Sevacare (UK) Limited

Sevacare High Wycombe

Inspection report

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Ratings

Overall rating for this service	Inadequate
Is the service safe?	Inadequate
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Inadequate

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. We gave the provider 48 hrs notice of our visits to make sure we could access the people and information we needed to.

When we inspected Sevacare High Wycombe in April 2013 we found they were not meeting the regulations which applied to staffing. We carried out a follow up inspection in September 2013 and found they had taken steps to address this and met the relevant regulations.

Summary of findings

Sevacare High Wycombe provides care and support to approximately 341 adults and older people in their own homes. This includes adults with physical disabilities and older people living with dementia. Sevacare High Wycombe does not provide services to children.

Sevacare High Wycombe has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated regulations about how the service is run.

There were concerns expressed about the consistency of care staff. People told us they often had different care staff to provide their support. They were not always told this was to be the case and had to keep explaining to care staff how they wanted their care provided. Where people had the same care staff regularly, they were overall very satisfied with their care. Where they did not they were very dissatisfied.

There were concerns also about the timing of calls. People told us there were significant variations from one day to another, with little communication about when their care would be delivered. In some cases calls had been missed altogether, which meant people had not received meals or medicines as they should have done. This put them at significant risk of harm. Where people had calls at a consistent time they were overall very satisfied with their care. Where they did not they were very dissatisfied.

Concerns were also raised about the duration of calls. People told us their care was rushed on occasions. Care staff did not always stay the time the person who received care expected. Care staff told us they sometimes had 'unrealistic' schedules which put them under increased pressure. Where people consistently received calls of the duration they expected they were very satisfied with their care. Where they did not, they were very dissatisfied.

Care staff were provided with training and supervision to support them and team meetings were held regularly. Training included safeguarding and the implications for care practice of legislation about mental capacity and people's right to take decisions for themselves. This meant staff knew what to do if they saw or suspected abuse was taking place and understood how to support people make decisions.

The pressures on time and care delivery meant staff felt they could not always provide care to the standard they would like. People who received care, even when it was not from a consistent team of care staff, at the expected time or of the expected duration were mostly positive about the quality of the care staff.

Pressures on staff had meant records, including those for medicines, had not always been completed. Whilst the provider had a quality assurance process which had identified this problem, the pressure on existing staff was continuing and included those staff responsible for the scheduling and monitoring of care calls. In some instances administrative and supervisory staff who were appropriately trained, had provided care for people to address care staff shortages.

Communication between people who received a care service and the provider was said by some people to be good and by others to be poor. There was a complaints procedure in place which some people had used and found helpful whilst others had found it less helpful. Some people did not want to make use of the complaints process out of fear their care would be adversely affected if they did. We found no evidence this would or had been the case.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not consistently safe. Visits to people had been missed or were significantly late which had led to medicines not being given or not being given at the correct time. People had been left without food or drink or had to wait longer than they should for this to be provided.

People did not always receive care and support from the number of care staff assessed as safe to do so.

People's security had been put at risk where correct procedures in respect of key safes had not been followed.

Is the service effective?

Requires Improvement

The service was not consistently effective. People did not receive consistent care from the same team of care staff.

People could not rely on staff providing their care and support at a consistent time. This included where support was required with food and drink or medicines.

Where care plans were followed consistently and care was provided regularly by the same team of carers, who arrived when expected and stayed as long as expected, people said the service was very effective.

Is the service caring?

Requires Improvement

The service was not always caring. People told us they did not always know who was going to provide their care. This made it difficult to develop a positive relationship with them. The pressure on care staff meant they were not always able understand how people preferred their care to be provided or to become familiar with the person's preferred care routine.

The lack of time care staff had when providing care and support led to people feeling rushed. Staff did not always have sufficient time for relaxed conversations with people when they provided intimate care.

The majority of people felt the care staff themselves were caring and tried their best to meet their needs. They did not have significant concerns about the quality of the care staff who they thought were competent.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. People were significantly dissatisfied with the timing and duration of their calls. They did not feel the service responded to their needs in this respect. Some people were satisfied care was provided in line with their established wishes, others were not.

