

Interserve Healthcare Limited

Interserve Healthcare - Telford

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

This announced inspection took place on 18 November 2016. This was a first inspection of the service. Interserve provides personal care and treatment of disease, disorder or injury to people living in their own home. At the time of our inspection there were seven people who received support from the service.

There was a registered manager in place 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.

People told us they felt safe. People were supported by staff who understood how to recognise signs of abuse and how to report it. People were supported by staff who were knowledgeable about how to manage any risks to their health and well being. There were sufficient staff to meet people's needs. The provider had a recruitment system in place which ensured people were supported by staff who had been recruited safely. People received their medicines on time.

People were supported by staff who had received appropriate training to meet their needs. Staff gained people's consent before providing any personal care. People were supported by staff to meet their nutritional needs. Healthcare professionals were involved in people's care.

People and their relatives told us the staff who supported them were kind and considerate. People were involved in the planning and delivery of their care. People's privacy and dignity was respected by staff.

Staff gave people choices about their care and respected their preferences when care was delivered. People and their relatives told us they were comfortable in raising any concerns with staff. A system was in place to ensure when people complained they would be listened to.

People and their relatives told us the service was well led. Staff felt supported in their role. The registered manager involved people in the running of the service. A quality assurance system was in place which monitored people's care to ensure improvements were made.

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.

People were supported by staff who knew how to recognise signs of abuse. Risks to people's health and safety were managed by staff. People were supported by sufficient staff to meet their needs. Safe recruitment practices were in place. People got their medicine when they needed it.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received appropriate training to meet their needs. Staff understood the need for consent when delivering care. People were supported to meet their nutritional needs. Healthcare professionals were involved in people's care.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and considerate staff. People made their own choices about their care. Staff supported people to maintain their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their own care. Staff were knowledgeable about people's own preferences and respected them. Records contained up to date information and guidance for staff to follow. People and their relatives felt comfortable in raising concerns.

Is the service well-led?

Good ●

The service was well led.

People were happy with the service provided. Staff told us they were supported in their role. People's opinions were sought

about the service. Systems were in place which ensured the service people received was regularly reviewed.

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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 18 November 2016 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. We reviewed the information we held about the provider and the service and looked at the notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. Such as allegation of abuse or serious injury.

We spoke with two people who used the service and four relatives to gain their views of the service provided. We also spoke with one health professional. We spoke with three staff and the registered manager. During our inspection we looked at three staff records and two people's care records. We also looked at some records relating to how staff review people's medicines to ensure they have received them on time. We also looked at audits completed by the provider relating to the quality of care people received.

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Yes, I feel safe". A relative commented, "I am happy to leave [name of person] with staff as they are safe".

Staff knew how to protect people from harm and understood how to recognise signs of abuse and how to report it. One member of staff said, "I make sure [name of person] is safe in the environment and keeping them safe from abuse". Staff understood their responsibilities in reporting any potential abuse to the registered manager. A member of staff commented, "I would report it straight away". The registered manager was aware of their obligations and had systems in place to ensure any potential abuse was reported to the local authority to keep people safe.

Staff were knowledgeable about how they managed risks to people's health and safety. One member of staff said, "We put towels over the handles on the oven so as [name of person] does not burn their arms or hands". Another example was given about how they ensured clothing was loose so it did not rub. We saw risks to people's health and safety were documented in their care records and detailed guidance was available for staff to follow. This meant people's risks were managed by staff in order to keep them safe and healthy.

We saw there was a system in place which documented when people had an accident or incident. Staff were aware of the reporting system used within the organisation and we saw incidents were reported and action taken on an individual basis.

We received mixed views on whether there were sufficient staff to meet people's needs. One relative said, "There didn't used to be [enough staff] but it's working well now". Another relative said, "There are always enough staff to look after [person's name]". However one person told us there are occasions when there are insufficient staff to meet their needs. We spoke with the registered manager about staffing levels and they told us although they were 'always recruiting', at the time of our inspection they were fully staffed. They explained that due to people's complex care packages staff were recruited specifically to support an individual person and according to their individual's needs. This meant people were supported by sufficient staff to meet their needs.

We saw the provider had a system in place which ensured staff were recruited safely. Staff told us they had been asked to bring in documents before they were employed. One newly recruited member of staff told us, "I was not allowed to meet [person's name] until my DBS had been returned". Disclosure and Barring checks (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who use services. The registered manager told us recruitment checks were carried out prior to staff starting work. We looked at staff records which confirmed the provider had a safe recruitment system in place. This ensured people were supported by suitable staff to work with vulnerable people.

