

Interserve Healthcare Limited

Interserve Healthcare - Leeds

Inspection report

2nd Floor
15 St Pauls
Leeds
West Yorkshire
LS1 2JG

Tel: 01132435995

Date of inspection visit:
09 March 2016

Date of publication:
18 May 2016

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 09 March 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was the first inspection we have carried out at this location.

Interserve provides care and support for people with complex health needs who live in their own homes. The service also provides care and support through a live-in service.

At the time of our inspection the service did not have a registered manager, although a manager had been recruited who had been in post for four weeks. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and relatives who used the service told us they felt safe with the staff who provided their care and support. Staff were able to identify signs of abuse and knew how to report their concerns. We found several examples of issues recorded as complaints which should have been reported to the Care Quality Commission and the local authority safeguarding team. We looked at recruitment practices which were found to be safely managed.

People told us there were occasions when their support did not arrive and we found the systems for managing rotas were not consistent for each person. People and relatives told us they were informed in the event staff were running late.

People told us they received their medicines on time, although we saw an example of one person's medicine which had not been administered on several occasions without explanation. A programme of medication training for staff was underway.

The records we looked at showed some staff had completed training about the Mental Capacity Act (2005). Staff we spoke with demonstrated a satisfactory knowledge of the act and how it applied to their role. However, care plans we looked at did not always contain mental capacity assessments where required.

People were supported by staff to have adequate nutrition and hydration. We found the service worked with health professionals to ensure people received the support they needed to maintain good health.

We saw examples of a range of risk assessments in people's care plans. We found care plans contained sufficient person-centred detail for staff to be able to provide care and support. People and relatives spoke positively about the care and support they received from staff who were familiar with their needs. Staff were aware of how to protect people's privacy and dignity.

A programme of care plan reviews was being undertaken by the branch nurse as it had been identified during audits that these had lapsed.

People were familiar with the complaints process and knew who to contact if they were unhappy with their service. However, the record of complaints did not contain sufficient detail to evidence appropriate action had been taken and learning outcomes were not recorded.

The provider carried out its own audits of the service, but we found there was limited evidence of quality systems being used at a local level to ensure the service was effective. There was a positive culture in the organisation and people felt supported by the manager.

We found breaches of regulations 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 always safe

Incidents logged as complaints contained concerns about the safety of adults which had not been reported to the local authority safeguarding team and CQC.

People using the service felt safe with the staff providing their care and support. Staff knew about different types of abuse and how to report concerns.

Medicines were generally well managed, although we saw some staff had not received up-to-date training. However, a programme of training sessions had been put in place to address this.

Is the service effective?

Requires Improvement ●

The service was not always effective

Staff understood their responsibilities in respect of the Mental Capacity Act (2005), although capacity assessments were not always recorded in people's care plans.

Staff had an induction into the service. There were some gaps in the number of staff supervision and appraisals. The service had low levels of completion rates for staff training, although staff did receive specialist training.

People were supported to have a balanced diet and where necessary, staff made arrangements to support people to access healthcare.

Is the service caring?

Good ●

The service was caring

People and relatives spoke positively about the staff who provided their care and support. Staff demonstrated they were familiar with people's needs.

Staff were aware of how they should protect people's privacy and

dignity and people we spoke with confirmed this happened.

Is the service responsive?

The service was not always responsive

Care plans contained enough person-centred information for staff to be able to provide care and support to people.

There had been significant gaps since the last care plan review for some people, although the branch nurse was carrying out home visits to bring these up-to-date.

People knew how to complain about the service they received, although records were not detailed enough to demonstrate appropriate action had been taken in response.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

The registered provider carried out Clinical Governance reviews of the service, although there was limited evidence of quality checks being carried out at service level.

Some staff and relatives we spoke with told us the appointment of the new manager had not been communicated to them.

There was a positive culture amongst the staff team who felt supported by the manager.

