Interserve Healthcare Limited

Interserve Healthcare - Peterborough

Inspection report

1st Floor,
Tesla Court,
6 Innovation Way
Peterborough Business Park, Lynch Wood
Peterborough
Cambridgeshire
PE2 6FL
Tel: 01733233323
Website: www.advantagehealthcare.com

Date of inspection visit: 24 November 2015
Date of publication: 09/12/2015

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

Overall summary

Interserve Healthcare - Peterborough is registered to provide personal and nursing care to people, including children, who live at home. The majority of the people live with complex health conditions. At the time of the inspection there were 19 people using the agency.

This comprehensive inspection took place on 24 November 2015 and was announced. This is the first inspection of this agency since Interserve Healthcare Limited became the registered provider.

Summary of findings

A registered manager was in post at the time of the inspection. They had been registered since 15 September 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the agency. 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 agency is run.

People were kept safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people who used the service. People were supported to take their medicines if this was needed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. Their individual health needs were met.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, they were supported and looked after in their best interests. Requests for DoLS applications to be made to the Court of Protection had been made to the appropriate authorities to consider these requests.

People were looked after by staff who were trained and supported to do their job.

People were treated by kind, respectful and attentive staff. They and their relatives were given opportunities to be involved in the development of people's individual care plans.

Care was provided based on people's individual needs and they and their family members were supported to enable people to remain living at home. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by office based office staff and by the provider's management and quality assurance teams. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Management of risks kept people safe.

Recruitment procedures ensured that people were looked after by suitable staff.

People received their medicines as prescribed and medicines were kept secure.

Good

Is the service effective?
The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

Staff were trained and supported to provide people with safe and appropriate care.

People's nutritional, hydration and health needs were met.

Good

Is the service caring?
The service was caring.

People were treated by staff who were kind and patient.

People were looked after by staff who had similar interests.

People were involved in developing their care plans.

Good

Is the service responsive?
The service was responsive.

People's relatives were kept involved in their family member's care.

People were supported to take part in hobbies and interests that were important to them.

People and their relatives knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints.

Good

Is the service well-led?
The service was well-led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People and staff were enabled to make suggestions and comments about the agency and actions were taken in response to these.

There were systems in place to continually monitor and improve the standard and quality of care that people received.

Good

Interserve Healthcare - Peterborough

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 agency, and to provide a rating for the agency under the Care Act 2014.

This inspection was carried out on 24 November 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care and nurses agency service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection, we looked at all of the information that we had about service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We also made contact with a respiratory specialist nurse and a care manager. (Care managers, who are also commissioners, are external health professionals. They are responsible for managing the payment of fees and monitoring the cost effectiveness of the care that they are buying).

During the inspection we visited the agency's office. We spoke with the registered manager, two registered nurses, the senior branch consultant and two branch consultants. We also spoke with two people, two relatives and five members of care staff. Before the inspection nine people's surveys were sent and three were received; seventy-one staff surveys were sent out and nine of these were received; eight surveys were sent out to community health care professionals and two of these were received.

We looked at four people's care records and three people's medicines administration records. We also looked at records in relation to the management of the service and the management of staff.

Good

Is the service safe?

Our findings

People told us that they felt safe because staff treated them well. They also said that they felt safe because staff members made sure the doors to their homes were locked if they were asked to do so. One relative also told us that their family member was safe because of how staff looked after their child. They said, "I know that [name of family member] is safe. I am confident in leaving him with the care staff when I go out." A care manager told us that they were satisfied in how the people were kept safe. They said that they had confidence in the provider's disciplinary procedures which were carried out when members of staffs' work had placed people at risk of harm.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. In addition, staff were aware of the signs and symptoms that people show should they be experiencing any harm. One member of care staff said, "Their behaviours could change or they could have bruising." Another member of care staff said, "The person could become withdrawn or show that they have marks or bruising."

Members of staff, people and their relatives told us that there was always enough staff to meet people's needs. This included moving and handling and repositioning needs with the support of two staff members. Office staff described how people's needs were assessed and matched these against the required number of staffing hours. This was before the person was looked after by the agency's staff. Measures were in place to cover staff absences. A member of care staff said, "Occasionally I've had to cover for sickness. When I have called in sick, my shifts have been covered."

