

Interserve Healthcare Limited

Interserve Healthcare - Torquay

Inspection report

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Date of inspection visit:

05 January 2017

06 January 2017

Date of publication:

08 February 2017

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

Interserve Healthcare – Torquay provides domestic help, personal and nursing care to people living in their own homes. The service also provides 'live-in' carers and sets up equipment in the community for people to receive treatment at home. Domestic support is not regulated by us, and therefore this inspection only looked at the care and support of those people who received treatment or assistance with their personal care. The service has a satellite office in Cornwall from where it provides staff training and supervision.

The service employed a registered manager. 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.

This was the first inspection of this service since it registered with the Care Quality Commission in January 2016. The inspection took place on 5 and 6 January 2017 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 10 people were using the service, seven of whom were receiving treatment or support with their personal care needs.

People, their relatives and staff told us the service was managed well. One person said, "I have nothing but praise for them." People said they felt safe with the staff when receiving care. They said they had a stable staff team whom they had come to trust and know well. One person described them as "family". Staff had received training in safeguarding adults and children and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and said any issues would be dealt with thoroughly.

Risks to people's health and safety had been assessed and were regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were given information about how to minimise the chance of harm occurring to people and themselves. Should an accident occur in a person's home, the circumstances of the accident were reviewed to identify any actions needed to reduce the likelihood of a reoccurrence. The service supported some people to take their medicines. Care plans provided information about each person's medicines and when these should be taken. People told us the staff supported them safely and they received their medicines as prescribed.

The service employed safely recruited and well trained staff to meet people's needs. Staff told us they had the training they needed to carry out their role, including moving and transferring people safely, infection control, first aid, pressure area care and caring for people living with dementia. The nursing staff responsible for using specialist equipment such as ventilators received regular training to ensure they remained competent with its use. Staff told us they enjoyed their job and felt supported.

There were sufficient numbers of staff available to carry out people's visits and meet their needs safely.

People told us they had a stable team of core staff. People told us they did not have staff sent to them who didn't know them and they had never had a missed visit. One relative said, "We have never been let down, never had a missed visit."

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. One person said the staff were "Brilliant and the care is fantastic" and a relative said, "My wife receives excellent care." Staff performance was regularly reviewed through observation, spot checks and supervisions to ensure they were meeting people's needs respectfully and in the manner people preferred.

Each person had a care plan that detailed their care needs and provided staff with step by step guidance about how staff should keep people safe, meet their needs and also respect their preferences. These plans were developed with each person, and their relatives if appropriate, following an initial assessment. Staff knew people well and were able to tell us how they supported them. The service employed sufficient staff to be flexible and responsive to changes in people's needs. The service provided visits of no less than four hours to ensure people's needs were met and staff were not rushed in providing care.

The registered manager and the staff had a good awareness of the Mental Capacity Act 2005. The registered manager explained that if a person was unable to make decisions about their care, they would discuss these changes with the person, their family and any relevant healthcare professionals, to support a mental capacity assessment to be carried out.

People and their relatives told us they had no concerns over the care and support they received and they felt able to make a complaint if something was not right. When asked if there was anything within the service that could be improved, one person said they felt staff cover for sickness could be improved and the remainder of people told us they couldn't think of anything. We discussed this with the registered manager who described to us the contingency plans for covering staff sickness which were well managed. The service had received a number of letters and cards of thanks. One letter recently received said, "I am writing to let you know how impressed we all were with the care given."

The provider had robust systems in place to monitor the quality and effectiveness of the service. In addition to the monthly audits completed by the management team, the regional operations' manager visited the service every two weeks to review the performance of the service. The provider's 'highly complex referral' and 'clinical assistance' teams also provided the service with clinical support and guidance.

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 received safe care and support from staff who were aware of their safeguarding responsibilities. There was an on call system for people and staff to ring in the event of an emergency out of office hours.

Risk management plans reduced the risk of harm by providing staff with information about how to support people safely.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person unsuitable to work with people who require care and support.

Is the service effective?

Good ●

The service was effective.

People were supported by a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service supported people with their health care needs and the service liaised with specialist healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them.

Staff were respectful, kind and compassionate.

People were involved in reviewing and making decisions about their care needs.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care to people in the manner they wished. Care plans detailed people's abilities and preferences.

The service was flexible and responsive to changes in people's needs.

Any concerns or complaints raised with the service were taken seriously and dealt with promptly. People felt confident they would be listened to and any concerns acted on.

Is the service well-led?

The service was well-led.

The registered manager and management team knew about the needs of the people who used the service.

People and staff found the management team approachable and supportive.

Staff enjoyed their work and told us the management were always available for guidance and support.