Requires Improvement ●

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 09 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of two adult social care inspectors. One adult social care inspector visited the provider's premises and another contacted people and their relatives who used the service.

At the time of our inspection there were 12 people using the service who received personal care. We spoke on the telephone with one person who used the service and three people's relatives. We spoke with six members of staff, the registered manager of another service run by the provider and the manager of the service. We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's care and support plans.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. Healthwatch stated they had no comments or concerns about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the local authority who told us they had no reported concerns.

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.

Is the service safe?

Our findings

We spoke with staff and asked them about their understanding of safeguarding and checked they knew what to do in the event of a person using the service being harmed. Staff were able to identify different types of abuse and the signs they would look to identify if a person was being abused. Staff knew about the provider's whistleblowing policy, and could also tell us about the agencies they would contact outside the organisation to report abuse. Staff told us they would report their concerns to the manager and felt confident appropriate action would be taken.

However, the training records we looked at showed only 20% of staff had received safeguarding training. We saw gaps in training in this subject had been identified in the November 2015 Clinical Governance Review. The manager told us they would take action to ensure staff completed safeguarding training.

We looked at the complaints file and found details of three entries recorded in June, August and September 2015. We noted from looking at these records concerns raised had been addressed as complaints and conduct issues. We saw these matters had been investigated and action taken. However, each of these matters concerned allegations of abuse, which the registered manager in post at the time had not reported to the local authority or to CQC as required to do so. This meant people were not properly safeguarded from harm.

We asked the manager to ensure these matters were referred to both agencies and they agreed to do this following our inspection. The manager also told us they would create a separate file specifically for safeguarding referrals.

We concluded this was a breach of Regulation 13, (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives whether they felt safe whilst receiving this service. One person told us, "Carers are lovely every one of them. I feel safe with the carers I have as they are all really nice." Relatives we spoke with confirmed they felt their relative was safe.

We looked at the management of medicines and found this was generally well managed. People and relatives we spoke with told us staff supported them effectively with the administration of their medicines. We asked people and relatives whether medicines were given on time. One relative told us, "Yes it is, I monitor the medication." We looked at the medication administration records (MAR) for three people. One MAR we looked at showed seven dates in November and December 2015 where there was no record of whether the administration of Bisoprolol had taken place. We discussed this with the manager who agreed to look at this.

One care plan we looked at contained person-centred guidance for staff on how to administer medicine. It stated, '[Name of person likes to have her medication on her food as she finds it easier to swallow this way]'. This meant the level of risk to the person had been assessed and reduced through appropriate action

The training records we looked at showed 28% of staff had completed medication training. However, on the day of our inspection we saw staff were attending medication training. The branch nurse told us weekly training sessions on medication administration were being held and nearly all staff had completed this. We also saw medication competency assessments were last carried out in February 2015.

We looked at the recruitment process for three members of staff recently recruited and found this was safely managed. We saw identification had been checked, references had been taken including those from last employers and checks with the Disclosure and Barring Service (DBS) had also been made. The DBS is a national agency that holds information about criminal records. This helped to ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

Staff we spoke with were able to confidently describe the actions they would take in the event of an emergency. The service had an out of hours response system which was operated by head office, although the manager and coordinators were contactable if head office needed to reach them. One staff member we spoke with told us they had recently used the out of hours number and said they were satisfied with the response they received.

We saw a wide range of risk assessments in care plans which covered falls, the living environment, medication, using specialist equipment, infection control and fire safety. Risk assessments were scored to identify the person's level of risk overall there was information to advise staff how to minimise these risks and keep people safe. Staff demonstrated good knowledge of people's needs and the risks involved when providing the care.

Relatives we spoke with told us their family member's call was usually covered, but they also noted odd occasions when they had been missed. One relative told us, "We do have a shortage of carers at times. I don't know why." We asked a coordinator about rota planning and were told some people's rota was planned for the week ahead whereas other people had four weeks of rotas planned out. Where rotas were created on a weekly basis this was due to issues around staff availability. We asked the manager about this and they told us they would ensure everyone had four weeks of rotas planned out. We saw rotas were sent out to people and staff either by post or email.

