Sevacare (UK) Limited

Sevacare - Hall Green

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:

•□Sevacare-Hall Green is registered to provider personal care to people living in their own homes. On the day of the inspection, 256 people were receiving support.

People's experience of using this service:
•□People continued to receive safe care. People felt safe within the service and there were enough care staff to keep them safe. Recruitment systems ensured appropriate care staff were appointed. People were administered their medicines as it was prescribed. Care staff had access to personal protective equipment and accidents and incidents were noted so trends could be monitored.
•□People continued to receive effective care. Care staff had the skills, knowledge and support required to meet people's needs. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. People decided the meals they had. Health care professionals were available to people as required.
•□People continued to receive support from care staff that were of a caring nature. People decided how they were supported by care staff. Care staff were respectful of people's privacy, dignity and independence.
•□People continued to receive support that was responsive to their needs. People's support needs were assessed and a care plan developed to show how people would be supported. The support people received was what they wanted and reviews took place. The provider had a complaints process in place that people were aware of and knew how to complain.
•□The service did not continue to be well led. The registered manager was unable to demonstrate a good understanding of the service they were managing. Communication between the office and care staff needed to be improved to ensure actions were followed up on. The registered manager and provider carried out quality audits and spot checks to ensure people received a good quality service. Questionnaires were used to engage with people, but the outcome and actions resulting from the analysis was not shared with people so they would know how the service was being improved.
Rating at last inspection:

•□Rated Good (Report published 28/07/2016).

Why we inspected:

•□This was a planned inspection based on the rating at the last inspection. Whilst the service was rated 'Requires Improvement' in Well led, it remains rated Good overall.

Follow up:

•□We will continue to monitor the service through the information we receive until we return to visit as per

our re-inspection programme. If any concerning information is received 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 effective. Details are in our Effective findings below.	**Good**
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 not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Sevacare - Hall Green

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by an inspector, bank 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:
Sevacare- Hall Green is a domiciliary care service. It provides personal care to people living in their own homes. CQC regulates only the care provided. 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:
This inspection was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be able to speak with a large number of care staff.
Inspection site visit activity started on 13 March 2019 and ended on 14 March 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:
We used information the provider sent us in their provider information return. This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We

also contacted the local authority who commissioned services from this provider and other stakeholders. While no concerns had been raised, the local authority had visited the service recently as they had been suspended from taking any new referrals. They found they had improved sufficiently to have the suspension removed.

During the inspection we spoke with 28 people, ten relatives, 21 members of the care staff, senior coordinator and the deputy and registered manager. The regional manager was also available and supported the process and the director from the provider attended the second day and supported the inspection as well as being available for feedback.

We looked at the care and review records for seven people, three care staff files and records related to the management and quality of the service. Details are in the key questions below.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. A person said, "I feel very safe with them [care staff], and they are all very good now. It took a few months to settle, but now it's working well for my relative. I feel very contented with the service". Another person said, "I think they are a safe company and they are good time keepers. This is the third agency we've tried, and they are so much better. We're happy". Relatives all shared the same view with one relative saying, "I find them a very safe service. They arrive on time, and have not missed a call so far".
- Care staff we spoke with knew what abuse was and the actions to take if someone was at risk of abuse and told us they had received safeguarding training. We could confirm this.
- The registered manager knew their responsibility to keep people safe and could explain their systems and the actions they would take if someone was at risk of harm.

Assessing risk, safety monitoring and management

- Care staff knew the risks associated with how they supported people. Care staff could explain when asked how risks were managed. Care staff worked in teams so they knew people's needs and could support them safely.
- The registered manager could explain the systems in place that were used to reduce risk to people. Where risks changed, care staff could know changes very quickly as information could be passed to care staff via their mobiles.
- Where people were assessed as needing equipment to support them, this was in place and monitored regularly to ensure the equipment was safe to use. We found that risk assessments were detailed and up to date.

Staffing and recruitment

- We found the provider had systems in place to ensure they had sufficient care staff to meet people's needs. The service had sufficient numbers of care staff to support people how they wanted.
- A person said, "9 out of 10 times they arrive on time, sometimes they're delayed due to traffic. There seems to be enough staff, I think so anyway".
- Care staff explained how they were recruited which involved recruitment checks to ensure they were suitable to support people. The registered manager explained the process they followed which included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- A person said, "They [care staff] help me with my medicines, they open up the blister pack and hand the

medicines to me". Another person said, "They supervise giving my Mum tablets from the blister pack, and they are very safe at doing that". A care staff member said, "We only give medicines out of blister packs and sometimes painkillers out of boxes and short-term things like antibiotics. We do skin cream too".