People and their relatives told us they got their medicine when they required it. One relative said, "[Name of person] always gets their medicine when they need it, they have never missed it". Staff told us they received

training before they were able to give people medicine and this was confirmed by a relative who told us, "One member of staff cannot give [name of person] their medicine at the moment because they have not been signed off". We looked at the system in place to ensure people got their medicine when they needed it. We sampled two people's medicine administration records (MARS). Whilst we saw one person's had received their medicine on time, we identified on one person's medicine records a number of missing signatures; signatures on a person's MAR would indicate people had received their medicine. We looked at the daily records for this person and staff had documented their medicines had been given. We spoke to the registered manager about these lapses and the conflicting information regarding this person's medicine. The registered manager confirmed with us it was one member of staff and indicated they would receive further training.

Is the service effective?

Our findings

People were supported by staff who had received training to meet their needs. One relative told us, "I know they are well trained because they do the training here in the house so it is tailored to [name of person]". Another relative commented, "The carers who carry out the care seem well trained and care for [person's name] well". Staff told us they completed training which the provider considered as important before they started their role and more specific training centred on the individual was given by other staff when they started their caring role. For example, one member of staff told us they had received very specific training from the hospital team before the person was discharged from their care. Staff told us they received a good induction which helped them in their role. This included shadowing shifts for up to four weeks before they worked alone and this allowed them to get to know the individual well.

People and their relatives' told us staff sought their consent before supporting them with any care. One relative said, "Staff ask [name of person] before any procedure and ask can they do the procedure". Staff told us how they sought consent from people in different ways. One member of staff gave us an example of holding up a person's medicine and waiting for the person to gesture to confirm they wanted the medicine before administering it. This showed people's consent was sought before staff provided their care.

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. The registered manager told us all the people who received care had capacity to make decisions about their care. Staff we spoke to had not received training in MCA. This was because the training was personalised towards the individual staff member and the people they supported. The registered manager understood their responsibility in meeting the requirements of the MCA.

Staff told us people who they supported with their diet could choose what they wanted to eat and drink. Staff told us they prepared food of the choice of the person they supported and when necessary provided the support they needed to eat. Staff told us people had the capacity to choose what they wanted to eat and although they may sometimes make unhealthy choices they respected their decision whilst encouraging them to choose more healthy options next time. This demonstrated people were supported to meet their nutritional needs.

People and staff told us they were regularly supported by outside professionals to meet all their clinical and personal needs. Whilst we saw people's initial assessment was completed by nursing staff this was supported by other healthcare professionals when needed. We saw in people's support plans detailed information regarding which professionals were also involved with their care. Due to the complex packages of care some people were supported by a team of health professionals to meet their needs. These included consultants, occupational therapist and district nurses. This meant people were supported to access a wide

variety of healthcare professionals when needed to meet their individual health need.

Is the service caring?

Our findings

People and their relatives told us they were supported by kind and considerate staff. One person said, "The staff are caring". A relative told us, "They are always kind and caring with [name of person]. They enquire about how [name of person] is even when they are not at work. They are part of the family which is what I wanted". Other relatives told us staff had built positive and caring relationships with the person they supported. One relative commented that the person's face "lights up" when a particular member of staff arrives to support them. Relatives commented because staff had been recruited locally this had helped them develop good relationships with staff as they could talk about familiar places.

People and their relatives told us they were involved in their care. A relative told us, "Yes [name of person] is involved in their care. We have reviews". The registered manager explained to us they have recently introduced a new system by which all people who receive care were now visited on a monthly basis which meant they were more responsive to their changing needs. This was confirmed by a relative who told us they had recently had a visit from the provider to review the care their family member received and discuss any areas where they weren't happy. We saw in the records we looked at people's life goals had been documented. Staff we spoke with were knowledgeable about people's aspirations. An example was given about one person who wanted to go fishing more regularly.

People and their relatives told us staff respected their privacy and dignity. One person said, "Yes they respect my privacy". A relative commented "[Person's name] dignity is always promoted". Another relative commented, "I have no reason to doubt they promote [name of person] independence and dignity if they didn't they would be upset". Staff gave us examples of how they promoted people's privacy and dignity. One member of staff told us they have a sign on one person's bedroom door reminding all staff to knock before they enter. Other examples such as covering people's bodies and ensuring curtains were closed when they supported people with personal care. This indicated people were supported by staff who promoted their privacy and dignity.