The registered provider had systems in place to ensure most calls were attended by staff the person knew. One person we spoke with told us, "It's the same carers all the time." Relatives we spoke with confirmed their family member was generally supported by the same staff. Relatives also confirmed they had an opportunity to meet new staff before they started supporting their family member.

People and staff we spoke with told us staff arrived on time and stayed for the full duration of the call. One relative commented, "They do sometimes stay later if needed." One person told us, "Generally yes, they are good time keepers. Sometimes they're early, but they stay for the allocated time." One relative said, "They do contact me if they are going to be late."

Is the service effective?

Our findings

We asked people and relatives whether they thought staff were well trained and competent in their role. One person told us, "Yes, they are indeed." One relative we spoke with said, "They seem to be adequately trained, I've never had any concerns."

Following our inspection we were sent a copy of the staff training matrix which showed where staff had completed training. We found training completion levels were low in areas including safeguarding (20%), health and safety (16%) and manual handling (26%). This meant staff were not up to date with key changes in legislation and may not have had the knowledge to provide effective care. We asked staff if they were informed when training was due. One staff member told us, "We always get emails to say we need to do training."

Where a new service required staff with specific skills and knowledge, the registered provider arranged bespoke training for staff which was relevant to the person's needs. For example, staff we spoke with confirmed they had received training in using peg feeds, epilepsy and supporting people with spinal injuries. We saw evidence of staff competency assessments carried out in November 2014 for the use of a cough assist machine and manual evacuation.

Staff we spoke with told us they received support through supervisions and appraisals. When we looked at the supervision and appraisal records we saw less than half of the staff team had received an appraisal in the last year. A higher percentage of staff had received supervision support, although the registered manager told us they had recognised the recording of these sessions was not of a sufficient quality as it required more detail. They told us they would look to develop this by sourcing appropriate training.

We concluded this was a breach of Regulation 18, Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff whether they felt the induction they received adequately prepared them for the role. One staff member said, "It was thorough. I did a number of shadow shifts."

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 saw most staff received training in the MCA, and found staff we spoke with were knowledgeable about how this applied to their work. When we spoke with staff we found they were able to tell us who had capacity and they told us how they gave people choice by helping people to choose what they wanted to wear and when they wanted to receive care and support with personal care tasks. One staff member said, "We ask for consent. That gives him dignity." We looked at care plans and found evidence of people and

relatives signing to confirm they had given their consent to care.

Staff we spoke with identified three people who would be unable to make all day-to-day decisions. We looked at their care plans and found one had limited information about the person's capacity whilst the other two did not contain an assessment of capacity. The manager said they would be reviewing the information relating to MCA to make sure it was clear and complete.

Support plans were in place where people required assistance with meals and healthcare, and daily records evidenced that staff were providing appropriate support. One care plan we looked at clearly described how a person liked their hot drinks and also stated they needed support from staff in cutting up their food. Staff told us they supported people to have a balanced diet and we found they were aware of people's likes, dislikes and allergies.

People who used the services said the agency and staff worked well with health professionals who supported them. The care plans we looked at showed evidence of involvement from a range of health professionals. Staff we spoke with told us they would share any concerns about a person's health with the family and the office. In their PIR the provider stated, 'We work closely with CCGs, social workers, case managers and family members to ensure that all our service users receive the support that they need to stay independent'.

Is the service caring?

Our findings

People and relatives spoke positively about the care and support they received from staff.

One person we spoke with told us, "They are very nice, very professional and caring. They enjoy working with me as I am always nice to them. They make me laugh we can have a good chat together." One relative told us, "She is more like a friend now." Another relative told us, "The carer that comes is excellent." Another relative commented, "They go at his pace they never rush."

We asked people and their relatives whether staff were familiar with them and how they preferred to receive their care and support. One person told us, "They know exactly what I need." One relative told us, "Very well, they have a good understanding and rapport with him."

