Care Quality Commission

Interserve Healthcare Limited

Interserve Healthcare - Greater Manchester

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

Interserve Healthcare Manchester is a domiciliary service which provides care and support to adults and children with complex needs. It is based in Rochdale and provides services across Manchester and Lancashire to people in their own homes. At the time of our inspection the service was providing support to 20 people. In addition, the service also provides support to 34 people undergoing home dialysis for renal failure. However, Interserve Manchester is due to discontinue managing this service from March 2018.

The service had 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.

We last inspected the service on 24 and 27 October and 3 November 2016. At that inspection we rated the service 'good' in all areas. We carried out this inspection following a move to new premises.

People we spoke with were complimentary about the care and support they received from Interserve Healthcare. They told us they felt safe, and that staff were caring and patient. Care staff treated people who they were assisting with dignity and respect.

Appropriate recruitment checks had been carried out on all staff to ensure they were suitable to work with vulnerable children and adults. Staff were knowledgeable about how to protect people from abuse.

All new staff had received a thorough induction, which included completion of mandatory training, such as moving and handling and infection control. In addition, staff had undertaken a variety of training in clinical areas that were specific to the people they cared for. This ensured they were competent to care for people with complex health needs. Staff received regular supervision and annual appraisals. These provided them with opportunities to voice any concerns and plan their professional development.

Staff supported people to receive their medicines and were competent to carry out a range of clinical tasks, such as caring for tracheostomies, percutaneous gastrostomy tubes (PEG) and non-invasive ventilation.

Risk assessments, both environmental and personal had been completed and were reviewed regularly, to

minimise risks to staff and people who used the service. Assessments of people's needs were comprehensive and care plans were detailed. They provided staff with sufficient information to guide them on how to care for each person in the correct way.

People and their relatives were involved in the assessment and care planning processes. The service was working within the principles of the Mental capacity Act 2005.

Accidents, incidents and complaints were recorded and dealt with appropriately. People knew how to contact the service and to make a complaint if they needed to.

There were systems in place to monitor the quality of the service. These included the use of regular audits and quarterly client questionnaires. These gave people an opportunity to comment on the service and the care provided by Interserve Healthcare.

The service valued the hard work of staff and rewarded them through a system of monthly rewards. Staff told us they appreciated this gesture.

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.

Arrangements were in place to safeguard people from harm. Staff had been trained in safeguarding and were aware of their responsibility to report any possible abuse.

Recruitment checks had been carried out. This helped to ensure staff were safe to work with vulnerable adults.

Risk assessments were in place to guide staff and protect people from harm.

Is the service effective?

Good

The service was effective.

Staff received a thorough induction when they joined the service. Training was designed so that it met the specific needs of people being supported by Interserve Healthcare.

Staff received regular supervision.

The service was working within the principles of the Mental Capacity Act 2005. People and families were involved in the planning of the care they received.

Is the service caring?

Good

The service was caring.

People's dignity and privacy were respected.

People were complimentary about the staff.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and written in a way that reflected the

needs of individuals. They were reviewed regularly which ensured they correctly reflected people's needs.

Complaints were recorded and investigated thoroughly.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager who showed good leadership skills.

Quality assurance processes, such as audits, ensured that all aspects of the service were monitored regularly.

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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.

The inspection took place on 23 November 2017 and was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of this type of service or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of supporting people in their own home. They carried out telephone calls to family members of people receiving support from the service. We gave the provider six days' notice of our inspection. This was because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist us with our inspection. We also needed sufficient time to contact people who commissioned the service to ask their opinion.

Before the inspection we reviewed information we held about the service. This included the inspection report from our last inspection in December 2016 at the service's previous location and the provider information return (PIR). A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We sought feedback from people who commissioned the service and asked them if they had any current concerns about the service, which they did not.

During our visit we spoke with the registered manager and three members of the care team. We spoke on the telephone with relatives of six people who used the service to gather their opinion about the care their family member received.