Recruitment practices were in place to protect people from unsuitable staff. The registered nurses described the recruitment procedure and the required checks that were taken out before registered nurses were allowed to look after people. The checks included confirmation of a satisfactory and in-date Nursing and Midwifery Council registration of the applicant. One of the registered nurses told us that staff, "can't work before they have their DBS [Disclosure and Barring Service[check." They also told us that applicants were required to present proof of their immunisation status. This included immunisation against, for example, the hepatitis B virus. Branch consultants told us about the agency's recruitment process. One of these said, "They [applicants] have to go through a DBS [Disclosure and Barring Service] screening. They have to have proof of their identity and provide names of referees." A member of care staff told us about their recruitment experience and said that they had to have all of the required checks and had attended a face-to-face interview. They said that this was before they started working for the agency.

People's risks were assessed and measures were in place to minimise the risks. Risks included those associated with moving and handling, development of pressure ulcers and risks of choking. Measures included supporting people with their moving and handling needs by means of a hoist and operated by two trained staff; repositioning people and provision of pressure-relieving aids to reduce harmful pressure; supporting people's nutritional needs by artificial feeding or by softened or pureed food. Other risks assessments included those associated with people's home environments and staff were aware how to minimise the risks. One registered nurse told us how they assessed people's risk in the event of a breakout of fire when they were at home. They said, "We assess if a person can leave their home by them self. Actions that we would need to take would be in line with their PEEP [personal emergency evacuation plan]." Records confirmed this was the case.

People were satisfied with how they were supported to take their prescribed medicines. One person said that they were independent with taking their own medicines. A relative said, "The staff give [name of family member's] medicines on time." We found that a person's health condition had improved as they were supported to take their medicines as prescribed. In addition, medicines administration records confirmed that people were supported to take their medicines as prescribed.

Members of care staff and their training records told us that they had attended training in management of medicines. One of the registered nurses explained that the training including checking members of care staff's competency. They said, "If we have any concerns [about a member of staff's competency] we would not sign them off."

Where members of care staff had made errors in the management of people's medicines, they were required to have their competencies re-assessed before they were allowed to continue with this type of care. One nurse and a

Good

Is the service safe?

member of care staff told us that members of staff's competency were also assessed in relation to delegated nursing tasks of the management of people's epilepsy and pain. This was by means of giving people their prescribed medicines and the administration of medicines via people's artificial feeding equipment.

Good

Is the service effective?

Our findings

One person said that they were confident in members of staff capabilities in looking after them. They said, "The fact that staff are spinal injury and moving and handling trained, when I'm being turned, they do it right." One relative said, "The staff help [name of family member] with his breathing. They help sit him up and use suction [equipment and techniques used to clear a person's mouth and throat from excess secretions] when he needs it." They told us that they had confidence in the care staffs' capabilities to look after the family member as they knew what they were doing.

A care manager told us that they were satisfied with how the provider made sure that staff were trained to meet people's specific health needs. These included people's epilepsy, breathing and feeding needs. A respiratory specialist nurse said, "The company [provider] have been very proactive in ensuring that staff have regular updates regarding the care planning around ventilator needs and do ring me regularly to ask for my input in this regard. I have facilitated training sessions on their behalf and we work together closely to ensure that care plans are appropriate." Members of care staff had attended a range of training and this included training to help people with their breathing. A member of care staff told us that they had attended training to enable them to assist people to breathe more easily by means of specialised equipment.

Members of care staff said that they had attended induction training before they worked on their own. A relative told us that when a newly recruited member of care staff was on their induction training, they were supervised. They said, "She [new member of care staff] has done a couple of trial nights with another carer." A branch consultant said, "Staff have three shadow shifts. They shadow an existing member of care staff who is well-established." They told us that members of the clinical and non-clinical office staff would work together to ensure that new members of care staff had satisfactorily completed their induction training. This was before they were allowed to work on their own. One member of care staff confirmed that they had shadowed a more experienced member of staff before they worked on their own and was confident in doing so. They said, "I had a lot of shadow shifts and support so I feel confident. If you are not sure of something they [provider] will put you on a course." They told us the range of training courses that they had attended and these included training in health and safety and moving and handling. They said that they were aware of forthcoming training that they had to attend. The registered manager and senior branch manager advised us that staff had to attend and complete their required training to enable them to continue to work for the agency.

