Interserve Healthcare Limited

Interserve Healthcare Nottingham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 12 April 2017. Interserve Healthcare Nottingham is a domiciliary care service which provides personal care and support to adults and children, in their own homes. Some of the people using the service had complex healthcare needs and the frequency of visits depended on people's individual requirements. Visits ranged from short visits to 24 hour care. On the day of our inspection 14 people were using the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were knowledgeable about safeguarding procedures in order to protect people from harm. Risks to people had been identified and assessed and appropriate measures were in place to reduce the risk.

People received their medicines as prescribed by staff that had been trained in the safe administration of medicines.

People were cared for by sufficient numbers of staff who had been safely recruited. Staff had received training and had their competency assessed however the consistency and knowledge base of staff required improvement.

People were encouraged to make independent decisions. However, improvements were required to ensure that people who were not able to make their own decisions had their rights protected.

People were supported with their healthcare needs although some relatives felt that further support was required to ensure people were prompted and encouraged to eat.

People had positive relationships with care workers who treated them with kindness and respected their privacy and dignity.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care and to give their views on the running of the service. People were provided with information about how to complain about the service and records showed complaints were responded to.

People received personalised care. People had care and support plans in place and relatives told us that changes to their relations support needs were acted upon. People's care plans generally contained detailed guidance for staff and were kept up to date.

People benefitted from an open culture which encouraged feedback. Staff felt supported and the management promoted strong values which were embedded in the service.

Systems were in place to monitor the quality of the service. When issues were identified action was taken to address these.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse due to robust systems and staff knowledge of how to respond if they suspected abuse.

Risks to people were identified and assessed and measures in place to reduce the risk of harm.

People were supported by sufficient staff levels and staff were recruited safely.

People received their medicines as prescribed by staff that has been trained in the safe administration of medicines.

Is the service effective?

Requires Improvement

The service was not fully effective.

People were supported by staff who had received training and had their competency assessed although people's relatives felt the consistency and knowledge base of the staff team could be improved.

People were supported to make independent decisions where they were able. Improvements were required to ensure that people who were not able to make their own decisions had their rights protected.

People were supported with their healthcare needs although some relatives felt that further support was required to ensure people were prompted and encouraged to eat.

Is the service caring?

Good

The service was caring.

People were supported by caring and kind staff that respected people's homes and demonstrated the values of privacy and dignity.

People and their relatives were given the information they needed and were involved in planning and reviewing their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care. People's relatives told us that changes to their relations support needs were acted upon.

People had care and support plans in place. These generally contained detailed guidance for staff and were kept up to date.

People were provided with information about how to complain about the service. People and their relatives felt confident to raise concerns and we saw that complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People benefitted from an open culture which encouraged feedback.

The management promoted strong values which were embedded in the service.

Systems were in place to monitor the quality of the service. When issues were identified action was taken to address these.

Interserve Healthcare Nottingham

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 visit took place on 12 April 2017 and was announced. The provider was given 48 hours' notice because the service provides a domiciliary care service and we needed to be sure that someone was available to assist us with the inspection. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit we spoke with eight relatives of people who received a service from Interserve Healthcare Nottingham by telephone. When visiting the agency office we spoke with the registered manager, deputy branch manager, a care consultant, a nurse and two care workers. Following our inspection visit we spoke with another two care workers and two external health and social care professionals who had contact with the service.

We reviewed a range of records about people's care. These included the care records for three people including daily records and medicine administration records (MARs). We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of three members of staff and training records.

Good

Is the service safe?

Our findings

People's relatives told us they felt their relation was safe. One person told us, "Oh yes very safe. [Relation] has a lot of medical needs and Interserve are excellent." Another person's relative said, "Well on the whole yes (relation is safe) but we did have staff at the start that didn't have enough experience but that is sorted out now."

People could be assured that staff knew how to respond to any allegations or incidents of abuse. A safeguarding policy was available and all staff received training in safeguarding people from abuse. All of the staff we spoke with displayed a detailed knowledge of how to recognise signs of potential abuse and how to respond. They understood the process for reporting concerns and escalating these to external agencies if needed. One staff member told us, "I would report to the office and have done so. This was passed to (local authority) safeguarding team." The management team were fully aware of their responsibilities to raise concerns with the local authority safeguarding team and had done so as appropriate.