As part of our planning for this inspection, we asked staff to complete a questionnaire about this service. One staff member commented, "I am very happy with all aspects of Interserve healthcare. The staff are very friendly, helpful and approachable." A staff member we spoke with during our inspection said, "As far as I'm concerned, we are doing a good job with [name of person]."

Staff we spoke with were able to tell us about the people they supported and how they preferred to receive care and support. For example, staff told us about different allergies one person had and how these should be correctly managed. Staff were able to describe some of the life history of people they cared for, what they liked to eat, their likes and dislikes and interests.

We saw evidence of staff signing to say they had read people's care plans. We saw care plans contained person-centred information about the people being cared for and supported.

People and relatives we spoke with told us staff respected their privacy and dignity. One person we spoke with said, "Yes absolutely they are very caring always knock on my door before coming in." Staff we spoke with described how they protected people's privacy and dignity. They told us they closed doors and covered people whilst providing personal care. One staff member said when the person they cared for wanted to speak on the telephone they left the room to give them privacy. One staff member said, "Without it we are not doing our job right."

Staff told us they maintained confidentiality and said they were careful about where they stored sensitive information. One staff member said, "We don't say anything to anybody unless [name of person] has consented or the office has approved."

In their PIR, the registered provider stated, 'The branch are to develop the relationship building with clients by increasing home visits for the purpose of improving service delivery and promoting a more person centred approach. By having consultants managing their own specific packages, this enables them to build relationships with the client and/or family members so that they feel able and comfortable to raise any concerns with us'.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. The assessment came as a referral and the branch nurse then visited the person at home to identify their care and support needs.

People and relatives we spoke with confirmed they had a copy of their care plan in their home. One person told us, "Yes I have a care plan in place detailing what I would like. My family were also involved in this." We asked relatives about their involvement in care plans. One relative told us, "Yes, I am involved throughout." Another relative said, "Yes, I'm involved as much as I want to be." A third relative said, "Yes, we do we instigate most of this and then we have a review to update the care plan."

We found electronic and paper copies of people's care plans did not match. Some sections of the paper care plans we looked at had not been completed, although we saw this information had been added in the electronic version of care plans. We brought this to the attention of the manager during the inspection. They told us they would ensure the records matched following our inspection.

Care plans were detailed, person-centred and gave staff enough information to provide effective care and support to people. For example, one care plan stated, '[Name of person] likes to wear perfume and deodorant, but has no interest in make-up'. We also saw clear guidance in one person's care plan around the action staff were expected to take in the event of a seizure.

People and relatives we spoke with felt involved in the review process. One person told us, "Yes, I am always present to review my care plan with my family. We look at any changes that may need to be made." One relative said, "Yes it has been modified to suit his needs." Another relative told us, "Yes, I am very much so, if anything is different we change this."

We found examples of care plans which had not been reviewed within the last 12 months. This was also identified in the registered provider's November 2015 'Clinical Governance Review'. We saw the branch nurse had started a programme of reviews which commenced in December 2015. We were told by the branch nurse they expected to have the remaining reviews completed by June 2016.

The PIR submitted by the registered provider stated, 'We talk with people and encourage them to be confident to challenge practice and raise a complaint or concern about the care and support that they are receiving and we listen to these concerns and always act upon them'.

One person said, "We have a complaints procedure in my care plan. I am aware of how to complain. I have never had to complain." One relative told us, "I have raised things before with the regional manager in the past. These have been addressed."

We looked at the record of complaints and found one incident which did not contain sufficient detail to evidence appropriate action had taken place. Detail of the original complaint was not recorded, although

we saw an investigation had taken place. We found a response to the person who complained which stated, 'appropriate action has taken place'. There was no record within the file which demonstrated the action taken and what learning outcomes had been established. We brought this to the attention of the manager who told us more detailed records would be maintained when dealing with future complaints.