Is the service responsive?

Our findings

People and their relatives told us staff knew and understood them and were knowledgeable about their own choices and preferences. One person said, "Everyday choices are up to me". One relative told us, "[Name of person] gets choices about when they go to bed or when they get up. They get choices about what food to eat and choose what they want to wear". Staff we spoke to knew people well. Staff gave us examples of the daily routines of people they supported. For example, staff told us about one person who prefers to stay in bed until later in the morning. This meant staff supported people in the way they wanted to be cared for .

We saw in records we sampled each person had an individual care plan which had been assessed by nursing staff when they first used the service. Care plans detailed people's choices and preferences and covered each area of their care. We saw people's individual circumstances were taken into account and which professionals were involved with their care. Very specific information was recorded in people's care records which meant staff had up to date guidance to follow and meant they could deliver care in accordance with people's preferences. For example, in one person's care plan we saw how staff needed to pay particular attention to the person's toes and detailed what action they should take to support the person. Records we looked at were up to date and had been regularly reviewed. One relative said, "[Name of person] is involved in reviews and they ask their opinion". This meant staff could support people with care that was responsive to their individual needs. People were involved in their care and their choices and preferences were respected by staff.

The service specialised in providing support to people with complex care needs and some people received support over 24 hours, 7 days a week. Where specialist equipment was required or people needed input from specialist clinicians this was detailed in their care record. Information about the equipment people used included details about when it required servicing which enabled staff to notify the correct people when the equipment required servicing which meant it remained safe for people to use. Where the support of other services may be required advice had been sought. For example, we saw the advice of the fire service had been sought for one person in order that should they need to be evacuated this would be completed safely and in line with current guidance.

We asked people and their relatives if they had needed to complain. One relative told us they had discussed areas of concern about their relatives care with the registered manager. The registered manager had responded and addressed the concerns raised and the care their relative received was much improved. Other relatives told us they had not had a need to complain but would feel comfortable in raising any concerns with staff in the office should they need to. Although the registered manager told us they had not received any recent complaints we saw there was a system in place should people need to complain.

Is the service well-led?

Our findings

People and their relatives told us they were happy with how the service was run. One relative said, "I have been very impressed particularly with regards to the nurses. They always contact me when there is a concern". The registered manager was committed to providing good care for people and passionate about the people they supported and was open to suggestions of how they could improve in any areas. We saw there was a positive culture within the organisation and staff were always focussed on the person they supported and worked towards making their life better. A member of staff commented, "We work as a team, to make [name of person] life better and provide consistency of care. A healthcare professional told us, "They are good committed staff who are flexible. The company are professional in any dealings I have with them, and always try their best".

Staff told us they were happy in their role and we heard how they were passionate about providing good care for the people they supported. Staff felt supported in their role primarily from the nurse who oversaw the package of care. Staff told us whilst they received regular supervisions they felt they could approach the nurse or call the office at any time to ask questions. However, some staff told us whilst they felt involved as part of the care team they did not feel as involved with the running of the service. We spoke with the registered manager about this and they said they would look into ways in which they could improve how staff felt involved with the organisation.

We saw the provider gained the views of people who used the service and their relatives by asking them to complete questionnaires. The registered manager told us they could complete these with staff to support or could choose to complete them alone. A relative confirmed they had been asked to give feedback on how the service is run and confirmed the feedback was always positive. The registered manager shared with us the recent survey which demonstrated that the people who responded were happy with the service they received.

The registered manager was aware of their responsibilities in informing us when certain incidents had taken place. We saw systems were in place which ensured people got support from staff when they needed it and received support from staff who were well trained.

We looked at the systems the provider had in place to monitor the quality of care people received and how this then contributed to driving improvements in the service provided. We saw the system in place involved audits being carried out by a member of staff from the provider's governance team at Head Office. These included care plan audits and audits of equipment. We saw where shortfalls had been highlighted action plans were in place for staff to follow. Although accidents and incidents were recorded, the system did not allow for trends to be monitored by the registered manager so that preventative action could be taken. We spoke with the registered manager with regards to this and they told us they would speak with their governance team to determine how this could be achieved on their system. We also saw new audits had been introduced to ensure people got their medicines when they needed them and staff recorded this accurately and reflected what we found during the inspection.