•□We found medicines records showed people got their medicines as prescribed. Care staff told us they could not administer medicines until they had completed training and their competency was checked. We found where mistakes had taken place that care staff were removed from administering medicines until they had received more training.

•□Spot check and audits were carried out regularly to ensure medicines were being administered and managed safely.

•□Where people received medicines 'as and when required' we found there was the appropriate process in place to guide staff and this was being monitored.

Preventing and controlling infection

•□The provider had an infection control policy in place and care staff had received training.

•□A person said, "They [care staff] are always smartly dressed in their uniforms, and they wear gloves and aprons as well. Very professional".

•□Care staff told us they had access to gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were logged and trends monitored. The provider showed us the systems in place and the actions they took where required.

•□The provider was also able to explain the actions they had taken to implement systems to reduce missed calls and monitor the time care staff spent supporting people.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.
•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions or such authorisations were being met. We found there was no one within the service who lacked capacity and would therefore need an order from the Court of Protection. However, we found from care records that some relatives had been asked to give consent to care where people had capacity to give consent themselves.
•□We found care staff received training in the MCA and could explain how people gave consent and how they ensured consent was sought. A person said, "They always ask me before they do anything".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•□The provider carried out assessments to ensure they could meet people's support needs.
•□People were supported as they wanted. A person said, "I think the carers do a good job, and know what to do when they arrive. I'm really pleased, they have got to know Mum very well".
•□Where people had likes and dislikes we found these were identified and care staff knew people well.
•□The Equality Act 2010 was known by care staff and the registered manager. The protected characteristics were known and was integral to how people's needs were assessed and met.

Staff support: induction, training, skills and experience
•□A person said, "They [care staff] appear well trained, as they are very careful in what they do for Mum". Another person said, "I think they [care staff] are well trained. I have to be hoisted and we have quite a good laugh together when they are hoisting me. I have a great rapport with them". A relative told us, "They [care staff] seem well trained, they have to use a hoist for him to get him out of bed they wash and dress him 'They seem very well trained with the hoist never any problems' they wash and dress him and are kind and respectful to him' they know him and what he can and cannot do". A care staff member said, "We all get training in the new equipment".
•□Care staff told us they felt supported and had regular supervision and could attend staff meetings. Records we saw confirmed this. A care staff member said, "We all get supervision every three months, its good". Another care staff member said, "When I have had a problem, it's been sorted out really well".
•□The registered and regional managers explained the induction process all care staff went through and explained the process was managed through their head office. This included care staff having to complete

the Care Certificate. The certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life. We could confirm this.

•□We found that care staff received a range of training which was monitored to ensure all training was up to date. Care staff confirmed this and told us if they had not completed all their training they were unable to support people, especially where people had specific support needs like, diabetes, epilepsy or needed catheter care.

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

•□We found that people's dietary needs were part of their assessed needs. A person said, "The girls [care staff] are all very good and experienced. They sort out all my food, my daughter gets the shopping and they cook it for me".

•□Care staff could explain how people were supported with their meals and how they ensured people had enough to eat and drink. Care staff mainly gave food that relatives had prepared.

Staff working with other agencies to provide consistent, effective, timely care

•□We found that the provider worked closely with other agencies to ensure people were supported how they wanted. They offered a night call service which involved offering support to people during the night which were not all their service users. This meant working closely with other agencies to ensure people were supported appropriately.

Adapting service, design, decoration to meet people's needs

•□We found where the service needed to be developed to meet people's needs that this was being done. The regional manager could give a number of examples as to how the service design had been developed to do this. For example, the out of hours call system.

Supporting people to live healthier lives, access healthcare services and support

•□We found where people needed access to health care support that care staff could explain the actions they would take in an emergency. For example, liaising with nurses, contacting a doctor and calling an ambulance in an emergency.

•□We found that care records showed when a district nurse or doctor had been contacted.

•□Care staff told us when they called for an ambulance they would wait with the person until the ambulance or a relative had arrived. They did not leave people alone and their calls were covered to allow them to spend as much time as was needed.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the care staff were kind and caring. A person said, "The girls [care staff] are so caring, and look after me well, no problems". Another person said, "The girls are always friendly, and courteous. They really support me well. We always have a nice chat about anything, they can't do enough for me".