As part of the inspection we reviewed three people's electronic care records, which included their care plans and risk assessments. We also reviewed other information about the service, including training and supervision records, three staff personnel files and quality assurance documents.

Good

Our findings

We asked family members if they felt the care provided by Interserve Healthcare was safe. One person replied, "Yes because they look after (name) the way I would". Another person told us, "Yes 100%. (name) looks forward to seeing the carers.'' A third person said, "I would say so. Yes.'' The service had up-to-date safeguarding policies to guide staff on best practice and all staff completed on-line training in safeguarding adults and safeguarding children annually. Staff we spoke with were able to describe what constituted abuse, what they would do and who they would speak to if they had any safeguarding concerns. One staff member told us, "I feel quite confident to speak to the manager.''

The service had moved to new location earlier in the year and was now run from a large, modern office, which provided suitable premises. Equipment in the office had been tested to ensure it was safe. This included a Portable Appliance Test (PAT) for computers and other electrical equipment.

We reviewed three electronic staff personnel files to check on the recruitment and selection process. The files we viewed contained all the relevant documentation, including copies of the completed application form, interview questions, two references, identification documents and a Disclosure and Barring (DBS) check. A DBS check helps a service to make safer recruitment decisions and prevents unsuitable people from working with vulnerable adults and children. A notice board in the office provided an easy-to-read checklist which showed the stage that each new job application had reached and the head office for Interserve Healthcare also provided oversight of the recruitment process. This ensured that all the required documentation was received and checked and the application process was followed correctly.

We checked to see that there were suitable staff to provide care and to manage the service. As well as the registered manager the service had a deputy manager, a nurse, two client managers, a recruitment consultant and a care coordinator. Care was provided by health care assistants who were trained specifically to work with people with specific health related issues. As part of the assessment process before the start of a new care package the registered manager and nurse ensured there were suitable staff available to provide the required care. If there were not, staff were recruited and given bespoke training. This ensured there were sufficient healthcare assistants who were trained specifically to meet the needs of the individuals they cared for.

We asked the registered manager what procedures were in place when health care assistants were absent, for example, because of sickness. She told us that staff were trained to look after several different people so that if necessary they could cover a shift when a staff member was absent. Staff were encouraged to give

plenty of notice if they were unable to work their shift, so that their absence could be covered by another member of the team. Where necessary, health care assistants could be requested from another branch of Interserve Healthcare, although we were told this did not happen frequently. We asked people who used the service about staffing. One person said, "A few years ago there was lack of continuity. But that was resolved. Peaks and troughs in between. But on the whole good.''

Where people using the service required specialist equipment, such as electric beds and hoists, this was purchased by the commissioning authority and it was their responsibility to ensure it was serviced and maintained. The registered manager told us that as an additional precaution they completed an 'equipment checklist'. This document recorded the type of equipment, manufacturer, who owned and maintained the equipment, record of PAT test (if appropriate) serial number and service date for each piece of equipment. This ensured all equipment was regularly serviced and was safe to use

Staff had undertaken training in infection prevention and control as part of their induction and then on annual basis. A supply of disposable gloves, aprons, paper towels and hand wash was provided by the service and kept at the home of each person receiving care. We asked people if staff used gloves and aprons when attending to their relatives and they confirmed that they did. This helped protect people who used the service from the risk of cross infection.

We checked to see if medicines were managed safely. All staff received' medication awareness training' as part of their induction and were assessed in medicines administration by the branch nurse. This ensured they were knowledgeable about medicines management and were competent to administer medicines safely. Some people were unable to take their medicines orally and received them through a different route. For example through their PEG tube (percutaneous endoscopic gastrostomy – a tube which is inserted through the abdominal wall into the stomach), or through a nebuliser (a device that changes liquid medicine into a fine mist which is breathed through a mouthpiece or a mask). Staff had been trained to give medicines in these ways where needed. People had care plans which gave details about their medicines. For example, one person required medicine for epilepsy. Their care plan gave details on what medicine to administer if the person had an epileptic seizure. Where staff were administering medicines, people had medicines administration records (MAR) in place. These were returned to the office every month and checked to identify if there were any omissions. Those we viewed during our inspection had been completed correctly.

