

Serve

Serve

Inspection report

19 Church Street
Rushden
Northamptonshire
NN10 9YU

Date of inspection visit:
30 March 2017
31 March 2017
12 May 2017

Date of publication:
22 May 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

This inspection took place on the 30 March 2017 with an announced visit to the agency office. In addition we carried out telephone interviews with people using the service on the 30 and 31 March 2017 and telephone interviews with staff on the 12 May 2017. Serve provides personal care to people living within their own homes in the community. At the time of the inspection 107 people were using the service.

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.

There was a positive approach towards supporting people's independence and their rights to take risks within their capabilities. Staff were knowledgeable about safeguarding and how to protect people from the risks of abuse. Accidents and incidents were closely monitored and actions were taken to mitigate anticipated accidents.

Safe recruitment practices were followed and sufficient numbers of skilled staff were available to meet people's needs by a core staff team. This fostered trusting relationships between people using the service, their relatives and staff. People received their medicines safely, in keeping with best practice guidelines.

Staff received training on the Mental Capacity Act (MCA) 2005 including the Deprivation of Liberty Safeguards (DoLS). They put their learning into practice by involving people in making decisions about their care. There was a strong, person centred culture, which supported people to exercise choice and express their views.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. The staff had regular supervision and annual appraisals from their managers. Systems were in place to continually assess their skills and where gaps were identified further training and support was provided. Staff felt valued, included and good practice was celebrated.

People were supported to eat and drink sufficient amounts to meet their nutritional needs, dietary preferences, likes and dislikes. The staff worked in partnership with other health care professionals to support people to access health services quickly.

Staff were motivated and inspired to offer care that was kind and compassionate. They enabled people to remain independent and ensured their privacy and dignity was always respected.

The care plans were written with the involvement of people and / or their representatives. The views of people were regularly sought and acted upon to continuously improve the service.

Information on how to raise any concerns or complaints was available to people and concerns and

complaints were used as opportunities to reflect on the service to develop and learn.

People, relatives and staff were very positive about the leadership of the service and the support they received from the service. The ethos and vision put people at the heart of the service.

Established management systems were in place to continually monitor the quality of the service and support the staff. The service strived for excellence through regular consultation with people using reflective practice.

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.

Staff understood the importance of protecting people from abuse and avoidable harm. They knew how to report any concerns about people's safety or well-being.

Staff recruitment systems ensured that only suitable staff were employed at the service.

Staffing arrangements ensured that people received the right support at the right time needed.

Systems were in place to ensure people's medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to provide people with the right care according to their individual needs.

Staff supervision and appraisal systems were in place to ensure they had regular opportunities to discuss their learning and professional development needs.

The provider and staff were aware of the Mental Capacity Act 2005 and the importance of seeking people's consent.

People were supported to eat a healthy diet and to have access to health services in the community to improve their health and well-being.

Is the service caring?

Good ●

The service was caring.

Staff had a good understanding of people's needs and preferences.

People were involved in making decisions about how they

wanted their care to be provided.

People's rights to privacy and dignity were protected.

Is the service responsive?

The service was responsive.

People's needs were assessed prior to taking up the service.

The care plans reflected people's needs and preferences in relation to the care provided.

Risk assessments were carried out to identify and minimise risks to keep people safe, without restricting people's rights to take risks.

People were confident any complaints they had would be listened to, addressed in a timely manner and appropriately acted upon.

Good ●

Is the service well-led?

The service was well led.

The service benefited from having a registered manager that had a positive sense of direction, strong leadership and a commitment to delivering high quality care.

Systems were in place to regularly seek the views of people using the service and their feedback was acted on to drive continuous improvement.

Good ●

Serve

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.

This inspection took place on 30 and 31 March and 12 May 2017 and it was announced. We provided 48 hours' notice of the inspection, to ensure management were available to facilitate our inspection.

The inspection was undertaken by 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 care service.