Members of care staff said that they felt supported as communication between them and the office staff was good. In addition, they received support and feedback during unannounced spot checks that they were subject to and which were carried out by other staff members. One of the branch consultants described also how new staff were frequently monitored and supported at work during the first few months of starting their job. Supervision and appraisal systems were in place to support members of care staff during which their health, well-being and work-related topics were discussed.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Although the agency is neither of these services, some of the people had restrictions imposed on them for their own safety and well-being. The provider had sent requests to appropriate care managers and other health care commissioners (staff who are responsible for the payment of people's care) for people who the provider had assessed not to have mental capacity. The requests were made for the commissioners to proceed with their MCA assessments and to make possible DoLS applications to the Court of Protection.

Members of care and nursing staff were trained and knowledgeable in relation to the application of the MCA. They were able to demonstrate, for example, what action they would take should a person decline taking their essential medicines. One member of care staff said, "You have to talk to [name of person] and the slower time you

Good

Is the service effective?

give [person], and tell [person] what is happening, [person] will then take [their] medicines." When people did not have the mental capacity to make decision about their end-of-life care and treatment, their decisions were made in their best interest by medical staff and the person's legal representative, which included a solicitor or an appointed power of attorney.

People were supported to maintain their nutritional health. They were helped in cooking their meals, supported to eat their food or were provided with care to have their food and drink by means of artificial feeding tubes. People told us that care staff asked them what they wanted to eat and made sure they had access to food and drink at all times. Members of care staff were aware of people's dietary likes and offered people their preferred choices of food. One member of care staff said, "[Name of person] has pureed food. We give her choices and they will tell us what they like. [Name of person] likes gravy dinners, fish and vegetables and mousses."

A person's relative told us that they were very satisfied with how their family member was looked after. They said, "Since [name of family member] has been receiving the care [they've] been at home more [rather than being in hospital] and it's keeping them well." A respiratory specialist nurse said that people benefited from the care that they received. They said, "The agency is able to continue to care for people at home, even when the healthcare needs are multiple and complex and I have seen significant improvements in the psychological well-being of the patients cared for by Interserve [Healthcare Care-Peterborough]." Care records demonstrated that people had received care, which included care for their respiratory conditions. The care had improved the person's breathing condition and increased their blood oxygen to a healthier level.

Good

Is the service caring?

Our findings

We received positive comments about how staff cared for people they looked after. They told us that staff were polite and respected their privacy and dignity. In addition, staff were allocated to work with people in a consistent way, without changes in staff members. This had enabled people to get to know staff members who were looking after them. One person said, "I do have regular staff. You feel good knowing who's coming in." A relative said, "The staff are more like family supporting you. They're very friendly staff and [family member] loves them to bits."

Branch consultants described how they matched care staff to people they supported. This included shared hobbies and interests. Before a member of care staff worked, they were introduced to the person they were to look after. A member of care staff said, "There is an introduction thorough a 'meet and greet' and it is where you get to know the person. I regularly look after the same person." One relative said, "The staff are so used to [family member]. They know him so well. He can't speak but he responds to them very well."

Members of care staff demonstrated their understanding of valuing and looking after people. One member of care staff said, "My job is to help people with their health and well-being. Their personal care is attended to and I make sure that [name of person they were looking after] has their independence. It's also about choice. For example, I bring five tee shirts down for him to choose from." Another member of care staff said, "The purpose of my job is to help people to continue to live in their home and everything is kept safe."

One of the registered nurses told us that during unannounced spot checks on staff they monitored if people were receiving kind and compassionate care. They said, "We make sure that that people are supported to live the life they want to lead. That staff are respectful and people's choices are valued. We don't want to run their lives for them." Members of care staff showed an understanding of maintaining people's independence. This included independence with their personal care, eating and drinking and taking prescribed medicines.

People said that they were involved in making decisions about their care and were aware of their care plan. Where possible, people had signed to confirm their agreement to the planned care. Where people were unable to sign or be involved in their care plan, they were represented by their next-of-kin, power of attorney or solicitor. One relative said, "I feel involved in [family member's] care. The staff communicate with me [about the care]." Care records demonstrated that people's choices of when they wanted to get up and go to bed were respected.

