

Interserve Healthcare Limited

Interserve Healthcare - Yorkshire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Interserve Healthcare - Yorkshire is a domiciliary care agency providing personal care to adults and children with complex health conditions and learning disabilities, living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. During our first inspection visit, the service was caring for 32 people and 31 on our second inspection visit.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Improvements were required in how the provider was recording relevant discussions and decisions about the care of people who lacked capacity to make decisions. We have made a recommendation for the provider to always complete these records and to consult relevant guidance and best practice in relation to the Mental Capacity Act 2005.

Staff provided people with a safe service. Accidents and incidents were recorded, investigated and analysed by the registered manager and changes implemented when required.

Risk assessments were in place to identify and manage risks to people and staff. There was after-hours support to assist staff when working on their own and out of office hours. Staff were knowledgeable about identifying and reporting safeguarding concerns.

Medication was administered safely.

People received support to maintain good nutrition and hydration and their healthcare needs were understood, met and relevant records kept. The provider kept in close contact with relevant healthcare professionals.

The service continued to have a positive impact on people's lives. We received positive feedback from people using the service, their relatives and healthcare professionals about staff being kind and "going the extra mile".

The provider was caring for people with very complex health conditions. Their care plans were detailed, and person centred; these were updated when required.

Complaints were well managed, and people and family members were confident that their complaint would be listened to and acted upon quickly.

There was an open and person-centred culture in the organisation. Staff enjoyed working for the provider

and told us they felt well supported by a regular programme of training, assessment of competencies and supervision.

There were effective quality assurance processes in place that allowed management to keep an appropriate oversight of the care delivered, as well as implement and plan any improvements required. We received positive feedback about the registered manager being approachable and changes they had introduced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published in 24 January 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Interserve Healthcare - Yorkshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team and commissioning team and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with one person using the service and four relatives of people using the service. We spoke with nine staff members; this included the registered manager, nurses, client managers, resource coordinators and care workers. We received feedback from one healthcare professional who worked closely with the service. We looked at care records for four people using the service including medicine administration records. We looked at training, recruitment and supervision records for three staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

We received an email from the registered manager with additional evidence. This information was used as part of our inspection. We looked at policies and procedures, team meetings minutes and feedback from people, relatives and healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At our last inspection, we noted medicines were managed safely however, improvements were needed to ensure the records reflected this. At this inspection, we found medicines management systems were well organised, and people were receiving their medicines when they should. Medication administration records (MARS) were detailed and relevant.
- The provider was conducting regular medication audits and when issues were identified these were addressed timely, such as gaps in MARS.
- Staff were trained in the administration of medicines and could describe how to do this safely. Their competency had been regularly checked.

Staffing and recruitment

- People's care was provided by a team of regular staff. One relative told us, "We have the same care team, [they are] really reliable care workers."
- Some relatives told us improvement could be implemented in relation to the management of the rota when regular staff was not available, for example due to being on annual leave. We discussed this with the registered manager and we saw they had recently allocated specific resources to the recruitment and training of staff to increase the number of staff available for contingency cover.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place to ensure employees were of good character and had the qualifications, skills and experience to support people using the service.

Systems and processes to safeguard people from the risk of abuse

- The service provided safe care to people. Relatives told us their loved ones received safe care. One relative said, "I can go to bed and have a good night's rest knowing that [person] is secure."
- Staff had a good knowledge of the types of abuse, the safeguarding procedures and who to inform if they had any concerns or concerns had been raised to them.
- We reviewed the provider's safeguarding log and, in addition with our conversations with the registered manager, we were assured that appropriate steps had been taken, when required. We noted the registered manager had not submitted one statutory notification in relation to concerns about a person using the service; we discussed this with them and the appropriate notification was submitted immediately.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place.
- Risks related with people's health, care needs, and people's home environment had been assessed. Care

plans were detailed and explained how staff should care for and support the person. For example, one care plan explained how two staff were required to support a person to move from their bed to their wheelchair; there was a list of the equipment required and how staff should use it. The provider was regularly checking that the equipment was safe to use.

- People using the service had very complex health needs and some required constant support and supervision. The provider had contingency arrangements in place to make sure that a regular team of staff, who knew people well, were available to provide the care. The registered manager told us that, if required, they could also use agency staff to make sure people had the care they needed.