We looked at how the service ensured staff were kept safe while visiting people in the community. The registered manager told us that where staff were providing overnight care for people, those shifts started during the early part of the evening. This meant staff did not have to travel late at night. All staff were offered a 'lone-working' devise which enabled them to summon assistance at the press of a button in the case of an emergency. Out of core hours, staff had access to emergency advice and assistance from the Interserve Healthcare head office. This helped to ensure the safety of staff working in the community.

The service identified and managed risks appropriately. As part of the initial assessment process and development of a care package, environmental hazards such as dogs, smoking, condition of lighting and appropriate space for carrying out care tasks were assessed. In addition to environmental risk assessments, personal risk assessments for people receiving care had been carried out. These included, for example moving and handling risk assessments, risk assessments around the use of oxygen and bed rail risk assessments. Everyone had a personal emergency evacuation plan (PEEP) in place. PEEPs explain how a person would be evacuated from their home in the event of an emergency and contain information about their mobility and any communication difficulties.

Accidents and incidents were recorded and reviewed to make sure risks to people were minimised. The incident record included details about the nature of the incident, its severity, if any harm was caused, whether the person involved was an adult or child and the person responsible for carrying out the incident investigation. The registered manager told us that staff were encouraged to be open and honest about errors. We read a comment made in a recent client feedback form. It said, "There have been incidents that occurred in the past potentially because of lack of training. However, Interserve dealt with these issues appropriately.''

Good

Our findings

We looked at the training and supervision of staff. New staff received a comprehensive induction which covered all aspects of the service, staff roles and responsibilities, the company's vision and values and code of conduct. They also completed mandatory training in moving and handling, basic life support and medicines management. Moving and handling and basic life support training included a practical demonstration and competency test. Medicines management was assessed through a written test and competency assessment. Other mandatory training was provided through e-learning. This included communication, record keeping, mental capacity act (MCA), equality and diversity and infection control.

As part of the induction process staff also received training in specific clinical areas, such as tracheostomy tubes, oxygen therapy, oral suctioning, spinal injuries and non-invasive ventilation. New staff undertook several 'shadowing' shifts, where they worked alongside a more experienced staff member until they felt confident. No new staff were allowed to work unsupervised until they had been assessed by the branch nurse as competent. Annual refresher training was undertaken in handling information, health and safety, infection control, fire safety, safeguarding adults and children, basic life support, moving and handling, medicines administration, MCA and all specialised clinical areas. This ensured staff had the correct skills and were safely able to work with adults and children with complex needs. Training records we reviewed showed that staff were up-to-date with their training. Staff told us they were kept informed about when training was due through email alerts. One member of staff, who had just completed their induction, told us they felt the training had been good and had prepared them for their role.

The registered manager told us that training was very much geared to each individual client. Where it was identified that a person had a specific need, training was provided. For example, one staff member told us that they had received instruction in basic sign language to help them communicate with the person they cared for. Those staff who supported clients with home dialysis were trained and assessed in this specific clinical area by an outside specialist company.

Staff were supported to improve the quality of care they delivered through face-to-face or telephone supervision sessions every three months and through an annual appraisal. Supervision and appraisals provide staff with opportunities to discuss their training and development needs and any concerns they might have about their work. We saw that there was documentation to record each supervision session, which stated what had been discussed and any actions required. An annual 'spot check' was also carried out so that each staff member was observed carrying out the care and support of their client. The observation checked on the presentation of the staff, their interaction with the client, health and safety and

report writing and helped to maintain standards.

We looked at how staff supported people to eat and drink. E-learning in food hygiene training was undertaken as part of the staff induction programme and updated annually. Some people were able to manage their own diet as they could eat unaided. Others received their nutritional input through a percutaneous gastrostomy tube (PEG). This is a narrow tube inserted through the skin into the stomach. It allows people who have swallowing problems to receive food, fluids and medication. We looked at records for people receiving support with their PEG feeding and found that care plans were detailed. They gave full guidance on how staff managed the tube and feeding process, including information about the amount and type of feed, water flushes, how the tube should be cleaned and rotated and what to do in the case of an emergency, such as if the tube came out.

