been reviewed following accidents and incidents.

Where people required assistance in managing their money an individual assessment and plan had been completed. This identified how people's monies were to be kept safe. Staff followed these plans and carried out daily checks and reconciliation of money spent with receipts obtained.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Each person's care records identified the amount of staff support they needed. People told us they had enough staff support. Relatives also said there were enough staff to safely provide care and support to people. We looked at staff rotas and saw staffing was arranged in accordance with people's assessed needs as detailed in their care records. Where possible each person had a dedicated staff team. These staff were sufficient to provide the hours of care and support needed.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Potential staff had been interviewed and any gaps in previous employment had been explored. New staff had a probationary period to check their compatibility with the service and their competency.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people's medicines were being managed safely and people received their medicines as prescribed. Staff administering medicines had been trained to do so. Each person had individual guidelines in place that described how they liked to take their medicines. This showed people's individual preferences were taken into account. An individual risk assessments and plans to keep people safe had been completed. Guidelines were in place that outlined the role and responsibility of staff in this process.

The provider had an infection prevention and control policy in place. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons.

Good

Is the service effective?

Our findings

People we were able to talk with said their needs were met. Relatives said people's needs were met by the service.

People's care records documented how people's needs were met. Some people using the service had complex needs and required individual care and support to meet their communication and health needs. Some people also needed care and support to help them when experiencing anxiety and distress. Individual plans were in place for these areas and specialist input from other professionals had been obtained. People's care records contained information on hospital appointments and communication with healthcare professionals.

Staff had been trained to meet people's care and support needs. The manager said staff received core training for their role and specific training to meet the needs of people they cared for. Training records showed all staff had received training in core areas such as keeping people safe from harm and first aid, with some staff receiving training in specialist areas such as administration of medicines via nebulisation, cough assist and spinal injury.

Newly appointed staff received a thorough induction which included training on the vision and values underpinning care and support. Staff training was monitored through supervision and competency assessments were completed by senior staff to check staff ongoing competency in certain areas including the administration of medicines via routes other than oral.

Individual supervision and an annual performance appraisal were carried out with staff. Staff members told us they found these helpful and felt they assisted them to provide more effective care and support to people. One staff member said, "I get plenty of support, I meet for my supervision regularly". We reviewed supervision documentation and found them to be useful two way documentation that covered a number of standard area's and any further issues the person wanted to discuss.

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.

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. In the case of Domiciliary Care applications must be made to the Court of Protection (COP). At the time of our inspection, one referral had been made to the court of protection. We found evidence another person should have been referred to the COP by the provider but the process had been delayed. We asked the manager about this and they told us they did not understand why there had been a delay and they would make sure the referral was made as soon as possible.

Where people had been assessed as not having the capacity to make a specific decision the provider had involved a best interest assessor to help in decision making. Meetings were then held so the decision could be made in the person's best interests. These meetings involved relevant health and social care professionals and where appropriate, family members. Records were maintained of these discussions detailing who was involved and the outcome.

The manager and staff had a good understanding of MCA and DoLS. Staff had received training on the MCA and DoLS. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions. Staff told us they worked in the least restrictive ways and followed people's directions whilst respecting their decisions.

People told us they liked the food and that they had enough to eat and drink. Staff told us people were supported to eat a healthy diet and drink plenty of fluids. Staff knew and asked people or their relatives about people's food preferences. Menus had been prepared based upon these choices. Staff said this system worked well for people and that if people changed their mind an alternative was provided. People's care records included details of food and drink they consumed. This showed the service monitored people's food and fluid intake to ensure they were not at risk.

Good

Is the service caring?

Our findings

People we were able to talk with told us they felt staff were caring. Relatives also said staff were caring. One relative said, "Really good, no, great staff. They are a wonderful and reliable team. They are a great help to me and my family. We really appreciate the help they give us."

People told us staff demonstrated a caring and supportive approach. Staff knew the people they cared for well. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Where needed, people's care records included a communication plan which described how people's communication needs were to be met. Staff were able to explain to us how people's communication needs were met demonstrating they were following the plans of care.

People received a service based upon their individual needs. People's needs were assessed in relation to what was important to the person. This meant the service was planned and delivered taking into account what people needed and what they wanted.

The service involved people in planning their care and support. Where appropriate family, friends or other representatives advocated on behalf of the person using the service and were involved in planning care and support arrangements. The views of people receiving the service were listened to and acted on. One family member told us, "I'm always involved in the reviews for my relative. There is nothing more they can do to help that they are not already doing."

The provider tried to ensure the same staff worked with the same people where possible for continuity of care. Staff told us this system allowed them to get to know the person they were caring for and ensure the needs of the person were met. One relative told us, ".My relative has had the same four carers for four years now. They have excellent relationships and know each other very well." A care plan review involving the person and their family was carried out on a regular basis the frequency of which depended on whether how often the person's needs had changed. These reviews included people's views and provided an update on how their needs had been met.

People we were able to speak with told us about their family and friends and how they maintained contact with them. Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support.