People were kept safe by staff who understood the risks that people could face and how these risks could be minimised. One staff member told us, "Identifying risks is most important. I would inform my supervisor (if identified a potential risk)." Staff told us they had received training in the use of equipment they were required to use and had their competency assessed to check they were safe to use it. Staff told us about specific risks people they supported might face, such as the risk of an epileptic seizure or the risk of developing a pressure ulcer and how they would respond. They were able to describe preventive measures to reduce the risk to people and what they would do if they noticed any changes. Staff told us that people's care plans contained good information about the risks to people and how these could be minimised.

People's care records contained risk assessments. Clear guidance was in place for staff to cover events such as not being able to gain entry to the person's home, how to support the person to evacuate their home in the event of a fire and how to respond to deterioration in a person's healthcare condition. One person's care plan demonstrated how people were involved in making decisions about the risk they took. A risk assessment had been completed for a piece of equipment which indicated additional safety measures could be introduced. The assessment confirmed that the person was aware of the extra safety measures but had the capacity to decide not to use these.

Staff told us that any equipment needed was available to support people safely with their mobility or to reduce the risk of infection. We saw that the equipment required for each person was recorded in care plans along with dates of equipment safety checks and who was responsible for the checks. We checked our records and found that an incident which could have presented a risk was reported to us and showed that staff had followed the risk assessment and taken appropriate action. A system was in place to record accidents, incidents and 'near misses' which occurred during the delivery of the service. Records showed that this system was effective in ensuring that action was taken in response to the risk and in identifying any trends.

People were kept safe by sufficient numbers of staff who were safely recruited. All of the relatives we spoke

with felt there were sufficient numbers of staff to meet their relations needs. None of the relatives told us they had experienced any missed care shifts. When asked if the service employed sufficient numbers of staff people's relatives told us, "Yes I have no qualms about that" and "In my opinion yes they do." One person's relative told us they felt the service may benefit from more staff to cover for regular staff when they were not available.

Staff we spoke with felt there were enough staff to meet the needs of people and ensure they were safe. One staff member told us that the office staff "will make sure staff are available (to cover care shifts). I am not aware of any missed calls." The deputy branch manager told us they were able to meet the needs of people they provided a service to as they had sufficient staff. They showed us an electronic system which was used to record staff allocation, staff absence and to ensure that no care shifts were unallocated. The registered manager told us that they did have current vacancies for care workers. This was because they wanted to add more regular staff to people's care packages so they had a robust contingency of trained and familiar staff if regular care workers were not available.

We checked recruitment records and saw that before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and references had been sought prior to employment and retained in staff files.

People were supported by staff to receive their medicines as prescribed if this was required. Some of the relatives we spoke with told us staff supported their relation to take their medicines whereas other relatives told us this support was not required. Comments included, "Yes [relation] does have a lot (of medicines) and they are all administered well and on time" and "yes they are very good with meds, always on time."

Staff told us they had received training in the administration of medicines when required and had their competency to do so assessed annually. One staff member told us, "I have training with [branch nurse] every year. It covers legislation regarding storage. Information is very clear regarding medicines including what it is, what it is for and side effects. I would report any mistakes; it's not a blame culture." The staff member went on to describe the steps they would take in the event of a medicines error to ensure the safety of the person.

We reviewed people's medication administration records (MARs). We found that two staff had checked the accuracy of information provided on the MAR sheets which included information about the dosage and frequency of administration. Staff had signed these records when they had supported people to receive their medicines. One person's completed MAR had not been returned to the office and action was taken following our feedback to ensure completed MAR's were returned so they could be audited. Other MAR's had been returned and checked by senior staff to ensure people were receiving their medicines as prescribed.

Requires Improvement

Is the service effective?

Our findings

People's relatives expressed mixed opinions on the competency of staff in responding to their relations needs and using equipment. Some of the relatives we spoke with were very complimentary of staff training and knowledge. For example, one person told us, "I certainly do (think staff are trained). [Relation] has a hoist, ventilators, feed pump and the staff are regularly trained to use and updated. They always check the equipment monthly." Another relative told us, "At first I would say some of the staff I wasn't happy with as they hadn't been trained properly, but this has been addressed now." However, some relatives felt staff that did not regularly support their relation were not as competent or confident as regular staff. One relative said, "Some of the carers are not always confident in handling the equipment. They need a little more training in my opinion" whilst another commented, "There are problems with others [staff] that don't know all [relations] needs and requirements."

All of the staff we spoke with were very complimentary of the training provided at Interserve Healthcare Nottingham. They told us they received an induction when they commenced working at the service which prepared them for the role and spent time shadowing other staff before working independently with people. Staff said their training was regularly refreshed. One staff member who described the training as "very good" told us, "We are always getting training. It is non-stop. You get that refresher and they don't let you go out of date. The trainer watches us demonstrate and our knowledge is tested." Staff also confirmed they also received support to understand their roles and responsibilities through regular supervision sessions, peer group meetings and annual appraisals.