Summary of findings

People had different experiences of the complaints process and how it worked. Some were positive about how their complaints had been handled others were not. Some people said the provider had been very responsive and had improved their care following a complaint. Others said they no longer bothered to make a complaint as it didn't make any difference.

People were involved in initial assessments of their care needs and how they were to be met. There was a system to identify if people's care needs had changed and what action was required to ensure they could still be met.

Is the service well-led?

Inadequate

The service was not well-led. The service had not been successful in moving from identifying to fully addressing shortfalls. Performance was still unsatisfactory on occasions and people did not receive a consistent care service.

People had different views about the way the service was managed. Some were very positive. This was when their care was provided as they expected and where any communication with the management team had been satisfactory or good. Others were less positive especially where they had problems with communication or they felt they were not being listened to.

The service had quality assurance systems in place which had identified areas where improvement were required.

Sevacare High Wycombe

Detailed findings

Background to this inspection

The inspection was carried out 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.

Before the inspection we reviewed the information we held about the service. This included information the provider had sent us in their Provider Information Return (PIR), The PIR is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. During the inspection visits we spoke with the manager and the area manager for Sevacare UK Limited. We spoke with 11 members of staff, looked at five people's care records and at records for staff recruitment and training, quality audits, team meetings and complaints.

We carried out our first inspection visit to the service on 13 August 2014. During the following ten days the expert by experience carried out telephone calls to 30 people, of whom 15 were prepared to speak with them; nine were not willing to talk about their service, including two who were worried that if they did it might affect their care. Six calls were not answered after more than two attempts.

We sent 315 questionnaires to people as part of the inspection. These went to people who used the service or their relatives, staff and community professionals. We continued to receive questionaires back for up to six weeks following our first inspection visit. In total we received 36 back, including 31 from people who used the service. We also received information of concern about the service from six people who used our web site to contact us. We received further information from the local authority commissioning team and the local authority safeguarding team. In response to concerns raised with the commission during the inspection period we made a safeguarding referral to the local authority.

Throughout the inspection period we also requested additional information from the management of Sevacare High Wycombe, for example minutes of team meetings and some training information. We received full and timely co-operation from Sevacare in respect of all the requests we made to them. We held a management review to assess all the information which we had received since our initial inspection visit and determined a second inspection visit was required to follow up the concerns identified to us. This took place on the 5 November 2014. We then attended a safeguarding meeting with senior Sevacare managers and the local authority safeguarding manager and contracts staff on the 12 November 2014.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint and practice under the Mental Capacity Act 2005 was moved from the key question 'is the service safe?' to 'Is the service effective?' The ratings can be directly compared with any other service we have rated since October 2014, including in relation to consent, restraint and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Inadequate

Is the service safe?

Our findings

Not everyone who received care and support from the service felt it was consistently safe, especially those people who required support to manage their medicines. The Care Quality Commission (CQC) had made a safeguarding referral to Buckinghamshire County Council Safeguarding Team (BCCST) following concerns raised about medication administration and the effect of missed visits. BCCST had also received information of concern and had carried out an investigation between June and September 2014 which established there had been occasions where people had been put at risk through missed medicines or because medicines had not been given at the correct time. The registered manager carried out an audit which showed medicine records were not being properly completed which meant it was not possible to verify if medicines had been given or not.

We were told by one relative they had found a number of errors on medicine records including when medicines had not been given to the person who needed them. A team meeting held by Sevacare on the 22 September 2014 reported concerns with the accuracy of medicines administration records.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

People told us the service was unreliable. This was because staff did not arrive at the time they expected them to, or stay the length of time they were supposed to. One person said their carers regularly came over two hours late and recorded "nothing needed". They said this was because they had got 'fed up' with waiting and so did things themselves. They told us they should have medication and food on time and not two hours later than planned. Another person told us they were diabetic and needed assistance at precise times, which was not always achieved; "Lucky I can manage to get my own bits and know the time." We saw a memorandum to all staff dated 30 October 2014 which stated; "We have had a number of missed visits where carers have said they did not know the service users were on their programmes."