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

- A person said, "They wash my back and always check with me before they do anything. They don't takeover, but they do whatever I want". A relative said, "The girls [care staff] don't take over, they help her [person receiving support] and they have a nice way of talking with her which I really like. They are nice girls and very caring".
- We found care staff could explain how people decided how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us that care staff respected their privacy, dignity and independence. People told us the following, "They treat me with dignity yes they do", "The girls [care staff] let me be as independent as possible, they're lovely" and "I prefer to wash myself, and the carers know that and they are just there for support if I need it, especially with the shower. They help supervise me and watch me, but they don't take over".
- Care staff could explain how people's privacy and dignity was respected. For example, closing doors and curtains during personal care tasks.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•□People told us they had a care plan and were involved in the development of it. A person said, "Yes, I was involved in the assessment process, and I have a copy of the care plan". A relative said, "I was involved in the care plan, and I'm so pleased that they send the same carers as my relative has got to know them well, and they know them well". Care staff told us that care plans were in people's homes for them to access if needed.
•□We found that reviews took place so changes to people's support needs could be made. A person said, "I have a yearly review with the manager who comes here – I think it's coming up shortly". A relative said, "I get a regular review of Mum's [person receiving support] care plan with the agency".
•□We found that people's preferences and interest were part of the assessment process and was used to match care staff to people they supported.

Improving care quality in response to complaints or concerns
•□People told us they knew how to complain. A person said, "I'm not normally a complainer, but I didn't like the first carer who came, so I called the office and she never came back, they sorted it out immediately".
•□Care staff told us any complaints would be passed to the office. We found the provider had a complaints log which showed the amount of complaints and the actions taken as a result. We found trends were analysed so improvements could be made where necessary.

End of life care and support
•□The registered manager told us they were not providing end of life care to anyone.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found records were not always consistently clear as to how consent was recorded and documentations like the Lasting Power Attorney (LPA) being referred to where this was not potentially required. For example, we saw care records which showed people had capacity but relatives were being required to sign records and give consent. This showed a lack of understanding around consent and the purpose of an LPA. An LPA is a way of giving someone you trust, the legal authority to make decisions/give consent on someone's behalf when they lose the mental capacity to do so.
- We found the registered and deputy managers lacked a clear understanding of the service they managed. It took them until the second day of our inspection to establish no one was in receipt of end of life care. We would have expected them to know vital information like this.
- We found the registered manager could not answer questions we asked about the service they were responsible for. For example, they could not tell us what, if any improvements were planned over the coming 12 months.
- We found that communication between the office staff and people receiving the service needed to be improved, as information passed to the office was not always consistently dealt with or actioned appropriately. A person told us that care staff consistently kept arriving to support them after they had cancelled the support and told the office they would not be in.
- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, death and safeguarding alerts.

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

- We found that the provider used questionnaires to engage with people about the service. However, they did not ensure the outcome or analysis from the service was shared with people.
- The Equality Act 2010 and the protected characteristics was an integral part of how people were supported.

Continuous learning and improving care

- Managers within the service understood the Accessible Information Standards (AIS) and its purpose. We found communication processes could be improved. For example, where people could not verbalise their views the service was not proactive in exploring other ways of communication. The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability,

impairment or sensory loss.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- 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.
- We found that the support people received was person centred. A relative said, "If my husband's in the toilet they [care staff] wait until he's ready they are very considerate".
- The provider and the registered manager carried out quality audits and spot checks to ensure the quality of the service people received. A person said, "The manager comes regularly to meet with me and asks how they are doing".
- People and care staff told us the registered manager was kind and the culture in the office was one of openness. A person said, "I've spoken with the manager a few times and I've found her very approachable and proactive. I would have no problems in recommending their service to anybody. I've told social services I want to keep my relative with them [provider], they are so good". Another person said, "I know the manager – she's phoned up on a couple of occasions".
- The provider had a whistle blowing policy and staff could explain its purpose, but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found this was being done. This meant people, relatives and visitors to the service were kept informed of the rating we had given.

Working in partnership with others

- We found the provider worked with the local authority, health colleagues and Clinical Commissioning Group (CCG), as part of ensuring the support people received was what they wanted.