Records confirmed that staff received regular training in areas the provider considered as mandatory and competency based training, specific to a person's complex healthcare needs if required. The deputy branch manager showed us their system which indicated when training was due. They told us that staff had to complete regular training to keep working at the service. We spoke with the registered manager about staff competency. The registered manager assured us that all staff that supported people had completed the required competencies and sent us information following our visit to evidence this. They told us that although all staff were competent, they were aware that people had preferences and acknowledged that sometimes regular staff members who knew people and their families well were not available. They told us they were currently recruiting additional staff to help ensure that people had sufficient teams to provide regular cover and contingency.

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.

We checked whether the service was working within the principles of the MCA. People's relatives told us staff asked for people's consent before providing care and explained the support they were providing. The staff we spoke with were able to describe the principles of the MCA. One staff member told us, "We have to

presume people have capacity" and "I would ask consent before providing care." When asked how they would act in a person's best interests if the person lacked capacity they described acting in line with the person's wishes and consulting family members. People's care plans also contained information for staff about offering choices to people and gaining consent. The care plans we reviewed contained a consent form. Two of these had been signed by a relative but there was no supporting document to confirm whether they had the legal authority to consent on the person's behalf. The provider confirmed that they would request documentation to confirm relatives had legal authority to provide consent following our feedback.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised. For people who live in at home applications must be made to the Court of Protection. At the time of our inspection no one who used the service was under a Court of Protection order and the service was proactive in liaising with the relevant authorities to ensure people were not at risk of being unlawfully deprived of their liberty.

People who sometimes communicated through their behaviour were supported by staff that recognised how to support the person and how to respond in a positive way. Staff told us about the potential triggers for people's behaviour and how they would respond in the least restrictive way. We looked at one person's care plan and found they did not have a care plan in relation to their behaviour despite this being referred to in a risk assessment and being prescribed medicines "as and when" for agitation. There was no guidance for staff as to when these should be administered and what techniques staff should use before administering the medicines. This was immediately rectified by the provider and guidance for staff was documented.

The support that people required to maintain adequate nutrition and hydration varied. Whilst some people required minimal support, others were on specialised feeding regimes aided by the use of specialist equipment. Some relatives told us their relation was supported appropriately to maintain their hydration and nutrition. For example, one relative told us, "They [staff] are well aware of his needs and do a great job." Other relatives told us their relation required prompting or encouragement to eat which was not adequately provided by all staff. One relative commented, "[Relation] does (get enough to eat and drink) but needs to be prompted to eat and drink and to be honest some staff are better than others at doing this."

Staff told us that people were supported to eat and drink enough and that they followed support plans to achieve this safely. The care records we looked at contained guidance for care workers as to how the person should be supported to eat and drink enough. This included information about the person's support needs, specialist equipment required and how risks should be managed. For example, a risk assessment had been completed for a person at risk of choking and a fluid chart was in place for a person who was at risk of not getting enough fluid. The fluid chart had been filled in by staff and the amount of fluid added up to ensure the person was receiving a sufficient amount.

People were supported to maintain their healthcare. People's relatives told us that care workers provided support specific to their relations healthcare condition, although some relatives commented that some staff were more knowledgeable than others. One relative told us, "[Staff] fully understand [relations] condition" whilst another commented, "Access to [healthcare professionals] is no problem but like I said, the covering staff don't know [relation] or [relations] package."

The staff we spoke with were knowledgeable about people's healthcare conditions and how they supported people to maintain good health. Care plans contained detailed information about people's healthcare conditions and what action should be taken in the event of deterioration in health. One staff member described the support they gave to a person at risk of pressure ulcer and this was in line with the guidance contained in their care plan. Another staff member told us that details of healthcare professionals and

equipment suppliers were contained in people's care plans. They told us there had been "plenty of times" they had contacted external services to ensure people's health was maintained.

Good

Is the service caring?

Our findings

People's relatives told us that staff were caring. Their comments included, "In my opinion the staff are fantastic. They are careful when handling and nothing is too much trouble for them" and, "Very much so and they [staff] are very good with [relation] and do whatever [relation] asks of them." The staff we spoke with demonstrated a caring and person centred approach. One staff member told us, "This agency care packages tend to be longer shifts. You get to build relationships with people. People don't like to be rushed. We are always introduced to people and shadow a worker familiar with their routine (before working independently with people)."

