Interserve Healthcare Limited

Interserve Healthcare - Yorkshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of Interserve Healthcare Yorkshire 2, 7 and 9 November 2018 and we spoke with people via the telephone and visited people in their homes on 4 and 9 December 2018. This was the first inspection for this service since they registered with the Care Quality Commission in November 2017.

Interserve Healthcare Yorkshire is a domiciliary care service that provides personal care to people living in their own homes. It provides a service to older adults in the Leeds area.

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. The registered manager had only been in post a few months at the time of inspection.

Staff received ongoing training from the provider. New staff underwent induction training. However, training records showed some staff's training records had lapsed.

The quality assurance systems showed how the service continually sought to improve, although, systems had not identified the areas of concern we raised at this inspection.

Care records sometimes lacked important details of how to support people in a specific way to meet their needs.

Staff spoke highly of the teamwork and how supportive colleagues were of each other. Supervisions and appraisals had not always been completed for some staff. We have made a recommendation about this in the report.

The provider had a clear policy and procedure in place for managing complaints. People felt able to raise any issues with any of the staff and were confident these would be addressed. However, we saw evidence some complaints had not followed the providers process.

People were safe as the staff team knew them well. Staff knew how to recognise and respond to any safeguarding concerns, and any learning from such incidents was shared with staff.

Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions. People who had specific nutritional needs were supported to maintain a healthy diet.

People told us there were enough staff to help them when needed. Staff told us there were enough staff to

provide safe care and support to people effectively. Advanced planning meant staffing levels were reviewed and reflected the needs of people who used the service.

People's medicines were managed in a safe way. When people required further intervention from medical professionals, staff knew the process to follow to help people with this.

Recruitment was appropriately managed as relevant background checks had been completed prior to employment, to ensure staff were safe to work with vulnerable people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager was aware of current procedures and guidance for best practice, and this was evident in the policies used at the service.

People told us staff understood confidentiality, dignity and respect. We were told staff were very committed to the people they cared for, building a good rapport and taking time to get to know them. Staff ensured people were treated with kindness and compassion, and provided significant emotional support when people became anxious. Privacy and dignity was promoted always.

It was evident the registered manager and their staff team were striving for the best outcomes for people who used the service through utilising the partnerships they had built up with external services.

Staff had a good knowledge of the prevention of infection and told us they were provide with personal protective equipment to use when working with people.

Further information is in the detailed findings below.

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 cared for by staff who had the knowledge to protect people from the risk of harm.

Medication and infection control practice was safe.

During the recruitment process thorough background checks had been carried out, which helped to ensure staff were suitable to work with vulnerable people.

Staffing levels were appropriate to meet people's individual needs.

Is the service effective?

Good

The service was effective.

People were supported to eat and drink sufficient to maintain a balanced diet. People were supported to maintain good health, have access to healthcare services and receive on going healthcare support.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff had a good knowledge of this.

Staff sometimes had not completed their renewal training on time and were not always supervised in line with the providers policy.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff at all levels and were happy with the care provided.

Staff displayed kindness and empathy to all people and knew people well.

Records showed all relevant people were involved in supporting

people in the manner they wished to be care for.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in the planning of their care and support, although, care and support needs were not always reflected in sufficient detail.

The service had a complaints procedure in place, and had received compliments. However, complaints had not always been responded to in-line with the providers policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality monitoring systems were in place but had not identified some of the areas of concern raised during the inspection.

People were included in the way the service was run and were listened too.

Interserve Healthcare - Yorkshire

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 2, 7 and 9 November 2018 and we spoke with people via the telephone on 4 December 2018. We gave the service two days' notice of the inspection because we needed to make sure someone was available to speak with us. At the time of our inspection the service was supporting 32 people.

On the 2 November 2018 we visited the office location to see the registered manager, and review care records and policies and procedures relating to the service. The inspection team consisted of one inspector.

On the 7 November 2018 we visited three people in their homes to ask their opinions about the care they received and look at their care records. Whilst out on visits we met two staff members, two relatives and one family friend. On 9 November and 4 December 2018, we spoke over the telephone with two staff members, two people who used the service and two relatives.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection visit we gathered information from many sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also spoke with the local authority and safeguarding teams.