Effective systems were in place to assess and monitor the quality of care.

Good ●

Interserve Healthcare - Torquay

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 was 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 5 and 6 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Prior to this inspection we were provided with a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we also reviewed the information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also sent questionnaires to three people receiving a service, three relatives, 20 staff and two healthcare professionals to gain their views on the quality of the care and support provided by Interserve Healthcare – Torquay. One questionnaire was returned by a person using the service, four were returned from staff but none were returned by relatives or healthcare professionals.

On the day of our visit, 10 people were using the service, seven of whom were receiving assistance with their personal care. We used a range of methods to help us understand people's experience. We visited three people in their own homes and spoke to a further two people over the telephone. We also spoke with three relatives, nine care staff, including the office based nurse, and the registered manager.

We looked at four sets of records relating to people's individual care needs; three staff recruitment files; staff

training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.

Is the service safe?

Our findings

People told us they felt safe with the staff when receiving support with their care needs. They said they had a regular staff team whom they had come to know and trust. The person who returned a questionnaire to us also said they felt safe with the staff and protected from abuse and harm.

Staff had received training in safeguarding adults and children and knew how to recognise signs of potential abuse. Staff understood how to report any concerns and told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One member of staff said, "I'd be on the phone to the office. They wouldn't tolerate it."

Risks to people's health and safety had been assessed and were regularly re-assessed and reviewed. Assessments related to a wide range of needs and included health care, mobility and nutritional needs. Consideration was also given to the environment, such as stairs or the safety of kitchen equipment to ensure care could be provided safely in people's homes. Staff were provided with information about how to minimise the chance of harm occurring to people and themselves. For example, staff were guided how to safely use a hoist to transfer people from their bed to a chair. People told us they felt safe when staff used the hoist and that staff were competent in its use. Other people required the use of bedrails and these had been assessed as safe to use for each person. Where people had medical conditions that could be life threatening, staff were guided with very clear information about what signs and symptoms to be observant for and when to call for emergency medical support.

Assessments also identified any risks with cross infection and guided staff about how to minimise this by wearing gloves and aprons and with handwashing. Staff were provided with training about infection control and they confirmed protective equipment such as gloves and aprons were freely available from the office.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. A report providing details about the accident was recorded onto the service's electronic care system. These reports were reviewed at the time of the incident by the registered manager as well as by the provider's regional and clinical managers. The reviews identified how the accident had come about, whether any action was necessary to reduce the risk of a repeat and to assess for signs that people's needs might be changing.

The service supported some people with their medicines or shared this responsibility with relatives. Care plans provided information about each person's medicines and when they should be administered. People and relatives told us the staff supported them safely and people received their medicines as prescribed. Medication administration records were completed when staff had given people their medicines.

The service also supported some people with shopping and as such had access to people's money. Staff told us they were very careful when receiving and spending money. They said they always obtained receipts for every purchase. This ensured people were protected when giving staff access to their money. The

registered manager told us they checked these records each month. Staff said where relatives were involved in people's care, they also checked the receipts and how staff had spent people's money.

Staff recruitment practices were safe and relevant pre-employment checks had been completed. We looked at the recruitment files for three staff, including a recently recruited staff member. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. Where registered nurses were employed the service regularly checked their registration with the Nursing and Midwifery Council remained current. The registered manager confirmed the provider's human resource team checked prospective staff's application forms and pre-employment documentation prior to them being able to appoint staff.

The service employed sufficient staff to carry out people's visits and meet their needs safely. People told us they had a stable team of core staff. People told us they did not have staff sent to them who didn't know them and they had never had a missed visit. One relative said, "We have never been let down, never had a missed visit."

Staff spoken to during the inspection and those who returned a questionnaire to us said they had no concerns over the planning of visits. Due to the minimum visit time of four hours, they had enough time to ensure they delivered care safely to people. A lone working policy and risk assessments identified any risks to staff and gave consideration to their safety, for example, when working in an isolated location. Some staff were provided with electronic identify badges linked to the service's computer system. This alerted the office if a member of staff had been stationary for too long, indicating there might be a problem: the office could then phone the staff to make sure they were safe. The badge was also fitted with a personal alarm also linked to the office. The registered manager said these badges would eventually be provided for all staff.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from. One member of staff said the phone is "always answered after only a couple of rings." The service had a contingency plan for times of unforeseen emergencies, such as adverse weather conditions. They had identified those people who lived alone and whose care visits were critical.

Is the service effective?

Our findings

People told us the staff knew them well and they were happy with the care and support they received. Everyone we spoke with, and the person who returned a questionnaire to us, said the staff had the appropriate knowledge and skills to meet their needs.