We observed staff in the office speaking with each other and making telephone calls to care workers about people they supported. They spoke about people warmly, knowledgably and respectfully. A meeting was held during the morning of our visit between office staff to discuss any changes or updates regarding the people supported by Interserve Healthcare Nottingham. We observed that people's needs were discussed in a wide context and consideration was given to what was important to people and their families and what staff should be mindful of when spending time in other people's homes.

Some people who used the service required support to communicate effectively. People's care plans contained information about how staff could facilitate communication. For example, one person's care plan included information about the tone of voice they used and paying attention to body language. The staff we spoke with displayed a good understanding of people's individual communication needs including how people used non-verbal communication to indicate their wishes. Staff also described how they would ensure that people were involved in making choices and decisions about their care. One staff member told us, "I always ask 'would you like…?' and 'Can I do…?". Records showed that senior members of staff checked that staff were demonstrating the appropriate values in relation to the people they were supporting during regular spot checks which included ensuring that people were offered choices.

People or their relatives were involved in planning and reviewing their care. All of the relatives we spoke with told us that they had input into their relations care plan. We saw that information provided by people was used to inform people's care plans which contained a document entitled, "All about me" which detailed information such as people's history, family relationships and likes and dislikes. When care packages were started people were introduced to the care workers who would be working with them. People and their relatives were involved in reviews of their care plans and had input into decisions about how their care and support was delivered. For example, we saw that one person's relative had completed a feedback form which stated, "[Person] has been able to voice their opinion when they don't establish a relationship with some of the care team." The person's relative confirmed that the person's wishes were respected and the staff no longer worked with them.

We were told that no one who was using the service required an advocate as people were able to speak for themselves of had family members who advocated on their behalf. Advocates are trained professionals who support, enable and empower people to speak up. We were told by the registered manager that it would be considered during the assessment stage whether a person required the support of an advocate in relation to

care and treatment decisions and this would be sought if appropriate.

People's privacy and dignity was respected. All of the relatives we spoke with felt that their relations privacy and dignity were respected. Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this. For example, when providing personal care, by giving people choices and respecting their homes. We observed that consideration was given as to how staff could promote people's privacy and dignity during a staff meeting on the day of our visit.

The registered manager told us that all staff completed training in privacy and dignity during their induction to the service and this was continually monitored during spot checks and supervisions. People's care plans also contained information about ensuring that people were provided with privacy and were given choices.

Good

Is the service responsive?

Our findings

People's relatives told us that care and support was provided at the right time and that staff responded to changes in people's needs. One relative told us, "Any changes (to support requirements) are dealt with quickly and responsively." Another relative commented, "The two [care workers] we have with [relation] are excellent and respond well to [relations] needs. [Relation] would certainly say if something was wrong!" All of the relatives we spoke with confirmed that care workers arrived on time for a care shift and stayed for the allocated time.

Before people started to receive a service from Interserve Healthcare Nottingham an assessment of their needs was carried out. We observed a meeting between office staff which discussed the assessments required before a service could be provided to a new person. The matching of staff to this person was also discussed. Once an assessment of a person's needs had been carried out a range of care plans and risk assessments were developed specific to people's needs. These were developed with input from people or their relatives if appropriate.

Staff we spoke with were knowledgeable about the people they supported and their preferences. They told us that support plans were useful and contained appropriate guidance. One member of staff described the support they provided at Interserve Healthcare Nottingham as "person centred." They told us, "We have enough time (during care shifts) to talk to people and set up equipment safely. We support people to be as independent as possible. The care plans contain all the information we need and we liaise with the office if there are any changes." We saw that staff had completed the required care records during a care shift. We reviewed a number of records including daily recording, behaviour observation charts, food and fluid charts and repositioning charts and found these had been completed when required.

The registered manager and deputy branch manager confirmed that people's care plans were reviewed every six months. Records showed this to be the case. One person's relative told us their relations care plan did not reflect recent changes. When we accessed this person's records we found that the branch nurse was in the process of completing a new care plan to reflect recent changes. We also found that another person's care plan did not contain all the necessary information about their needs and how risks were managed. This was immediately acted upon by the branch nurse and a new care plan produced.

The service was proactive in promoting open communication with people and their relatives to ensure that care being delivered continued to meet people's needs. Most of the relatives we spoke with told us they received a rota so they knew which staff would be supporting them and that changes of staff were communicated to them. One relative we spoke with confirmed they had raised concerns about communication of changes of staff. They told us that the branch manager had responded to their concerns and that communication about staff changes had improved. The registered manager provided examples of regular contact between care co-ordinators and people's relatives to ensure that people were happy with the support provided. People's relatives, staff and external healthcare professionals gave us examples of staff being introduced to people during 'meet and greet' sessions and we saw that people and their relatives had input into the staff selection for any particular care package.