We had asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed by the provider on the 1 February 2016. We also looked at other information we held about the service from statutory notifications of events that the provider is required by law to submit to the Care Quality Commission (CQC).

Prior to the inspection we sent out 50 questionnaires to people using the service and relatives, 23 people using the service responded and six relatives responded. We also sent out 21 questionnaires to staff and nine responded. During the inspection we spoke with 15 people using the service, four relatives, the registered manager and three staff.

We reviewed the care plans, risk assessments and other associated care records for 10 people using the service. We looked at four staff recruitment files and records in relation to staff supervision, training and support. We also looked at management records in relation to the on-going monitoring of the service.

Is the service safe?

Our findings

People and their relatives confirmed they felt the staff promoted their safety. One person said, "I could not manage without the staff, they are life savers." A relative said, "I feel very confident that [Name of person] is being looked after very well."

People were protected from the risks of abuse. The staff told us they had received training on how to safeguard people from abuse and the whistleblowing reporting procedures. One member of staff said, "We do training on safeguarding during the initial induction, we also complete refresher training each year to keep us up to date." The staff were confident that if they brought any concerns of abuse to the registered manager they would take immediate action to safeguard people. The staff training plan had a rolling programme of safeguarding training for staff. The registered manager was fully aware of their responsibilities to safeguard people and report any concerns to the local safeguarding authority. Documentation held within the agency office also demonstrated that the registered manager was proactive in dealing with safeguarding matters.

Risks to people's health and welfare were identified and managed. Risk assessments were carried out to identify potential risks. For example, hazards within the home environment, deterioration in health and allergies. Records showed the assessments were reviewed monthly or sooner and updated as required. We found that some risk assessments had not been signed by the person who had carried them out. The registered manager confirmed they would address this with the individual staff concerned.

Safe recruitment practices were followed. Staff told us before they started working at the service they needed to produce documentation to prove they were legally entitled to work in the United Kingdom. They also told us they had to provide references from their previous employer and have suitability checks carried out through the government body Disclosure and Barring Service (DBS). We saw the staff recruitment files contained evidence the relevant pre-employment checks had been carried out before staff started working at the service.

Sufficient numbers of staff were available to meet people's needs. People told us they were provided with weekly staff rotas so they knew which staff to expect. One person told us they had several carers attend their care, but they did not view this as a problem as they said they knew all of the staff well. People in general said the staff arrived at the time agreed in their care packages. One person said, "I don't mind, if the staff are a little late, it's usually due to traffic or someone needing more attention." Another person said, "Recently the carer arrived late, but this was because they had found somebody had fallen and broke their leg." One member of staff said, "If we find the travel time tight, the office staff will usually sort things out, they do listen to us and will allocate more time if we bring these sort of things to their attention." Another member of staff said, "If we are running a little late, we call the office so they can contact the client to let them know we are on our way."

People received their medicines safely. People told us they had never had any concerns about how they were supported to take their medicines. The staff told us they had received medicines administration

training and observations had been carried out by their supervisors to assess their competency in administering medicines to people. This was also evidenced within the staff training records seen during the inspection. We saw that information on how people were to be administered their oral medicines and the application of topical creams was available within people's medicines assessments and care plans.

Is the service effective?

Our findings

People received care from staff that had the right skills and experience to meet their needs. One relative said, "The staff seem to know what they are doing and they instil confidence, I trust them all." The staff spoke highly of the training they received. One member of staff said, "The training is very good, especially the moving and handling training, it is now much more practical and interactive, we get to practice using different types of hoists. Another member of staff said, "The induction training is very in-depth." The staff told us that during their induction training they worked alongside experienced members of staff until they felt confident to provide care for people on their own.

All staff were placed on the Skills for Care, Care Standards Certificate training, which comprised of 15 common induction standards that care workers must follow when providing care for people using services. We saw that alongside mandatory health and safety training staff were provided with specific training to meet the needs of people using the service. For example, dementia awareness, pressure area care, nutrition & hydration, Parkinson's and catheter care. Records showed that staff training was on-going and closely monitored by the service.