Good

Is the service safe?

Our findings

People spoken with said they were confident their care and support was provided in the safest and best way for them. Their comments included, "I trust them in my home" and "They [staff] turn up on time and are reliable."

Staff spoken with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if they suspected someone may be at risk of harm or abuse. Staff told us about safeguarding training they had received and how it had made them aware about the different types of abuse. Staff said they had access to safeguarding procedures should they need this and went on to say they would contact staff in the office or the registered manager without hesitation.

Personalised risk assessments were in place to ensure each person was cared for in the safest manner possible. Instruction was given to staff about how to perform care tasks, which included personal care, manual handling, use of equipment, food and drink and the physical environment that care was to be delivered in. All risk assessments were reviewed and updated regularly.

There were enough staff employed by the service. At the time of the inspection 32 people were provided with care and support. The service employed 121 staff members and 21 nursing staff. People told us their care was usually provided by the same staff members, although, they did know all the staff. The registered manager told us they made sure all staff had visited each person. This meant if staff were needed to cover a shift, the person was familiar to them.

The recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. We checked three staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference number to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had an effective system to manage accidents, and incidents, and to learn from them, so they were less likely to happen again. The registered manager and provider analysed information to look for trends or additional actions to be taken. We saw information where staff had identified the potential for an accident or incident happening. The registered manager then contacted other healthcare professionals for advice and support so the person was not put at risk, this helped the service to continually improve and develop, and reduced the risks to people.

We looked at the management of medicines and found this was safe. Staff had received training in the safe management of medicines. People who received support to take their medicines told us they were always given them at the right time. There was an audit system in place to make sure staff had followed the provider's medication procedure. We saw managers had carried out regular checks to make sure medicines

were given and recorded correctly. For example, where there was a missed signature, checks were made to ensure the person had received their medicine and the incident was reported back to the staff member for future learning. Competency checks were undertaken by the registered manager and team leader as part of the spot checks, to ensure staff were adhering to policies and procedures. One person told us, "They help me with my medicines."

People told us the staff used gloves and aprons when providing personal care and changed these when they started food preparation. Staff spoken with told us there was always a plentiful supply of PPE (Personal Protective Equipment) for them to use. Staff said infection control was covered during their induction and training and the use of PPE was checked by the managers when they carried out their spot checks.

Good

Is the service effective?

Our findings

People spoken with felt staff knew how to look after them well and in the right way. Their comments included, "They come and stay for the time they are supposed to" and "They know exactly what I want and how I like it. There's never a problem."

Staff spoken with said they felt very well supported by the registered manager and office staff. There was a system in place for all staff to receive formal one to one supervision with their line manager every three months. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Plans were in place to provide all staff with a yearly appraisal. Appraisal is a process involving the review of a staff member's performance and improvement over a period, usually annually. At the time of inspection not all staff had received the providers recommended number of supervisions and appraisals. The registered manager was aware of this and told us they had plans in place to ensure all staff were supervised.

We recommend the registered manager ensure all staff are supervised in line with the provider's policy.

The service had a training matrix which indicated gaps in competencies. We checked the records which showed most staff had completed the providers list of mandatory training. Where gaps appeared, staff had completed the training course before and were one to two months out of date of renewal. The registered manager told us these staff were booked on a new course but agreed the dates should not have lapsed. Specific training courses were offered where staff supported people with a specific need, for example, one person required support with a cough assist machine and oral midazolam and we found all staff supporting this person had received such training.

Staff told us they had completed a full induction course and worked alongside more experienced staff before they could work alone. Staff told us they received mandatory training before shadowing an experienced staff member. They said all staff members would only work alone when they felt they were confident to do so. They explained how they were aware of people's learning requirements before they began the training and gave examples of the different ways they may support a staff member. They told us the training was also tailored to the needs of the people they supported; ensuring people had the right skills in such things as food hygiene and manual handling.

People completed pre-assessments with the registered manager before being offered care or support. This made sure staff could provide the correct care and fully understand a person's needs. This process ensured the service only supported people with needs they could meet.

Staff supported some people to eat and drink so they maintained a good diet. All staff had a good knowledge of the preferences and requirements people had with food and drink. We saw people's food and drink preferences were recorded within their care files. For example, one person spoken with told us they had a preference for breakfast and they got it.