People's relatives told us that care workers supported their relation to remain independent as much as possible and follow their interests. The records we accessed contained information about people's medical conditions and the use of equipment and also how to communicate with people, encourage choice and participation with activities. One relative told us, "Oh they [staff] are great with this. They take [relation] out to the cinema, for country walks, pub for lunches, whatever [relation] asks for they do their best to accommodate. The two [staff] we have at the moment are very proactive with him." Another relative said, "They take [relation] into Nottingham every weekend and if I wasn't confident with them [staff] I wouldn't let them."

People and their relatives were provided with information about how to make a complaint in the form of a leaflet. The relatives were aware they could make a complaint if they were not happy with the service provided. Most of the relatives we spoke with had no complaints about Interserve Healthcare Nottingham. Some relatives told us they had raised the swapping and training of staff as an issue although told us improvements in communication about changes of staff had been made.

The staff we spoke with understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. On staff member told us they had encouraged a person to raise their concerns with the service and that positive changes had been made as a result. We reviewed two complaints which had been dealt with under the services complaints procedure. We found these had been investigated and the complainant responded to with an apology when required.

Good

Is the service well-led?

Our findings

Most of the relatives we spoke with knew the registered manager and deputy branch manager by name. Records also showed that people were provided with the registered manager's contact details within their care plan. The relatives we spoke with described a caring and responsive organisation although some relatives felt that communication about changes and contact with the staff based at the office could be improved. However, we spoke to one person's relative about the response they received from the deputy manager after raising concerns. They told us that communication about changes was now very good.

People benefitted from a culture which was open and supportive. All of the staff we spoke with described a well led organisation which supported them in their role and relayed important information. One staff member told us, "They [management] always tell me what I need to know. I have a rota a month in advance. We meet and greet people and have the choice to work with people. We have regular supervision every three months. I have full support, any problems I know they are on the end of the phone. I think they are brilliant." Another staff member commented, "I feel its good [leadership]. Interserve leaders know people. It's an open culture, very good communication by email. I ask if I need to know anything and get a response." Care workers told us they were able to raise any issues, put forward ideas and felt able to speak up if they made a mistake. They told us that the management team had excellent knowledge of the people they supported and their staff. They told us they were never without support and the on call system worked well.

The management team were aware of the attitudes, values and behaviours of staff. Staff told us their performance was regularly monitored via spot checks, in supervision and via feedback from people who used the service and their relatives. They told us that the management team passed on feedback from people and their relatives which provided good motivation. The provider had a clear set of values for the organisation. The six c's formed the service value base and represented the values of: care, compassion, competence, communication, courage and commitment. This value base was understood by staff and incorporated into the recruitment process.

The service had a registered manager in place that was aware of their roles and responsibilities. The registered manager told us they sought and acted upon feedback. For example, they told us that some staff had raised communication as an issue and they told us about the steps they had taken to address this. The registered manager said, "We have regular meetings and ask; 'What are we doing well?' and 'What do we need to improve?" The registered manager split their time between two office locations and was supported by a deputy branch manager when they were absent. Staff were complementary of the support they received from the registered manager and the deputy branch manager. The registered manager had provided information to us in the form of notifications, which they are required to do by law when specific events occurred at the service.

Most of the relatives we spoke with could recall being asked for their views on the service in the form of a survey or telephone call. The registered manager told us they regularly asked people and relatives for their opinions of the service either via telephone contact or through sending out surveys. We saw some completed surveys which each focused on a different area of practice such as safety, caring and well led.

The deputy branch manager told us that responses were collated and any areas for improvement acted upon. The registered manager was aware of some relatives concerns about changes to staffing and communication about these changes. They told us of the action taken to address these issues, such as recruiting more staff and increased contact with the care co-ordinator and deputy manager.

Internal systems were in place to monitor the quality of the service. These included regular audits of care plans and checks on MAR sheets and daily records. Although we found that improvements were required to one person's care plan which had not been identified by a recent audit, this was acted upon immediately. The service was further monitored to ensure quality of service provision by the provider via clinical audits carried out by a community matron employed by the service and an annual governance review undertaken by the provider. We saw evidence of these having being completed which showed they were effective in identifying issues which had then been acted upon. Systems were also in place to record and analyse adverse incidents or 'near misses' with the aim of identifying strategies for minimising the risks to people.