The staff spoke highly of the support they received from their supervisors and the management team. One member of staff said, "I absolutely love my job, the training and support is very good." The staff confirmed they had regular opportunities to meet with their supervisors, to discuss their work and their learning and development needs. They told us they could approach the registered manager or any of the management team for advice and support whenever needed. We saw records that demonstrated that supervision meetings were planned in advance and took place regularly. In addition observational supervisions were carried out during which staff were observed providing support for people. The findings of the observations were used to identify areas of good practice and areas for further development. We also saw that annual appraisal meetings took place with staff to enable them to discuss and plan their continual learning and development needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care this falls under the Court of Protection. The law requires the Care Quality Commission (CQC) to monitor the operation of Deprivation of Liberty and the Court Of Protection authorisations.

We saw the service worked in line with the principles of the MCA. The staff confirmed they had received training on the MCA and DoLS. We saw that capacity assessments had been carried out and relatives had been involved in making best interests' decisions for family members. The service worked in partnership with people and their relatives. One relative said, "I and my [family member] are very involved in all decision making, the staff always keep us informed of any changes, we work very closely together." Another relative

said, "I attended meetings to discuss [Name of person's] needs." In discussions with the staff they demonstrated an in-depth understanding of the importance of enabling people to make their own choices

People were supported to eat a healthy diet. People's food preferences were sought so that staff were aware of their likes and dislikes. The staff were knowledgeable of the different levels of support people needed to eat and drink. They staff worked closely with family members to ensure people received sufficient amounts of food and drink. We saw they recorded in the daily notes, when leaving that food and drinks had been placed in reach of people with limited mobility, this ensured people received support with their nutrition and hydration needs.

People were supported to have access to health services in the community to improve their health and wellbeing. We saw that guidance and advice from healthcare professionals had been incorporated in people's care plans. One person told us they appreciated the help of staff in preparing to attend a hospital appointment. They said, "Last week they packed a bag for me whilst I was waiting for the ambulance. They waited with me until the ambulance arrived." Relatives told us the staff worked closely with other healthcare professionals involved in their family members care and they felt the guidance and advice from healthcare professionals was followed by staff.

Is the service caring?

Our findings

People were supported by staff that were friendly, kind, caring and compassionate and respected their needs and preferences. All the people we spoke with told us they felt cared for by the staff that visited their homes each day. We received positive enthusiasm when talking about the care they received. One person said, "The three regular carers I have go over and above their expected duty; I am very fond of them." Another person said, "Oh they are lovely, so caring, they will do anything for you, they are warm, friendly, delightful and always arrive on time." A relative said, ""My wife and I look forward to seeing them, they look after us and give us all the help we need." All my [Family member] carers are polite, well-mannered and trained in their ability to carry out the work they do. I feel confident that [Family member] is looked after very well."

The staff were motivated and inspired to offer care that was kind and compassionate. The care and support was provided for individuals by a core staff team, which fostered trusting relationships between people using the service, their relatives and staff. The staff knew about people's preferences and things that were important to people and accommodated their wishes. One relative said, "My [Family member] finds the carers very caring and helpful, they are always willing to do anything she asks and she looks forward to them coming." One member of staff said, "At Serve we support independence so people can enjoy their family life and stay at home. I enjoy building trust and relationships between clients; I feel that is very important in care. I also feel everyone who works for Serve cares deeply and puts 100% into everything they do. Another member of staff said, "In my eyes it's the best company, it puts people first, I love my job providing care for people." A further member of staff said, "I am proud to work for Serve, I know the work we do makes a difference and improves the lives of others."