The registered manager told us that any advocates used were independently appointed by people, rather than by the agency. However, they told us that they knew who they would liaise with should a person need support from an advocate. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People and relatives told us that they were satisfied with how their or their family member's health and social care needs were being met. This included continence and moving and handling needs and support to access the community. One of the registered nurses said, "We support people in taking risks, which includes going on holiday. Or taking someone out as their health has now improved. Just because it is not easy, it doesn't mean we don't do it." They gave an example of supporting a person with a high level of care needs, to go on holiday overseas.

A care manager told us that they were satisfied with how members of care staff responded to people's individual health care needs. These included making sure that people's breathing was supported by means of maintenance of their air way passages and supporting people's nutritional needs by means of artificial feeding. A respiratory specialist nurse told us that they considered people's special needs were met. They said, "I have found them [staff] to be committed to providing the best care and ensuring that the needs and wishes of the patients [people who use the agency] are considered and accommodated."

Care plans and risks were detailed and kept up-to-date. People's life histories were available. However, these were not clear to read as the information was embedded in people's clinical and risk assessment records. However, members of care staff demonstrated their knowledge about people's individual personalities and care needs. One member of care staff said, "Most of the time when [name of person] gets agitated she's telling you that she wants her continence pad changing. Or if she wants help to go to the toilet. We do know her tell-tale signs." One relative told us that the staff knew their family member very well and were able to understand and respond to their gestures and non-verbal expressions.

People and relatives told us that they knew who to speak with if they had a concern or complaint to make. One relative said that they had a concern about the continuity of their family member's care when a member of the care staff was unavailable to work. They told us that they felt listened to and action was taken to recruit a new member of staff. An RGN confirmed this was the case. A respiratory specialist nurse told us that they were satisfied with how the agency dealt with complaints. They said, "Patients [people who use the agency] and carers on my case-load appear to have had concerns dealt with promptly and have been aware of who to speak to should they have any concerns." Members of care staff knew about the provider's complaints procedure and how to support them with this. This included listening to the person and reporting to the office based staff, if the person was unable to report their concerns for them self. The record of complaints demonstrated that there was a low number of complaints received (one) and this had been responded to in a satisfactory manner.

Good

Is the service well-led?

Our findings

People and relatives told us that they knew who the registered manager was. They also said that they knew the names of office based staff members who were responsible in supporting the registered manager. The registered manager had previous experience in managing care services. We received positive comments in respect of the registered manager and his leadership style.

A care manager told us that they had noticed an improvement in the leadership of the agency since a change of registered manager. This view was supported by improved communication between the agency and external professionals. Members of care staff and office based staff described the registered manager to be approachable. They said he listened to what people had to say and put people's safety and well-being at the heart of the agency's work. One of the registered nurses said, "The [registered] manager is extremely supportive and is very conscious of issues of safety and quality. At staff meetings he disseminates information down from the organisation and tells us his expectations of work-related business for the following week. He will always bring anything else up that we would like to discuss." They gave examples of this: improving how people with hard of hearing could be better supported and proposed improvements in documentation. A member of care staff gave an example of how their suggestion was acted on. This was in relation to supporting a person with purchasing replacement food preparation equipment. They told us that the office based staff had immediately agreed to their suggestion. This had improved the safety of the person they were looking after.

Surveys to obtain people's views were being sent out and some of these had been returned with positive comments from the respondents. The registered manager advised us that this quality assurance programme would be completed by 31 December 2015.

Other quality assurance systems included analysis of incidents. Remedial action was taken, if this was needed. This included re-assessing members of care staffs' competency in supporting people with their prescribed medicines. Audits were carried out in relation to people's care plans and medicines administration records. Where there were deficiencies, members of care staff were reminded of their responsibilities in making sure people were kept safe.

During May 2015 the provider had carried out an internal audit and actions were identified to improve the management of the agency. Remedial actions were taken and completed in response to the audit which included confirmation that equipment and prescribed medicines complied with national safety guidance from external regulatory authorities.

There was a whistle-blowing policy in place. Members of staffs' knowledge about the whistle-blowing policy was inconsistent as to types of incidents that fall under this title. However, all were aware of who they would speak with if they any concerns about the safety of people they looked after. One member of care staff said, "Whistle blowing is if you see anything causing harm [to a person] by a colleague." Another member of care staff told us that they were aware that the policy protected the whistle blower's identity and, therefore, reduce the risk of reprisal.