Three people reported they were always supposed to have care provided by two care workers to enable care to be provided safely. This had not always been the case and meant on those occasions when only one person arrived they had not received safe care in line with their assessed needs. "Often only one person turns up and they never stay for 45 minutes. In fact they only stay 10-20 minutes. They are virtually never on time….it's a rip-off". Another person told us their commode should be emptied but some care staff didn't do it; "and when I go to use it it's horrible but I can't do [empty] it".

Another relative told us they had raised concerns with the service because on several occasions their relative's key safe had been left open, which was a security risk.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There were not always sufficient numbers of staff available to keep people safe. The provider acknowledged they had problems with recruiting and retaining sufficient staff. They were actively involved in recruitment and subsequent initial induction training for newly recruited staff. However, despite this, at least three members of staff were working at "high volumes". This involved working more hours than would be considered advisable, with an inherent risk of errors or poor practice resulting from this working pattern. For example, from figures provided to us by Sevacare, in the week 29 September 2014 to 5 October 2014, one member of staff carried out 263 visits in a total of 94.4 hours, one 181 visits in 63 hours and one 150 visits in 64.56 hrs.

Staff told us they were always under pressure to work longer hours than they might otherwise want to. We were told some morning and afternoon calls were merged, calls were shorter than the time allocated to enable the calls programme to be completed. One person said; "Carers are told they have to work and are 'guilt tripped' into working long hours". They also said they were programmed to work on days they were not available and for hours they were unable to commit to.

This was a breach of Regulation 22 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010

The provider contested this. They told us they tried to avoid care staff working long hours but that; "Sometimes it has to happen due to staff shortages". The provider stated they were; "Continually seeking to reduce care worker's call volumes when they get excessively high." They noted staff would often complain if their work was reduced to prevent them working too many hours.

Inadequate

Is the service safe?

The provider had attempted to reduce the incidence of excessive hours being worked. However they told us they were required to take whatever care packages the Local Authority placed with them or face contractual penalties. This added to the existing pressure on commitments and increased the risk of late or missed calls, excessive working hours and pressure on staff to achieve unrealistic workloads. We were told it was not unusual for care-trained office and management staff to cover care worker absences at short notice in order to maintain care delivery to people.

Despite the concerns over reliability, length and timing of calls and consistency of care, the majority of people who expressed an opinion about their care told us they felt safe when care was actually being provided in their home.

Staff had received training in safeguarding adults. The service had a safeguarding policy which new staff were required to become familiar with as part of their induction. Those staff we spoke with understood what the signs of abuse might be and knew what to do about reporting it. Staff confirmed they had received an induction, in line with the common induction standards published by Skills for Care before commencing work on their own. This included infection control and the use of personal protective clothing to safeguard themselves and those they provided care and support to.

Staff were aware of and had received training on the Mental Capacity Act 2005 (MCA). The MCA 2005 set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

We saw copies of certificates for staff who had attended training on Mental Health Awareness and MCA in December 2013. Those staff we spoke with showed they had an understanding of the right of people to make decisions about their own lives, including how care was provided for them.

The policies and procedures of the service included what staff should do if they failed to obtain any answer from a call they were making. This ensured appropriate steps would be taken if the person concerned was in danger or in distress and to alert the emergency services if appropriate.

When staff were recruited, appropriate checks were made. Required checks were made before staff began to work for the service. In response to concerns raised with CQC we confirmed new staff did not begin lone working before all the necessary documentation was in place. We were told the staff allocation and programming computer system in use did not allow someone to be programmed to provide care before all the necessary checks were completed. However, in some instances, where an initial check with the Disclosure and Barring Service (DBS) raised no concerns and all other recruitment checks had been made, new staff might accompany a more experienced member of staff, on double-handed calls, before the final DBS clearance was received. They could not however provide care on their own.