People told us the staff always respected their privacy and dignity and that they felt fully involved during the assessment process and in making decisions about how their family members care was to be provided. One relative said, "We were fully involved in [Name of person's] initial care assessment, we gave the staff lots of information, so they really got to know [Name of person], we always attend her care reviews." We saw that people's care plans were generated from the assessments and included information on people's preferences and choices on how they wanted their care and support to be provided. Records showed that staff received core training on promoting equality and diversity, dignity and respect. This was further evidenced within people's care plans and the daily notes, which consistently reflected that staff respected people's wishes.

The staff told us they were always mindful of preserving people's dignity and respecting their wishes. They understood the importance of respecting people's privacy and maintaining confidentiality. We saw that information on independent advocacy services was available, should people choose to access the support of an advocate.

Is the service responsive?

Our findings

People's needs were assessed prior to taking up the service to ensure their individual needs could be fully met. People using the service and their relatives told us they were involved in the development of their care plans. We found the care plans had the necessary information available for staff to follow at each visit. They had been regularly reviewed with people and updated when necessary. We saw that important information was incorporated into the care plans, such as, allergies, medical histories and people's personal preferences as to the gender of staff they wanted to provide their care.

The staff had good knowledge of the needs of all the people using the service. One member of staff said, "I regularly work with the same people and as such get to know them well, you get to know the signs when somebody isn't their usual self."

Arrangements were in place to encourage people using the service and relatives to provide feedback on the service. People told us they had completed satisfaction surveys and they were regularly asked by the registered manager if they were satisfied with the service they received. The registered manager told us they always looked at how they could continually improve the service.

Information was available to people on how to complain if they were dissatisfied with the service they received. Two people told us they had telephoned the office when they were not happy with the quality of care they received. They both confirmed their concerns were dealt with immediately. People told us they had no problems contacting the service; that someone was always available to speak to. They said that any concerns or problems were dealt with immediately and to their satisfaction. The staff were responsive and aware of their responsibility to identify if people were unhappy with anything, and to support them to make a complaint if they wished. We saw that the registered manager had responded appropriately to complaints received at the service and they were used as opportunities to learn and improve the service.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

The service benefited from having a registered manager that had a positive sense of direction, strong leadership and a commitment to delivering high quality care. The vision and values of the service was person centred putting people at the heart of the service. All people spoke with familiarity and warmth about the service, they told us they knew the individual names of people they would speak to if they needed to contact the agency office. They all confirmed the quality of the staff providing the care was very good.

People using the service, relatives and staff were enthusiastic about sharing their positive experiences with us. One person said, "Without exception the staff from Serve make my day, they are always happy and they respect my home." One relative said, "The registered manager and the staff team are wonderful, they are extremely helpful and supportive." Another relative said, "I would definitely recommend the service, the staff are professional, but they are also like part of the family."

Systems were in place to regularly seek the views of people using the service. People and their relatives told us they felt their comments had positively influenced the type of care they received. We saw records of correspondence from people thanking the staff for the care they had provided. The comments received from people using the service and their relatives were very complimentary. For example, one relative said the staff were their 'saviour', stating they knew the staff would always be there for them and how much they valued the care they received from Serve. Another relative said, they would not use any other care service, and another wrote how pleased they had been with the support they had received from the service during a period when they needed emergency healthcare treatment.

The registered manager had regular contact with people using the service, relatives and staff; they were knowledgeable about the needs of all people receiving care from the service. The staff confirmed they felt very well supported by the registered manager, supervisors and their peers. One member of staff said, "The support the staff get from Serve is fantastic, we all work as a team." Another staff said, "I don't think you could get a better manager than [name of registered manager] she is very supportive, always willing to offer help and guidance, her door is always open." And another member of staff said, "I have never worked for such a good employer, they value the staff, I feel very proud to work for Serve."

We saw that systems were in place to regularly assess and review the quality of the service provided. Regular audits were carried out by the registered manager and the care supervisors to identify areas for further development. Areas found for improvement were communicated with staff during individual and group supervision meetings.