We checked whether the service was working within the principles of the MCA. 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff received training on the MCA and Deprivation of Liberty Safeguards during their induction and then annually as a refresher e-learning course. This provided them with a basic knowledge about this topic. Part of the client initial assessment process involved a mental capacity review. Where a client was assessed as being under constant supervision and control they were referred to the local authority or commissioning authority so that a formal mental capacity review could be undertaken and a decision made about a Court of Protection Order.

We asked people and families if staff sought consent before undertaking care and support tasks. One person told us, "They ask me if it's okay to do things.'' We found the service was working within the principles of the Mental Capacity Act.

The majority of people supported by Interserve Healthcare had complex health needs. Staff were trained to carry out specific clinical monitoring when needed. For example one person required their oxygen saturation levels to be monitored and staff had been trained to do this. A range of different healthcare professionals were involved with peoples' care, for example dieticians, physiotherapists and children's services and the service maintained good links with the clinical commissioning groups who commissioned the care packages from Interserve Healthcare. In addition they employed a community matron who provided clinical support and expertise to the care team.

Good

Our findings

We received positive and complimentary comments about the staff. In response to our question 'are the staff kind and caring?' one person said, "Yes, they treat my son like one of their own. The staff were asking for toys and items so that they could communicate with my son. The sort he has at school. They asked: could we have them for him at home? I went out and bought them. He is a different boy now.''

Comprehensive assessments and care plans ensured staff had all the necessary information to care for people in an individualised way. One healthcare assistant talked to us about the care he provided to a teenager. He was able to tell us in detail how he supported this person and how he communicated with them using basic sign language. The staff member told us, "I get to know their likes and dislikes.'' During the assessment process people/families were asked if they had any preference to the gender of their carer. We were told that where possible these wishes were respected.

People told us staff were patient. One person said, "Patient? Yes I would say so. They have got to know my son now, they know his needs. He likes them to talk to them, then he goes to sleep.'' Another person said, "Yes I would say they are. Most of them are….they sit holding hands with my daughter, reading stories.'' A third person said, "Yes they are kind and listen to him.''

Staff talked to us about treating people with dignity and respect. One care assistant told us about the care they provided to a person while they were at school. They told us they always ensured the person was in a private area away from the sight of people when carrying out care tasks. This showed they understood the importance of caring for people in a dignified and respectful way.

We were shown a copy of the 'client care staff handbook' which each member of staff received. This included a section on 'compassion in practice' and described how Interserve Healthcare were committed to providing a service in line with the '6 C's'. This is a set of principles which nurses and carers should strive towards when providing care and is an NHS initiative. The registered manager told us that this was discussed with staff during the induction programme and helped to promote a caring culture among staff.

Good

Our findings

We looked at how the service assessed and planned the care it provided and saw that it was a thorough and detailed process. Following an initial referral to the service from one of the commissioning authorities, the registered manager and nurse carried out an in-depth needs assessment in conjunction with the person and/or their family. The assessment gathered information about mobility, nutrition, hygiene and personal care, communication, sensory functions, mental ability, behaviour, sleeping, social profile, medicines and the home environment. Following this initial assessment the registered manager and nurse reviewed the staffing levels and skills to ensure they had sufficient skilled staff to meet the needs of the person.

We received the following comment from one of the authorities who commissioned services from Interserve Healthcare, "They completed relevant assessments to ensure the patients' needs were understood and ensured their staff received relevant training to meet these identified needs.'' When people returned to the community following a period in hospital their care package was re-assessed so that any changes to their health or care could be incorporated into their care plan. This ensured all relevant information about the person was up-to-date. A routine review of a person's care needs was undertaken by the nurse every six months in collaboration with the person themselves. Where the person receiving care was a child, their parents were involved in the assessment and re-assessment process.

