

Serve

Serve

## Inspection report

19 Church Street  
Rushden  
Northamptonshire  
NN10 9YU

Date of inspection visit:  
12 November 2019  
13 November 2019  
14 November 2019  
15 November 2019

Date of publication:  
23 December 2019

### 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

### About the service

Serve is a domiciliary care agency providing personal care to people living in their own homes in the community.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 81 people were being supported with personal care.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in place did not always support this. Some staff lacked training around the Mental Capacity Act.

People were cared for by staff who were kind, caring and passionate about their work. They arrived on time and stayed with people for the time agreed. People's dignity and privacy was maintained, and people felt in control of their lives.

People were cared for safely and staff understood their responsibilities to keep people safe from abuse or harm. Risk assessments were undertaken to identify any risks to people's care.

People received their medicines safely and there were effective practices in place to protect people from infection.

People had individualised care plans which ensured they received person-centred care. Plans considered people's preferences, their likes and dislikes and their cultural and religious backgrounds.

Staff received mandatory training they required but had not always received regular supervision. They liaised with other health and social care professionals to look at ways to improve people's life experiences.

The registered manager and provider were open and honest and strived to look at ways to improve the service.

The systems in place to monitor the quality of the service were effective. Complaints were listened to and used to drive improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 20 May 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Serve

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an assistant inspector and two Experts 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to ensure there were people we could speak to and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 November 2019 and ended on 15 November 2019. We visited the office location on 12 November and made calls to people who used the service and staff on 13, 14 and 15 November.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We considered the last inspection report. We used all of this information to plan our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 23 people who used the service and 10 relatives about their experience of the care provided. We spoke with 12 members of staff including seven care staff, two team leaders, the registered manager and care operations manager. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

.Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be cared for safely; they had developed trusting relationships with staff and felt comfortable with the staff that supported them. One person said, "I feel safe with my carers, they come every day and do what they are meant to." Relatives confirmed they felt their loved one was cared for safely and had no problems.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. They were confident that if they reported any concerns to the managers, appropriate actions would be taken.
- The registered manager understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management

- People's care needs had been risk assessed, however, there was limited information for staff to follow to mitigate any risks identified. We spoke with the registered manager who advised us they were currently revising all the care plans to ensure there was enough information for staff to follow. The staff we spoke with all knew how to manage the risks identified for the people they cared for.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment. One person said, "I have a key safe, they [care staff] always make sure everywhere is locked before they leave me, it works well."

Staffing and recruitment

- Staff recruitment processes protected people from being cared for by unsuitable staff. There were enough staff to provide consistently safe care and support to meet people's needs.
- People told us they usually had the same care staff and they generally arrived on time. Some people said they were not always contacted if staff were running late. The registered manager confirmed they were addressing this to ensure people were contacted when necessary. People received a weekly rota, so they knew which staff member to expect.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should. Timing of visits were planned to make sure people who required support with their medicines received them at the correct intervals. One relative said, "The carers prompt [name] with their medicines, they record everything, and they have a booking in and out form. They record in the booklet what is happening."
- Staff had received training to administer medicines and their competencies were tested.
- Audits of medicine administration were undertaken which ensured any shortfalls were addressed quickly.

### Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff had completed training to ensure they were up to date with the most recent infection control guidance to keep people safe.
- Managers undertook observations of staff to check they followed infection control practices.
- Staff told us they had the appropriate personal protective equipment available to support people safely and people confirmed this. One person said, "The first thing they [staff] do is put gloves and apron on before they help me [with personal care]."