Learning lessons when things go wrong

- Staff knew how to safely deal with accidents and incidents such as a medical emergency and were confident that any concerns raised would be acted upon by management.
- We reviewed the provider's management of accidents and incidents and found these were safely managed. The registered manager had clear oversight of these instances and we saw appropriate actions were taken when required and lessons learnt. For example, the registered manager told us that following an incident related with one person's skin integrity, the provider was now considering including skin care in their mandatory face to face training schedule.

Preventing and controlling infection

- People were protected against the risk of infections. Staff had completed training in infection control and food hygiene and told us protective equipment was regularly made available by the provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good.

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

At our last inspection we found several concerns about how people's capacity to make decisions was being considered and how records about people's mental capacity were maintained. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11 however continued work was required.

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 with appropriate legal authority. In community services that application must be made through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff recognised the importance of seeking a person's consent before providing care or support. One person told us staff always asked for their consent. Relatives also told us staff respected their loved one's choices or, if the person using the service was a child, staff appropriately consulted with their parents.
- Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care. One staff member told us they "always ask the parents" when consent was required for the delivery of his child's care. Other staff members told us how they had been involved, with other professionals, in assessing someone's capacity who was making decisions about their care which were considered unwise by others.
- The provider was considering people's capacity to make decisions during initial assessment, planning and reviewing care. Records showed that when people lacked capacity to make decisions about their care, relevant people had been involved in making decisions however, the provider continued to overlook the completion of decision specific mental capacity assessments and best interest decisions.
- For example, one person had a severe learning disability and due to their behaviours, they required staff to use equipment which could restrain them. We saw this person's family and relevant healthcare

professionals had been involved in making this decision. Their care plan showed staff had to follow the least restrictive approach. However, the provider had not completed a decision specific mental capacity assessment and best interest decision. The provider had asked the commissioner to complete this documentation. We reviewed the provider's policies and accompanying flowchart regarding this area and found the information was not consistent.

- As part of this inspection, we did not find evidence showing people were receiving care that was not in their best interests. We discussed these issues with the registered manager who told us they were going to review this.

We recommend the provider to always complete decision specific mental capacity assessments and best interest decision and to consult relevant guidance and implement best practice in relation to the MCA.

Staff support: induction, training, skills and experience

- We received positive feedback about staff's skills and experience in caring for people. One relative said, "[Person] has a PEG [feeding tube], specialist knowledge is needed and they [staff] have it. It is a two person's visit, one nurse and a care worker because of the complexity and the presence of the qualified nurse is a great reassurance."
- Staff completed a comprehensive induction and training programme. The registered manager told us, and we saw evidence, staff were receiving specific training to meet the particular needs of people they were caring for. Staff's competency to carry out specific clinical procedures and support was also assessed by qualified staff. We reviewed the training matrix and staff files and we saw training was up to date.
- Staff received regular support and supervision and told us these were supportive and relevant to their roles. One staff member said, "[Supervisions] are very helpful, they ask you how you can improve, what problems you are finding, and if there is any training missing, they give you time to do it."

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

- People's needs were assessed before the service began to provide care and support. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to people's care.
- People's needs in relation to the protected characteristics under the Equality Act 2010, were considered in the planning of their care. For example, people's communication requirements and specific health conditions were described and included in their care plans.

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

- People's dietary requirements and preferences were included in their care plans. Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care. For example, some people needed staff to manage equipment to ensure appropriate daily nutritional intake. Care plans and daily notes detailed the quantity and frequency of this support.
- One person confirmed they were supported by staff in line with their care needs and preferences in relation to their meals and drinks.

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

- People and relatives were confident staff would contact healthcare professionals if required.
- Records confirmed the provider maintained regular contact with relevant services such as social workers and tissue viability nurses. One healthcare professional told us, "Staff have always been very receptive to my professional advice and anything I have requested has been done with immediate effect."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's views and preferences were expressed and detailed in their care plans. We saw each care file had details of people's history, important people in their lives and their preferred routines. One person's care plan stated they liked to play with water, sing and play with musical instruments and, also explained they did not like too much noise or strong smells. This specific guidance allowed staff to understand this person and better support them.
- People and relatives had been involved in planning and reviewing care plans. Records confirmed regular reviews were taking place and involving the relevant people.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care. Our conversations with people confirmed staff respected people's dignity.
- People's records were kept securely to maintain privacy and confidentiality in the office.
- People were supported to be as independent as possible. One relative told us how staff supported their loved one to shop online. They commented, "They [staff] try it [promote independence] in the house, they interact with [person], for example, they will look at things in the internet if [person] wants to buy any."