Staff at the service worked and communicated with other agencies to facilitate effective care and support. We saw care records directed staff to liaise with professionals outside of the organisation to coordinate care and ensure the correct support was in place. Records of GP visits and district nurse contact was maintained. This required staff at all levels, to make sure their communication was clear, guidelines and procedures were followed, and accurate records were kept.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2015, and had carried out mental capacity assessments appropriately for people that required them. Care plans reflected people's consent to care and treatment prior to support being given.

Managers carried out spot checks of staff whilst they were visiting people who used the service. We saw evidence of these being completed in the staff files we checked. Staff spoken with told us these checks were sometimes unannounced and after the checks, they were told about any action they needed to take to improve the service provided to people.

Good

Is the service caring?

Our findings

All the people we spoke with and met told us they were well cared for and treated well by staff from Interserve Healthcare Yorkshire. Their comments included, "They all do a great job, they really help me" and "No complaints, they are all very good." Relatives told us, "I know [person's name] is well cared for, I don't have any concerns" and "Just odd little things but overall, we are happy."

Information from the provider's PIR said, 'We invite feedback from our clients to ensure they are being treated with dignity and respect by our staff at all times. Concerns raised are addressed immediately. The client's needs are detailed in their care plan and all staff have received and understand the meaning of Equality and Diversity which is reiterated to staff during peer group meetings and supervisions. Clients are involved in developing their own care plans which ensures they feel they are important and staff are listening to their requirements'. We saw this practice reflected in the observations we made.

People told us staff supported them to make their own decisions about their care and support, and they felt involved and listened to. People shared examples where they had raised with office staff their preference for certain staff to support them. We saw this had been respected by the registered manager and people received care from the staff they preferred. People spoken with told us how the staff were flexible and worked with them to ensure they received support when they required it.

Staff spoke about people as individuals and told us about how people's independence was promoted. Staff gave examples of supporting people's independence, such as meal preparation, or supporting a person with aspects of their personal care.

Care records did not always contain people's life history information. At the point of initial assessment, people were asked about their hobbies and interest and what was important to them but this had not been documented in the care plans for people. This meant new staff would not always know what was important to people. The management team told us they were aware of the need for further detail in people's care records.

Staff told us the importance of making sure confidentiality was kept. One staff member told us, "We would never talk about a person to another person or anyone else that doesn't need to know."

People told us staff protected their dignity at all times. Staff confirmed people's dignity was protected and care documentation reminded staff to support people with their cultural needs. However, more detail was required. For example, one person's care documentation directed staff to 'respect their family's religious beliefs and customs', but it did not indicate what those religious beliefs and customs were.

We asked people who used the service and their relatives if they found it easy communicating with the office staff. They told us they had the contact details of the office staff and could ring at any time. Many people told us they were in regular contact with the office staff. One person said, "There are some mistakes but overall we are happy." Communication was encouraged and feedback from people was important. People were

supported to communicate in their preferred way. For example, one person used their nose or wrote a message on their phone to communicate with staff.

Requires Improvement

Is the service responsive?

Our findings

People told us they made their own decisions and their preferences were taken into consideration. Their comments included, "I decide what I'm doing and that's fine with them [staff]. I wouldn't have it any other way" and "The carers listen to what I say and then do it. It's never been a problem."

People's needs were assessed and care plans were developed with the person. One person told us, "Office staff come to see me and update my plan."

Care plans were in place which documented people's personal, social and family history. They also outlined what people's likes, dislikes and preferences were. Care plans were written in a format that made them easy to navigate. For example, one column stating the client's needs, one column listing their aims and a third column listing any staff interventions required. Care plans directed staff with personal care, pressure area care and medication support. However, some care records, we saw lacked detail. For example, one person's care records for bed rails did not describe to staff what type of bed rails they were and anything staff had to do to the bed rails to ensure they were in a safe position. Another person's care records stated if client was in pain to prescribe 'analgesia' but did not specify which one. A third person's care plan directed staff to ensure they were in a 'good position' when being supported with food and hydration. No further description on what a 'good position' was described. We mentioned this to the registered manager who agreed with the comments and suggested a more in-depth look at personalisation and specific details relevant to individuals was included.