We reviewed three people's care plans, which were stored electronically in the office. We found them to be detailed and specific to each individual. For example, one person had a care plan for breathing, as they sometimes experienced breathing problems during the night. The care plan gave detailed information about the person's symptoms, how to monitor them, what staff should do in an emergency, and what to do if the situation was not resolved immediately. Another person had a detailed care plan which described how staff should manage their tracheostomy. Care records in peoples' homes enabled staff to record the interventions they had carried out during each shift. Care plans were signed by staff to ensure they had read and understood the care interventions they were responsible for.

The registered manager told us there was no one being cared for by the service who was receiving 'end of life' care. However, as part of the assessment process information was gathered about preferences for end of life care and advance instructions regarding resuscitation.

The service had a complaints policy which explained the procedure for making a complaint and the timescale for receiving a reply. New clients were given a copy of the complaints procedure at the start of their care package. All complaints were allocated to an investigating officer who responded in writing to the

complainant when the investigation was complete. We asked relatives if they had ever had to make a complaint, and if so, if it had been dealt with to their satisfaction. One person said, "Interserve respond fairly quickly to any complaint.'' Another person said, "No, I have got a number speak to the duty manager. I've never had any problems.''

People/families receiving care were given copies of the staffing rotas in advance so that they knew who would be supporting them. The registered manager told us people were informed if the rota had to change because a member of staff was ill. We asked people if they were kept informed about staff changes. One person said, ''Yes she is very good she rings.'' Another person told us, ''If they are going to be late they ring.''

Good

Our findings

The registered manager demonstrated a good understanding of their role and of the responsibilities that were required of a registered manager in terms of monitoring the quality of the service. They were aware of their legal obligation to notify the CQC about important events that affect people using the service and from reviewing our records before the inspection we saw that notifications had been made where appropriate.

The registered manager was supported in her role by a small team of office-based staff. Two client managers dealt with any day-to-day concerns about the care packages and a care coordinator provided general administrative support to the team. The branch nurse provided clinical leadership and guidance for staff and helped with the assessment of new care packages.

The registered manager talked to us about the importance of valuing the good work of the care team. In order to show staff that they were appreciated she had introduced a 'Carer of the Month' award. Each month the chosen care assistant received a certificate and a £20 shopping voucher. There was also a 'Carer of the Year' award. Certificates were displayed in the entrance hall to the office. One staff member we spoke with told us how pleased they were to receive the award as it made them feel appreciated. The service also sent care assistants and clients birthday and Christmas cards. The registered manager told us, "It helps to show they are being thought of.''

All staff had access to the Interserve Healthcare intranet which provided a range of information and staff bulletins to keep staff up-to-date with what was happening within the wider company.

The provider had a number of systems in place to monitor the quality of the service and care provided. Office staff carried out monthly checks on care records and medicine administration records to ensure these had been completed accurately. As described in the 'effective' section of this report, 'spot checks' were carried out annually on all staff to check that they were carrying out care and support correctly and in line with the client's care plan. In addition to audits carried out by the office team, Interserve Healthcare head office monitored a number of areas, such as staff recruitment, late or missed calls, accidents and incidents, complaints, training and supervision. Monthly compliance reports were completed to identify any areas that needed improvement. The health and safety of the office premises was checked once a year by a senior company manager.

Monitoring of incidents was overseen by Interserve's quality assurance person so that information could be shared between different branches of the company. Where there were lessons to be learned from an

incident a nationwide bulletin was distributed to staff.

People were given the opportunity to comment on the quality of service by answering a quarterly telephone questionnaire. Each quarter one of the areas covered by the Care Quality Commission inspections was chosen to form the basis of a questionnaire. For example we saw that in November people had been asked questions around if they felt the service was 'responsive'. Some of the answers we saw included ''The staff are fantastic''; ''Care is consistent at the moment in the main''; ''The team is excellent. They understand me'' and ''In the past we have experienced problems with consistency and continuity of care. At the moment things are running smoothly but I think we need another staff member for contingencies such as sickness and holidays.''

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was on display in the office and also on the provider's website.