We looked at care records for six people. These were the office copies which were said to mirror those in people's homes. They included records of assessments made of any risks to the person who received care and support. They also included any environmental or other hazards to staff. Wherever possible the identified risks were removed, for example where the position of furniture was a problem. Where the risk could not be entirely removed, appropriate information was given as to how the risk could be managed. There was a system of review in place, to ensure where people's needs changed, the care plan was adjusted to make sure care was provided which met them.

Requires Improvement

Is the service effective?

Our findings

People gave contradictory comments about the effectiveness of the care they experienced.

Where people relied on care staff to help them with their food there was significant dissatisfaction from the conversations and responses we had with people. The timing of visits was said to be variable. This meant, when the visit was supposed to assist with meals, people either had to wait longer than was intended, or mealtimes visits were combined, for example a morning, breakfast time call became combined with a lunch call.

Where people were living with dementia, care staff did not always take this into account when offering food or drink. One relative told us; "When we asked carers to leave out more food, they would say they had asked (the person receiving care) what they wanted and they had said they only wanted cake." Another relative said care staff did not read the person's care plan and did not seem to know they were living with dementia. Carers would simply ask the person if they had eaten, and when they said yes, they would not pursue it to see if they had really had something or not.

One relative told us that visits had been missed meaning the person went without food. The family had met with the team leader who promised things would improve. They had not improved and although food was being left by the family for carers to heat up, the carers had not followed this agreed plan through. We were told carers did not always check the fridge and that the family had found mouldy food left. Another relative told us; "There have been days when carers have missed visits completely or arrived 2 to 3 hours late, leaving my mother without any food or drink and very confused as to what is happening".

This was a breach of Regulation 14 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010

People said they did not have care provided consistently by the same care workers. One person noted care was provided by a different care worker; "all the time". This resulted in them having to repeatedly explain to new staff what they wanted doing; "New staff just don't know what is going on". One person remarked how care staff kept on asking; "What shall I do now" whilst another person told us they had to "tell them what to do because they don't know themselves."

Six people had at least one regular carer for one of their visits and they were the most positive about the care they received. "They know exactly what I need" and "They seem to know what I want them to do" were comments from two people. One person who required a catheter change every few weeks told us; "I remind them and they come straight away" and another person who had a regular team of carers remarked; "Marvellous, they know what to do".

One person whose relative had a 24hr care worker for an assessment period of two weeks said the care provided was effective in enabling the person to make the transition from hospital to more independence; "They reported any concerns to me appropriately but used their considerable common sense to problem solve on their own".

One relative said; "The care received from Sevacare is good if their regular carer attends. Unfortunately when they are away, the care is not good. Carers do not read the care plan so often things are missed-especially medication at least once a week. I constantly have to phone to complain, I feel for people who do not have the 'back up' of family". Another person said; "We do have at times, some lovely carers, but cannot seem to have a regular carer that we really feel understands the needs of (the person receiving care). We have carers perhaps a few days and then they send them somewhere else. Some carers have got no idea of the care (the person receiving care) needs and can't carry out the care, we ring the office but there is no response".

Of the 31 questionnaires returned from people who received care and support, 19 thought care workers had the skills and knowledge to provide the care the person needed. We saw the analysis of service user surveys carried out by Sevacare in September 2014 which found 93.7% of people who responded thought their carers were 'competent' or 'very competent'. Of the four staff questionnaire responses received three stated they had the training required to meet people's needs effectively.

Staff told us they thought they received the support through training and supervision they required, although In written comments three carers thought training was less frequent than they would like. We saw audits of staff training which indicated training was up to date. Senior care staff carried out spot checks on care staff to observe care practice and check care records. Staff said the frequency of their supervision varied from monthly to three or six monthly with an annual appraisal.

Requires Improvement

Is the service effective?

We spoke with one member of staff who had recently started providing care on their own and they confirmed details of their induction which they thought was 'good'. Training records were monitored by the provider and those we saw were satisfactory.