Staff told us they respected people's privacy and maintained their dignity. They were able to give us examples of action they took such as, knocking on people's doors and either waiting to be invited in, or left an appropriate amount of time before entering. Also staff covered people up during personal care and ensured curtains were closed.

The provider had an up to date policy on equality and diversity. Staff had received training on equality and diversity. People's care records included an assessment of their needs in relation to equality and diversity. Staff we spoke with understood their role in ensuring people's needs in relation to equality and diversity

were met.

Good

Is the service responsive?

Our findings

People told us the service responded to their individual needs. One person said, "They help me do things my way." A relative spoke enthusiastically about the activities undertaken and playfulness that staff had with their family member. All relatives we spoke with told us they felt the service responded to people's needs.

The service organised people's care and support using different techniques including person centred planning tools. Person centred planning tools are designed to encourage staff and other people involved in planning care and support to think in a way that places the person at the centre. We saw these included information on people's life histories, their likes and dislikes and detailed information on how they should be cared for and supported.

Care records were held at the agency office with a copy available in people's homes. We viewed the care records in the office. We saw these were up to date and reflected people's needs and relatives told us they were consistent with those held at the person's home. Staff said the care plans held in people's homes contained the information needed to provide care and support.

The care records and other support documentation we looked at was person centred and provided staff with the information required to provide people with the appropriate care and support. We found regular reviews of people's needs and levels of support had taken place. People and their relatives confirmed they had been involved with the review process. They told us they were aware of their support plans and confirmed they had been involved with them. One person said, "I always have my say." We saw people's preferences were clearly recorded in their care records and where possible people were encouraged to maintain their independence. We saw support plans included information about how people could be involved in making decisions about their care and welfare and how they wanted their care and support to be delivered. The support plans also showed where people had limited or no verbal communication, staff used a variety of different methods to understand their needs.

People were involved in a range of individual activities. Each person had a plan of regular activities. Activities were based upon people's hobbies and interests and their likes and dislikes. Staff worked flexibly to support these activities. Staff told us people were supported to participate in activities within their home including cooking and cleaning. Daily recordings were completed by staff detailing the activities people had been involved in.

People were supported to develop and maintain their independence. Staff said they felt assisting people to be as independent as possible was a significant part of their role. People's care records detailed how people were to be supported to develop their independence. A risk assessment and plan for the person and staff to follow had been drawn up. Staff told us they encouraged people and supported them to carry out tasks and activities with the appropriate staff support. This support involved verbal prompts, staff demonstrating how to carry out the task or staff working directly with the person. The level of support provided was detailed in people's care records and based upon people's individual needs. We saw in people's care records progress on learning how to carry out tasks and activities had been recorded.

People said they felt able to raise any concerns they had with staff and these were listened to. Relatives also said they could raise any concerns and felt confident these would be addressed. We viewed the complaints log and saw no complaints had been received in 2016. Previous complaints had followed the provider's policy. The manager was able to explain to us the action they would take if a complaint was received. This included carrying out an investigation, making any necessary changes and feeding back to the complainant.

Requires Improvement

Is the service well-led?

Our findings

The manager and provider had not always sent notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. These included safeguarding alerts that had been reported to the local authority but not CQC. The provider's policy on safeguarding does not mention referrals to the CQC despite this being part of their registration. We discussed one example of an incident that had occurred on 19 July 2016 with the manager. The manager was new to the service, and said they understood when notification form had to be submitted to CQC and would ensure notifications were submitted.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

The service currently had no registered manager in place. However the manager in day to day running of the service was able to evidence to us they had started the registration process. This showed us that a registered manager would soon be in place.

People told us they liked the manager and service managers and were able to talk to them when they wanted. Staff spoke positively about the management and felt the service was well led. Relatives said, "All the team do their bit, they obviously have a good management team." Staff said they were able to contact a manager when needed. The manager told us the service operated a 24 hour on call service, for staff to contact a senior person.

The manager told us their vision was to provide high quality person centred care and support. We found people received good care and support when they wanted it and were encouraged to be as independent as possible. People were supported in an individualised manner. This showed the vision and values of the organisation were being put into practice.

Regular staff meetings were held. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the manager.

The provider sent satisfaction surveys to people and their relatives for them to comment on the service on a quarterly basis. The results of the surveys were reviewed by the manager and compiled together. Any actions or learning point raised were placed onto an action plan to be addressed.

Health and safety management was seen as a priority by managers. Action had been taken to minimise identified health and safety risks for people using the service, staff and others. For example, environmental risk assessments had been completed for each address and a lone working risk assessment had been completed to cover staff working alone.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements.

Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. This included a quarterly quality audit check which described the different areas to be reviewed. The manager told us they had to evidence the different sections of the audit before they could mark it as completed. For example, this included checking monthly daily logs had been collected and reviewed, ensuring competencies been signed off for all staff and ensuring all risk assessments been reviewed in the past six months. We also saw health and safety audits and checks on equipment such as bed rails and hoists took place. These audits all fed information into an ongoing action plan. Action plans were detailed and indicated to staff what was to be accomplished and how serious the risk was.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications were not always sent to the Care Quality Commission.