Care records did not always contain people's life history information. At the point of initial assessment, people were asked about their hobbies and interest and what was important to them but this had not been documented in the care plans for people. This meant new staff would not always know what was important to people. The management team told us they were aware of the need for further detail in people's care records.

People knew how to make a complaint and were confident their concerns would be listened to and acted upon. People spoken with said they had not had to make any formal complaints but would do so if needed. Information about the complaints procedure was given to people in their homes. When concerns were raised, we saw the registered manager considered this and responded to each concern. However, some complaints had not always followed the providers complaints procedure. For example, of the seven complaints received in 2018, three of them had not been initially acknowledged and four had not been completed within 28 days. The registered manager told us this was in their action plan to address as a business. Information from concerns was fed back to staff when required, so that learning and development could take place.

Staff spoken with knew about the needs of the people they cared for. Staff told us they would always speak with the person to ensure they were providing care to them in the way they preferred. Staff were aware of people's changing needs and ensured other staff were informed of any changes. For example, one person told us staff did everything how they wished. Staff told us any changes in people's care was promptly

communicated and care plans were updated to support people in receiving consistently responsive care.

The registered manager told us they matched staff to people wherever possible, making sure people were happy with the staff they were receiving support from. However, this proved difficult at times. People told us they were happy with most of the staff that came to support them.

At each visit staff completed daily notes detailing the date of the visit, arrival time, finish time, tasks and services carried out, concerns or changes in health or behaviour, and action taken in response to this. Staff then signed the record. Record sheets we looked at showed visits to people were at the times they had requested and staff stayed the agreed length of time at each visit. We saw rotas which showed calls were mostly consistent, and alerts would be raised when required to tell the registered manager if a staff member was running late or not able to attend a call.

Staff told us they carried out social visits with people to support them to access the local community and avoid social isolation. One person's care records show they were supported to go swimming with staff and access the local arts and crafts session in the local community. One staff member told us, "We are basically there and do anything they wish." We saw records and one person told us they were able to attend an annual family get together only because staff were able to attend as well for a few days. This meant a lot to the person as it was one of few occasions the whole family was together.

At the time of this inspection, some people were receiving end of life care. The registered manager said people were supported to make and record decisions about the care they received at the end of their life if they wished. The registered manager said they were considering accessing additional training for staff in caring for people at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission, in accordance with the requirements of their registration. The registered manager was knowledgeable about people and could talk in detail about their care and support needs.

People, relatives and staff all confirmed they had confidence in the management team. People said the registered manager and office staff were very approachable. People and relatives spoken with told us they had spoken with the registered manager and always felt action was taken.

Staff were complementary about the management of the service. They told us they could go to the managers for help and advice at any time and they would always make themselves available. Their comments included, "We can ask for changes if we need them and they will try to work things out for everyone."

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of the service. We spoke with the registered manager about the checks they made to ensure the service was delivering quality care. Checks were made on people's care records, where shortfalls had been identified these were worked through with the staff member who had completed the records for future learning. However, at the time of inspection, not all shortfalls had been addressed. At the beginning of the inspection the registered manager informed us they made changes in the service and processes and not all of these areas had been improved. During the inspection we found areas of governance which had not identified or given a true reflection of the service. For example, training records did not always show staff's completed training. Supervisions records did not always show completed supervisions, complaints records had not always followed process and care records had not always been audited and identified the areas of concern we had.

There were other checks in place which continually assessed and monitored the performance of the service. These checks looked at areas such as, medication records and staff development. Where these checks identified areas where action was needed, these were discussed at team meetings so learning could be shared.

People had the opportunity to feedback on the quality of the service. We saw quality questionnaires had been sent out to people and their families to comment on the care they received, and people spoken with confirmed they had received them on a quarterly basis. The information collated from the questionnaires was analysed by management to identify where improvements could be made. Feedback was mixed from people. Some people were very happy with their package of care provided and others had minor concerns around staff attending. We saw each case was analysed and a positive outcome sought.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. Staff told us they could feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw team

meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

We saw there were policies and procedures in place to guide staff in all aspects of their work. There was information in the office regarding such things as safeguarding, and confidentiality as well as the statement of purpose for the service.

The registered manager had submitted notifications to us about important events the service was required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.