Is the service well-led?

Our findings

We found there had been a number of managerial changes in the 12 months prior to our inspection. At the time of our inspection the registered provider had recruited a new manager to the service who had been in post for four weeks. The manager was responsible for this service and another location operated by the same provider and split their time between these services.

We spoke with a relative who told us they had not been notified a new manager was in post. We also spoke with a staff member who was not aware the manager had been appointed. We discussed this with the manager who said they would ensure all staff were made aware of their appointment. They also told us they intended to go out and personally visit each of the people receiving a service to introduce themselves. They said this visit would include a quality review to establish people's satisfaction levels with the service they received.

We looked at quality management arrangements in the service and found there was some oversight from the provider, although there was limited evidence of systems being used to manage governance effectively at a local level.

In November 2015, the Chief Nurse carried out a comprehensive 'Clinical Governance Review' which identified a range of concerns relating to governance. The report stated, 'There were poor systems to manage compliance and it was not given the priority it required'. During our inspection we found a number of the areas identified for improvement had not been addressed.

We asked for records which would show us an analysis of accidents and incidents and found these did not exist. We were shown some statistics concerning accidents and incidents, but this did not identify themes and trends which could help to reduce the risk of these events occurring again. The registered manager from another branch who provided support on the day of our inspection told us the service needed to become better at recording accidents and incidents.

We found the service collected and stored daily notes, but did not analyse this information to identify concerns. We spoke with the registered manager who told us they would introduce a system whereby daily notes would be used to produce reports. They told us this would be addressed as a priority.

At the time of our inspection there were no medication audits taking place. The branch nurse told us they had started to do this, but added they were unsure where to record this information. The manager told us they would ensure the branch nurse completed regular audits and recorded these using an agreed tool. We looked at the records of weekly/monthly care plan audits and found with the exception of three checks in November 2015, the remaining audits had not been carried out since between February and April 2015.

The provider's Clinical Governance Review identified that in the previous six months, 22% of complaints had been acknowledged and responded to within timescales identified in the provider's policy. The provider acknowledged having a manager responsible for two locations had affected their ability to meet the

timescales for responding to complaints.

The 'Clinical Documentation Audit' carried out in August 2015 identified all key contacts were to be added to care plans by November 2015. When we looked at care plans we found one person did not have a list of key contacts filled out.

We looked for evidence of support offered to staff through regular team meetings and found evidence of the last meeting which took place in May 2015. This meant staff were not given adequate opportunities to give and receive feedback about the service.

We concluded this was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person told us they had been asked to complete a satisfaction survey. Relatives we spoke with also confirmed they had been asked to complete surveys regularly. We saw the results had been grouped to give a national overview. In the Clinical Governance Review we saw some analysis of the responses. This showed people were generally positive about the service, although many of the questions on the questionnaires received one word answers. We also saw evidence of a staff satisfaction survey which had been carried out in November 2015.

The manager described the support they received through regular meetings with the regional operations manager during their induction. The manager said, "I think Interserve have been quite supportive." The manager was receiving support from the area manager and registered managers of other services held by the provider.

We asked staff about the management team. One staff member we spoke with told us, "He's doing good. I know I can go to [name of manager]." Another staff member commented, "I think it's well managed." Staff told us the regional manager had a presence in the office and they took time to speak with staff when they visited. The manager told us, "I see quite a bit of him." One staff member who commented on support from the management told us, "I get on with all of them."

Staff we spoke with described a positive culture amongst the team. One staff member told us, "We're a good team and we work well together." We asked another staff member if they were happy with the level of support they received from colleagues in the office. They said, "I am satisfied with that."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014
Treatment of disease, disorder or injury	Safeguarding service users from abuse and improper treatment Systems and processes were not operated effectively to report immediately allegations of abuse

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems were not in place to assess, monitor and improve the quality and safety of the service provided.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff did not receive appropriate support through a robust programme of training to enable them to perform duties they were employed to perform.