Team meeting minutes showed discussion about, for example moving and handling training. It was said the quality and content of training could vary according to the trainer. This had led, it was claimed, to staff having different understanding of what was and was not appropriate. There were, however, no concerns raised by people who received care about the way staff assisted them with moving.

Care plans included contact details for those healthcare professionals, for example, GPs who were involved with people who received care. Care staff gave us examples of how they liaised with district nurses and GPs when they had any concerns about the health of people they provided support to. For example by arranging or facilitating a home visit.

Requires Improvement

Is the service caring?

Our findings

People told us they were treated with respect. People who had a regular and settled team of people providing their care were the most positive. "We have a good laugh and although they are busy, we still find time to talk" one person said. Another person noted; "I like this agency – very good".

Even when people had adverse comments about the punctuality and consistency of care, once it arrived, they were generally quite supportive of care staff, even when their care experience was not good. "It is not their fault, they are too busy, they do try and are very caring" one person noted. People said care staff were obviously under pressure and sometimes seem to "rush in and out" and on occasions had; "no time to talk". This detracted from people's overall care experience especially where care staff were the only people they had regular contact with. People who did not have a consistent team of carers told us there was little; "Bonding" with them. "Come in, sometimes for 5 minutes it seems, rushes out and then I don't see anyone for the rest of the day – life is very lonely".

Staff told us they would like to have more time to spend with people; however they said this was not always possible. They said they tried to get to know what people liked and who and what was important to them, however, they accepted that because time was limited, so too was the opportunity for this to be done consistently.

Those people who spoke with us did not feel they had much control over their care or involvement in the way it was delivered. "They never ask you what you want or when you want it" one person told us. Fifteen people noted that communication was not very good on occasions when they had to contact the office. They said they were rarely informed when carers were changed. "Often they swap carers without notice, so I don't know who is walking through the door. It's upsetting when they keep sending new carers". Where calls were running late, people told us they were not often called to inform them of this and just had to wait for someone to turn up. "Never sure exactly when they are coming" and "I've never had a timesheet of when they should be coming" were two comments. This made it hard for people to make social or transport arrangements for example as they could not be sure when their carer would arrive.

This was a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010

We saw the analysis of service user surveys carried out by Sevacare in September 2014 which found 100% responded that carers were respectful and polite. People we contacted were positive about being treated with respect and said they thought their dignity was respected. One relative did suggest staff failed to wash their relative as often as they would like. However they also acknowledged the person concerned was quite likely to tell the carers not to do so. When we talked with staff they told us how they always tried to maintain people's dignity by covering them appropriately when giving personal care for example, or making sure doors were closed when other people were in the house. Staff said they would always talk to people about what they were doing and tried to make sure people were happy with the way their care was provided.

The provider undertook checks to ensure people were treated with respect and to identify any concerns people might have about their care workers. Supervisors who carried out spot checks observed the interaction between people and their carers. Reports of these visits included asking people if they were satisfied with how their care and support was given.

Requires Improvement

Is the service responsive?

Our findings

People who received care and support from a settled team of carers at regular and consistent times told us their service was responsive to their needs. People, who did not consistently receive care and support from a settled team of carers at regular and consistent times, felt their service was not responsive.

The majority of people we spoke with or who responded to our questionnaires told us they had been involved in the initial care planning process. Where they were not able or willing to do so, their relatives or a responsible social care professional had been involved.

In their Provider Information Return (PIR) Sevacare confirmed a commitment to provide person-centred care based upon each individual and taking into account their personal preferences and wishes We did not always find this was borne out by what people told us about how their care was provided in practice.

When we spoke with staff they confirmed an intention and commitment to provide care to people in a way which reflected and respected their individual wishes. However, they accepted that when carers were sent to provide care and support at short notice, to people they had no knowledge of, this was not achieved.

We looked at five peoples' care records. These included details of the individual and their assessed care needs. There were contact details for the person concerned and other important people involved with their care and support. There was an agreed programme of calls which set out what care was to be provided, when and how.