### Learning lessons when things go wrong

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again. For example, the service referred a person to an occupational therapist when they were made aware a member of staff was being asked to lift a person during personal care. Equipment is now in place to assist the person, which ensures they are cared for safely.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At the time of the inspection staff were not receiving supervision at the intervals detailed in the supervision policy. Although staff felt able and did speak to the registered manager and senior staff, they were not having regular opportunities to meet and discuss their performance and share their own aspirations. The registered manager acknowledged this and informed us that a programme of supervision and appraisals was in place to address this. This needed to be embedded for us to be able to fully assess its effectiveness.
- New staff undertook an induction and all staff refreshed their training regularly, which kept them up to date with best practice. The training was relevant to their work. The registered manager had recently introduced face to face training in relation to medicine administration and manual handling. One member of staff said, "The face to face training is better, it gave me more confidence."
- People told us they thought the staff were trained to meet their needs. One relative said, "All the carers are good and appear to know what they're doing. [Loved-one] has dementia and they appear to know about it and how to support them."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's mental capacity to make decisions or choices was not fully assessed. The registered manager was aware of this and was in the process of providing training for staff to be able to complete mental capacity assessments.
- Staff had limited understanding around the MCA and some had lacked training in this area. The registered manager was in the process of arranging training for all staff.
- Where relatives supported people to make choices and decisions about their care, the registered manager

ensured appropriate applications had been made in line with legal requirements.

- People's consent was sought before any care was delivered. One person said, "They [staff] always ask me what I want them to help me with, they don't assume anything." They [staff] always ask me before they do anything." Another person said, "They [staff] say, shall we do this now or this, they don't launch in without asking me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required. The information obtained from the assessments was used to develop care plans and guidance for staff.
- People told us they had been involved in developing their care plans and had ensured their preferences, likes and dislikes and communication needs were recorded. Protected characteristics under the Equality Act had been considered. For example, people's religious and cultural needs and lifestyle preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet and help was available, if needed, in preparing meals. One person said, "They [staff] ask me what I fancy and I tell them, sometimes we have a look in the cupboards, so I can see what's there and they help me prepare it and wash up afterwards. They always make me a cup of tea when they arrive and always ensure I have one with a meal, as well as leaving a jug of water for me."
- Staff understood the importance of ensuring people ate and drank sufficiently to remain nourished and hydrated. There was information in people's care plans about what their preferences as to what they liked to eat and drink. Any advice from speech and language therapists (SLT) or other health professionals was followed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and were supported to maintain good health. If required, they were supported to attend appointments with health professionals.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance. One person said, "If I am poorly, they [staff] always ask me how I am and have suggested I see my GP on one occasion."
- Care records included information from when other health professionals had been involved, such as GPs, district nurses, SLT and occupational therapists.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People continued to be well cared for. People and their relatives consistently told us how friendly, kind and caring all the staff were and nothing was too much trouble for them. One person said, "They [staff] are lovely, all of them. They work hard and we always have a nice chat while I'm washing. They make my day." A relative said, "They [staff] are all very good and very caring. It's the way they talk with [relative], they make jokes with them. I can tell by their face that they are happy with them."
- Staff spoke fondly of the people they care for. One said, "I love my job, it's the best job I have ever had, I love to see we make people happy."
- Staff knew people well and understood the need to respect people's diversity and individuality. One staff member said, "It is important you treat people as individuals. I always check with people they are happy with me."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in planning their care and felt in control. One person said, "We have just revised my care plan as I need more hours and days. I was involved in drawing it up and the manager has checked with me if things are working ok."
- Care plans included information on people's likes and dislikes, routines of care and support required. For example, whether they preferred a female or male carer.
- The registered manager was aware of the need for people's voice to be heard and ensured people had access to an advocate, if they needed, to have someone to help them speak up about their care. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People remained in control of their care and were encouraged to be as independent as possible. One person said, "They [staff] always ask me if there is anything else they can do for me, but when I say 'no, I need to do some things myself', they respect that." One member of staff said, "I always ask people how they want me to help them. They are the boss. I encourage them to brush their hair or wash their face them self."
- People's privacy was respected, and their dignity maintained. One person said, "Without a doubt they are all very respectful. It feels like they treat me and my home like they would their own." A relative said, "I feel respected as well as [relative], it's the way they [staff] behave and talk to us, it's caring and polite."
- Staff described to us how they maintained people's dignity such as ensuring doors were closed, curtains closed and providing people with a towel to cover them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they and/or their family had been involved in developing their care plan. One relative said, "They [manager] came out and asked all the questions... they asked about their health and what we wanted... we talked about their dementia."
- Care plans detailed people's life history, family members, interests, choices and preferences including those related to the protected characteristics to protect people against discrimination. The registered manager wanted to improve the plans to include more detail for staff to ensure they had enough information to consistently care for people.
- Staff built positive professional relationships with people. The service recognised the need to provide consistent care staff and endeavoured to establish this for people. Most people we spoke with said they had the same care staff, a couple commented more recently they had had a variety of staff due to staff vacancies and illness.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider proactively looked at ways to respond to people's social and emotional needs, to prevent people from being socially isolated. They encouraged and enabled people to attend local well-being groups and classes, one person went to a 'Knit and Natter' class, others went to a dementia café. One member of staff said, "I also take people out if they wish."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information was produced in large print for people with a sight problems and other forms of communication used, such as text messages for a person with hearing loss. The registered manager said information would also be translated into different languages if need be.