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

- People and their relatives were positive about the support being received and told us staff were caring and there was a consistent staff team. Their comments included, "The nurse we have in the package is second to none;" "Excellent nurses, they really take care for my [relative];" "It is a really good service, they sort out every problem, there is the same care team, the managers are really good to support" and "I really trust them. [Name of staff member] is a lovely lady, she was holding [my relative's] hand as [relative] was falling asleep, money cannot buy this, it is really good."
- Staff spoke with genuine commitment about the work they were doing and the people they were supporting. One staff member told us, "I do the best I can, [person] is my priority, if [person] has a good day, I get a good day." Other staff member told us how they felt it was 'really good' and respectful that new staff were always introduced to the person before starting caring for that person.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same rating. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's care records were individualised and reflected a person-centred approach to care. For example, people's health conditions were described in their care plans to ensure staff had the necessary knowledge.
- Some people required equipment to meet their needs; we saw their care plans described in detail how staff should use this equipment and some care plan had photos of the equipment as well. The daily notes showed people's care plans were being followed by staff.
- Staff knew people's needs and preferences and explained how they would be responsive to people's changing needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to participate in activities which were meaningful to them. Some people and their relatives were supported to access services in the community, for example, one person and their relative were supported by staff to attend a toddler community group.
- We saw several examples of how the service was meeting the specific cultural needs of people and their families.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was working within the AIS. Some people using the service had specific communication needs, for example, they used equipment to enable or enhance their communication or used specific methods such as picture exchange communication and Makaton. Specific communication requirements were described in people's care plans and staff told us how they would follow these to effectively communicate with people. One staff member told us how they had been supported by a speech and language therapist to better use the equipment used by a person to communicate.

End of life care and support

- People who required care at the end of their lives were appropriately supported by Interserve healthcare – Yorkshire. The provider had developed specific documentation to use if they had to support people requiring care at the end of their lives to ensure support was put in place in a timely way. The registered manager told us the service also offered additional support to staff caring for people at the end of their lives,

such as peer support and counselling.

- We saw a comment from a healthcare professional which was very complimentary about the care provided to a person and their family. They said, "I know the family appreciated all you did to support them during this incredibly difficult time. The care given by carers was exceptional and their dedication to making an awful time in a family's life a more bearable experience."

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate.
- People and relatives told us if they had any concerns they would not hesitate to discuss them with staff or management and were confident their concerns would be acted upon.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection we made a recommendation for the provider to review their quality assurance systems to make sure they were more robust in relation to recording of medicines administration and adhering to the principles of the MCA. At this inspection, we found some improvements had been found, but work was still required in how mental capacity assessments and best interest decisions were being recorded.

- The registered manager and staff members were committed to providing high quality care which reflected people's preferences. The registered manager told us, "Providing the best possible care for clients is the final goal; everything is a learning opportunity."
- During this inspection we received consistent positive feedback in relation to the registered manager being very approachable and supportive. Comments included, "[Name of registered manager] used to be branch nurse, she has a wonderful insight, you are never afraid to go to her" and "[Name of registered manager] has a caring side, we complement each other nicely."
- The provider had effective quality assurance systems in place. The management of the service was also conducting regular audits, for example, on people's medication, care records and observing staff's practice. This ensured that there was good oversight of the service.
- The registered manager told us about their continued plans to improve the service and showed us the improvement plan they had developed. For example, plans were being made to ensure daily notes and medication records were recorded electronically which would ensure these were easily accessible to staff responsible to audit them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received care which was personalised to their individual needs and focused on their outcomes. Staff were matched to people in line with their preferred wishes and choices to provide consistent support.
- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.
- Staff told us the management were supportive and any issues raised would be acted on timely and appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place to ensure effective communication with people, relatives and staff. The registered manager had introduced a newsletter to share information about relevant events happening at the service. They also told us that, following a suggestion from a relative, they had started developing a group called Caring for Carers which goal was promote interaction between informal carers and families, and be a source of support and knowledge to them.
- Records showed staff meetings were recently being held more regularly and relevant issues were discussed.

Working in partnership with others

- Records showed us that health and social care professionals were regularly involved with people's care planning. Professional advice was documented and followed.