Care plans included details of reviews, however, of the 14 people we spoke with following our inspection, only one person could remember a formal review of their care being carried out and that had been by a local authority social care professional. Some relatives confirmed reviews had been carried out to address specific concerns. For example, the timing of calls to support people with food or medicines.

Staff confirmed they would inform senior staff or the registered manager where people's needs had changed significantly. A branch audit in March 2014 showed some service user reviews were out of date. We were told this information was then used to prioritise action by the management team to address them. Team leaders told us they carried out reviews of care plans and also spot checks on care staff to ensure the assessed needs were being met in line with care plans.

We were given examples of where, for example, visits had been made double handed, because a person's needs had increased. We were also told of work done by care staff to build one person's confidence to enable them to prepare their own meals, rather than having to rely on this always being done for them. This promoted their independence and built their self-esteem.

Because of the pressures on care staff, people who received care were doubtful if they had any effective control over the time of their visits. Senior and local Sevacare managers told us they would always seek to meet people's preferred times for their visits when they could. However the terms of their contract with the local authority and the pressures on staff resources meant this was not always achieved.

One cause of dissatisfaction with the timing of calls arose from commissioners and providers of care giving people differing expectations of the range of times visits would be provided within at the outset of care provision.

We saw copies of the home-held information pack provided to all people who received care and support. This included contact details for the local and national Sevacare Office together with contact details for other relevant bodies, including the CQC. Details of how to make a compliant were also included.

We asked people if they knew how to make a complaint. They all said they had the contact number for the office although none of them knew the name of the person they would direct their complaint to. People gave us different evaluations of how well the provider's complaints process worked. Four people told us they had complained and had not been satisfied with the response. Others told us their complaints had been listened to and in one case a carer had been changed and in another the time of their call had been adjusted. In one case they told us they had thought nothing was being done and then, some weeks later, the time of their visit had been changed and was now; "better".

Another person told us they had three missed visits and so their son had phoned the office and it; "hasn't happened since". Another person said their complaint had been dealt with. "Great result, very quick and confidential". However,

Requires Improvement

Is the service responsive?

another person said; "You make a complaint but they don't sort it out - not good". Eight other people said they had never had any reason to complain, one person said they had and achieved a "very good result".

Where people complained about missed visits or late calls, they told us there was often a short-term improvement but that it did not always last. In the PIR we were told there had been 64 written complaints in the previous 12 months, all of which had been resolved within 28 days. In the same period, 25 written compliments had been received. We also saw an e-mail from a person thanking Sevacare for the way care had been provided for their father.

The timing and duration of calls was often said to be inconsistent and unreliable. "They are virtually never on time" one person reported and also said "They never stay for 45 minutes, in fact they only stay 10-20 minutes".

People told us they had, in some cases, given up 'complaining' as they felt it made no difference, others were concerned their care would be prejudiced if they did so. There was no evidence this was the case however it showed people did not always feel empowered to raise concerns or complain.

Inadequate

Is the service well-led?

Our findings

The views of people about how well the service was managed were mixed. All of the people we spoke with had contact details for the service. Most however had little actual contact and did not know the name of the manager. Five people were very positive about the management team; "Good communication, a direct line" was the view of a person who had a regular carer and who had received care for a number of years. Another person noted; "Good all round kind and caring-very reassuring" and another person with a regular carer said; "On the whole ok - good care from my carer". Three people rated the management of the service only as 'adequate' and one person; "nothing particularly good". Three people had very negative views; "Not good", "They suit themselves" and "Not very good if you ask me, need proper organising".

In their Statement of Purpose and Service User Guide, Sevacare stated; "We will provide you with care at the time of day that you require to enable you to go to day centres, work or appointments. Because everybody's needs, abilities and choices are different, our service needs to be flexible and delivered to meet the specific needs of individual people." We found the service was not managed effectively to achieve this consistently.