Staff were provided with the training they required to carry out their role. Training was provided through eLearning, the provider's website and face to face training. A library in the office held reference books relating to specific health care needs as well as supporting people living with a learning disability or dementia. Records indicated staff received training in topics such as moving and transferring people safely, infection control, first aid, pressure area care and caring for people living with dementia. Training in assisting people with their mobility and the safe use of equipment was provided every month to ensure staff remained competent to use equipment. We saw certificates for this training in staffs' files. A training matrix identified when training updates were due to ensure staff remained up to date with their practice. Staff told us they had access to training whenever they wished or needed it. They were also supported to undertake Diplomas in health and social care which they very much valued. They said they could request additional training in topics relating to the people they were supporting or in areas of care that interested them. One member of staff told us, "If you want any training you just ask" and said they had requested training in a specific topic and this was provided immediately for them. For people with complex and specialist nursing care needs, a 'training package' was designed and provided to each person's staff team by an external specialist training provider. Topics included specialist care needs such as the safe management of tracheostomies and the use of ventilators. Some people's care was provided solely by nurses and the service employed an office based nurse to oversee these people's clinical care. They also provided all the staff employed by the service with support and training. One member of staff said, "(name of nurse) is really good. I really like her training."

New staff completed essential health and safety training and worked alongside experienced staff before going out to visit people by themselves. A newly employed member of staff confirmed they were working alongside experienced staff until they felt and were assessed as competent to meet people's care needs unsupervised. Staff new to care were also enrolled to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. We saw records of this training in the newly recruited staff member's file.

Regular assessments were undertaken by senior staff within the management team, to ensure staff remained competent to undertake specific care tasks. Records showed staff were assessed in medicines administration, the use of equipment specific to people's care needs, as well as record keeping. Monthly audits identified if competency checks had been undertaken and action identified for those that were due.

Staff told us they felt well supported by the registered manager and the management team. Staff received regular supervisions where they were able to discuss people's care needs, identify any concerns and plan their training and development support. Regular visits to people's homes were undertaken by a member of

the management team to allow staff practice to be observed and assessed. People and staff confirmed these checks took place regularly. Records of these spots checks were maintained and used to support staff supervision and to identify training and development needs.

The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained that if a person was unable to make decisions about their care, they would discuss these changes with the person, their family and any relevant healthcare professionals, to support a mental capacity assessment to be carried out. Care plans identified that people had read and consented to the content of their care plans. Staff said they asked people every day about whether they were happy to receive care from them.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and these were recorded in people's care plans. During our visits we saw one person had been provided with their preferred breakfast as was described in their plan. Where people had specific dietary requirements, such as for managing diabetes, staff were provided with information about this. Nutritional assessments identified whether people were at risk of not eating or drinking enough to maintain their health. The registered manager told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns over people's health. Specialist advice was sought when necessary, for example from occupational therapists, to support people's specific care needs.

Is the service caring?

Our findings

People and their relatives told us the staff were very kind and caring. They confirmed staff had built positive relationships with the people they support. Their comments included, "They are like a family", "My wife receives excellent care" and "Brilliant and the care is fantastic."

In the Provider Information Return, the registered manager said the service arranged 'meet and greet' meetings with people and staff to ensure people were happy with the staff to be supporting them. People confirmed the service gave consideration to providing staff who had similar interests to them. They felt this was very important as staff spent a long period of time with people and their families. One person said they enjoyed listening to music with one particular member of their staff team. They also said staff took them out to places of interest of their choosing. Another person said, "I have an excellent relationship with my staff."

The service's website information stated, "We treat people as we would want to be treated, with respect and patience." People told us they felt this was true and the staff were respectful and polite. People said they were able to express their preferences with regard to the gender of staff and also to which staff members delivered their care, and they said the service respected this. They said staff respected their dignity and attended to them kindly and discreetly. Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. Members of the management team observed staff practice in people's homes to make sure they upheld people's rights and dignity.

Several of the staff had worked for the service for many years and they told us they enjoyed their job. One member of staff said, "I enjoy my job very much" and another said, "My heart is in my job. I love my job." Staff spoke about people with affection and valued being able to care for the same people as they felt they could build good relationships with them.

People and their relatives told us they were involved in their care. People's care plans identified what care tasks each person could do for themselves and when staff should provide support. Staff told us they encouraged people to be as independent as possible and supported people to complete care tasks themselves. One member of staff told us they discreetly watched to ensure the person didn't struggle and only offered support when this was necessary. Care plans identified that each person was in control of their care and would direct staff with what they wished to happen. People said they were asked about their care needs and whether they were happy about the way in which staff supported them. During our visits we heard staff ask people their views, preferences and consent to undertake care tasks. Records showed people and their relatives, if appropriate, were involved in reviewing and contributing to their care plans.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives and confirmed staff received end of life care training.