Improving care quality in response to complaints or concerns

- People and relatives said if they had a complaint they would speak to either the care staff or one of the office staff. One person said, "The management are cooperative and take an active interest with things."

When I had a concern about one of the care staff, I had a word with the management and they replaced the person for me."

- There was a complaints procedure in place and people knew how to make a complaint. We saw when a complaint was raised, the registered manager had promptly responded and took the necessary action to address it.

End of life care and support

- There was no one being supported with end of life care at the time of the inspection. The registered manager was aware of the need to develop plans with people to ensure people's preferences and choices in relation to end of life care were known.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People consistently told us they were happy with the service and felt in control of their care and would recommend it. One person said, "I would definitely recommend Serve, I could not wish for nobody better. What they have done for me is magnificent." A relative said, "I would recommend the service, it's all down to the carers, the ones [loved-one] is in touch with all the time ... they do care and do a good job."
- People received person-centred care. Individual packages of care were developed, which respected people's individual and diverse needs.
- There was an on-call system in place. This ensured there was always someone for people and staff to contact if they had any concerns and enabled the service to respond to people's individual needs at any time. One member of staff said, "I know I can go into or call the office at any time, there is always someone available 24/7."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and they and the provider had systems in place, to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They had notified the Care Quality Commission (CQC) of certain incidents, and the previous inspection report and rating was displayed within the service and on the provider's website.
- Clear and accurate records were kept about people's care and staff. The management system for complaints, incidents and accidents provided an oversight which ensured if things had gone wrong, appropriate action was taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Effective quality assurance systems were in place and used to drive improvement. The registered manager was approachable and continuously looked at ways to improve the service and support staff.
- Staff knew about how to whistle-blow and how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People told us they were asked for their feedback about the service. One person said, "I was given a questionnaire to complete last week." A relative commented one of the managers had come out to check things were alright. The feedback from a recent survey indicated that overall people were happy with the service.
- Staff told us they felt supported. We saw staff meetings had recently been set up to discuss and share the changes the registered manager had made to the care plans. One staff member said, "It was helpful to come into the office to talk though the changes to the paperwork, the new care plans give us more information and the MAR sheets (Medicine administration record) give us more space to sign." The registered manager told us they intended to hold more regular staff meetings to ensure all staff had the opportunity to share ideas and experiences.

Continuous learning and improving care; Working in partnership with others

- Serve had received the Northamptonshire Community Foundation 'Lifetime Achievement Award' 2019. This was in recognition of the service they provided to reduce social isolation and promote social interaction to support people to live independently in their own homes.
- The service liaised with health professionals and other local voluntary groups to provide a holistic service for people, which met both people's physical and mental well-being needs.
- The registered manager looked at ways to develop the way training was delivered, recognising the need for staff to have more opportunities to come together to train and share experiences.