The provider had systems in place to monitor the quality of the care and support people received. These had identified areas of concern which included consistency of care, duration and timing of calls. The provider indicated; "shortage of staff" was the principal cause of those concerns. Quality assurance reports, staff meeting minutes and conversations with people who received care, staff who provided care and the service management team all confirmed areas of concern had been identified. We were told action had or was being taken to address them. The provider had given additional management support and had co-operated with the local authority commissioners of care and safeguarding team in working to address them. However, despite this, the persistence of the same concerns, over a period of several months, indicated they had not been resolved.

Care plans, staff supervision, spot checks and staff training were all quality assured through the Branch Quality Audit Form. The results were recorded as red, green or amber to indicate where action was required. For example the audit dated March 2014 showed some service user reviews and care worker assessments were out of date.

When we spoke with the local management team and with care staff, there was a commitment to improve the quality and consistency of the service. There was however a sense of frustration and pressure on both management and staff because the demands upon them were not always matched by resources in terms of numbers of staff. This led to unrealistic work rotas for care staff at times, with calls back to back and very little leeway to take account of delays, for example when travelling between calls. All the staff team, including managers had on occasions provided care themselves, where they had the necessary training to do so safely. Whilst this demonstrated commitment to the service it did not meet the need for consistency of care and reflected the pressures on staffing which was the cause of several less positive experiences we were told about.

The continued failing to fully address the issues identified within this report constitutes a breach of Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010

Staff meeting minutes were seen for September and October 2014. Most staff told us meetings were held regularly throughout the year. Medicines practice and recording were raised in both the September and October meetings. CQC had received concerns about this service and had made safeguarding referrals as a result of those concerns. These concerns included medicines errors. The registered manager had also noted that the majority of complaints received were in respect of medication failures. Additional staff training and enhanced supervision of medicines records had been put in place to address this.

The registered manager told us Sevacare had responded to these concerns by raising staff awareness of good practice and by enhanced monitoring of medicines administration records. These records were now returned to the office from people's homes each month and checked. They were also checked in people's homes by Sevacare team leaders. A one day medicines training course had been introduced which included a competency test. The registered manager also informed us random spot checks were carried out where any concerns were identified. The registered manager told us in November 2014; "Things are now much

Inadequate

Is the service well-led?

better and recording had improved." Staff we spoke with confirmed they had received medicines training. They also acknowledged there was still further improvement and consistency required.

We saw evidence that team leaders and care managers carried out spot checks in people's homes, to assess good practice and care quality. Staff confirmed they had experienced these. One told us; "I find them very helpful as sometimes we need to be reminded of things". Where any issues were raised during spot checks, they were discussed at the time and at subsequent supervision sessions. Where a consistent theme was discovered, for example over uniform policy, this was raised at staff team meetings to remind all staff of the uniform requirements.

Team minutes recorded discussions with care staff and those care staff we spoke with indicated they felt able to raise concerns or to make suggestions to the management team. Two of the four staff who responded to CQC questionnaires were less positive. "I find there is lack of communication and the office seems to be chaotic" and "I have had no training for two years – my manager signed forms to say I had been supervised in a person's home when I had not".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person did not plan or deliver care in a way which met service user's individual needs or ensured their welfare and safety.**

Regulated activity	Regulation
Personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person did not protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the recording and safe administration of medicines used for the purposes of the regulated activity, including the timing and frequency of medicines administration.**

Regulated activity	Regulation
Personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered person did not ensure that service users were protected from the risks of inadequate nutrition and dehydration, by means of the provision of support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.**

Regulated activity	Regulation
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services **The registered person did not, so far as reasonably practicable, make suitable arrangements to ensure that**

This section is primarily information for the provider

Action we have told the provider to take

service users were enabled to make or participate in making, decisions about their care or provide service users with appropriate information in relation to their care.

Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The registered person did not safeguard the health, safety and welfare of service users by taking appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not protect service users against the risk of inappropriate or unsafe care and treatment or manage risks relating to the health, welfare and safety of service users who may be at risk from the carrying on of the regulated activity.