Is the service responsive?

Our findings

Information on the service's website stated, "We want to make a difference to the lives people are able to lead. We want people to do as much as they want to do and to help them achieve things they thought may be out of reach." People told us they valued the support they received to be able to remain at home with support to meet their complex care needs, which without support would require admission to a care home.

Each person had a care plan that detailed their care needs and provided staff with step by step guidance about how staff should keep people safe, meet their needs and also respect their preferences. These plans were developed with each person, and their relatives if appropriate, following an initial assessment. People told us they had received a copy of the plan and they had been able to read these and agree their content before they were provided to staff. Periodic team meetings ensured all the staff involved in each person's care were able to discuss their care needs and share information. People told us a member of the management team visited to review and discuss their care needs, as well as to ensure staff were providing care that met their needs and preferences.

Staff were asked to read each person's care plan to ensure they were fully aware of each person's needs before they started to provide care. They were guided to contact the office and speak with a member of the management team if they had any questions or concerns regarding people's care.

Records showed the care plans had been reviewed at least every six months or as people's needs changed. Risk assessments were also reviewed and updated at this time. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and these included the care tasks undertaken, whether medicines were given, how well the person had eaten as well as a description of their general well-being. These records were reviewed each month by the management team to ensure they had been completed in line with the service's policies.

The service employed sufficient staff to be flexible and responsive to changes in people's needs. The service provided visits of no less than four hours to ensure people's needs were met and staff were not rushed in providing care. The service was able to respond to requests from people to change or increase the number of visits. For example, the registered manager told us they had been able to provide additional support for one person to be able to spend time with their family over Christmas and for another to attend an important family celebration.

People and their relatives told us they had no concerns over the care and support they received and they felt able to make a complaint if something was not right. People had a copy of the service's complaints procedure and they were confident their concerns would be taken seriously. When asked if there was anything within the service that could be improved, one person said they felt staff cover for sickness could be improved and the remainder of people told us they couldn't think of anything. We discussed this with the registered manager who described to us the contingency plans for covering staff sickness, which were well managed. The service had received two complaints this year. The actions taken to look into these issues and resolve the matter were fully recorded. The service had received a number of letters and cards of thanks. Comments from two recently received said, "I am writing to let you know how impressed we all were with

the care given" and "Thank you very much for your kind support and hard work."

Is the service well-led?

Our findings

People, their relatives and staff told us the service was well-led. One person said, "I have nothing but praise for them." The registered manager was supported by a number of office staff, including a nurse, and each had specific management responsibilities. One member of staff described the registered manager as "brilliant".

Staff told us they were very well supported, one said, "We are well supported. There is a good sense of team work." Another said "We're a very close team" and they felt the management team "stand by the side of you". Staff told us during supervisions and appraisals they were asked what was going well and they felt they could voice their opinions. All the staff we spoke with said they would recommend the service to people as they felt the service had "high" standards". One member of staff said, "It is nice that things are dealt with properly."

Some staff told us they worked some distance from the office and didn't visit the office unless they needed to collect gloves and aprons or to undertake training. They said they received regular phone calls from the management team to check on their welfare and to identify if they needed any additional support. Staff benefitted from having an incentive scheme which awarded each member of staff points for every hour they worked. Staff could then use these points to obtain discounts at shops.

The provider had robust systems in place to monitor the quality and effectiveness of the service. In addition to the monthly audits completed by the management team, the regional operations manager visited the service every two weeks to review the performance of the service. They completed a monthly report of the audits undertaken and these were used by the provider to produce a governance report of all of the provider's services every three months. All the services were reviewed in line with the Care Quality Commission's five key questions and action plans developed where improvements were necessary. People told us they were regularly asked for their feedback when discussing their needs with the staff and at care plan reviews. The service also sent questionnaires to people to formally seek their views. The results from the most recent questionnaires were favourable.

The provider's 'highly complex referral' and 'assurance and quality' teams provided the service with clinical support and guidance. The clinical assistance team also undertook quarterly visits to review people's clinical needs as well as to review accidents and incidents. Reports were sent directly to the provider's chief nurse.

Each month the registered manager met with, and shared monthly telephone conferences, with other managers of Interserve Healthcare services in the Southwest region to review issues and keep up to date with good practice. In the Provider Information Return, the registered manager said the office based nurse attended regular forums with the service's other office based nurses for information sharing about clinical best practice: this information was then shared between the remainder of the staff team. They also said the service was developing links with the national initiatives to improve people's healthcare experiences.

The registered manager was aware of their responsibilities in informing us when certain incidents had taken place.