

Sevacare (UK) Limited

Sevacare - Sutton Coldfield

Inspection report

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Date of inspection visit:
21 July 2016

Date of publication:
31 August 2016

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

This inspection took place on 21 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Sevacare Sutton Coldfield provides personal care and support to up to two hundred people living in their own homes. At the time of our inspection there were 152 people using the service.

There was a registered manager in post at the time of our inspection. 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.

This was the first inspection of this location since it was registered on 29 January 2014.

People received a good quality service. There were processes in place to monitor the quality of the service. People were asked to comment on the quality of service they received and the information was used to improve the service. However, the provider did not always keep us informed of changes to the management of the service.

People received a safe service because the provider had procedures in place to ensure that people received a service that was safe. Staff were trained and followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that were trained to be effective in their role. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health. People's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met.

People were able to raise their concerns or complaints and processes were in place to ensure complaints were investigated and responded to, so people could be confident they would be listened to and their concerns taken seriously.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was not always well led.

People said they received a good quality service.

The provider did not keep us informed about changes that affected the management of the service.

There were systems in place to monitor the quality of the service. However, some people had concerns about late calls on the weekends, when their regular staff were on leave.

Is the service effective?

Good 

The service was effective

People received care from staff that had received adequate training and had the knowledge and skills they required to do their job effectively.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

Is the service caring?

Good 

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Is the service responsive?

Good 

The service was responsive.

People were involved in all decisions about their care and the

care they received met their individual needs.

People were able to raise concerns and there were clear procedures in place to respond to people's concerns and complaints. People's concerns and comments were used to improve the service.

Is the service well-led?

The service was not always well led.

People said they received a good quality service.

The provider did not keep us informed about changes that affected the management of the service.

There were systems in place to monitor the quality of the service. However, some people had concerns about late calls on the weekends, when their regular staff were on leave.

Requires Improvement 

Sevacare - Sutton Coldfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We also sent questionnaires to people that used the service, their relatives and health and social care professionals so that they could tell us their opinion of the quality of the service provided.

During our inspection we spoke with eight people that used the service, two relatives, 11 care staff, the registered manager and an area manager. We looked at, safeguarding and complaints records, sampled five people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff, analysis of questionnaires sent to people that used the service and quality assurance processes that the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People told us they received a safe service. One person told us, "They [staff] are very good. I feel safe with my carer." Another person said, "Yes, I feel it's a safe service." We sent 50 questionnaires to people that used the service and their relatives, we received 17 responses and everyone said they felt the service was safe. Four health and social care professionals responded to the questionnaires we sent and they all said they thought people received a safe service.

The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and external agencies that they could contact, should they have any concerns about people's safety. All staff said if they reported concerns to their immediate line manager and it was not investigated, they would use the whistle-blowing procedures. This is a procedure that enables staff to raise concerns about poor practice in confidence. The provider told us in their [PIR] that they operated a 'take action against abuse' campaign and all staff were issued with the contact details of the senior managers, so they could report concerns at a high level if the need arose. Staff confirmed they had this information. Where concerns about people's safety had been raised, the provider kept us informed and took action where necessary to safeguard people's welfare.

People told us that they felt the staff that supported them had the necessary skills to ensure they received a safe service. Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed this. Staff spoken with knew the risks associated with people's care and told us how they talked to people about any risks identified and ensured that new risks were reported, so that the care can be reviewed to ensure people were cared for safely.

Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

Most people spoken with had no concerns about the staffing numbers and said they received a reliable service. One person told us, "The service is reliable." Two people told us they had experienced missed visits; however, they felt that when they raised concerns about this it was sorted out. One person said, "They have occasionally missed visits, but this doesn't happen often." Another person told us, "I have complained about missed visits and not been told about who is coming, but it has been sorted out now." People were clear that late or missed visits only happened occasionally when their regular staff were on leave.

All staff spoken with said the recruitment checks required by law were undertaken before they started working. Records looked at confirmed this. This showed that the provider ensured that the staff employed were suitable to work with people who required care and support.

People that needed help with taking their medicines told us that staff always gave them their medicines. Medication administration records (MAR) looked at confirmed this. All staff spoken with knew the procedure for supporting people with their medication and said they received training to ensure they followed the procedures. Staff told us they received training in medication administration and their competency to support people with taking their medicines was monitored during spot checks and carer's assessments. This ensured that where people required support with taking their medicines, there were processes in place to ensure staff were competent to do so safely.

Is the service effective?

Our findings

People told us the staff that supported them had the training and skills required. One person said, "I think they [staff] receive sufficient training for my needs." Another person told us, "I feel my carer is trained." We saw that the provider had a training programme in place and all staff spoken with told us they had the necessary training to help them to do their job well. A member of staff told us, "We get all the training needed including NVQ [National Vocational Qualification]. Updates and refresher training is also provided. Training is definitely effective."

Staff said they had regular supervision and appraisal to enable them to undertake their role well. We saw that the provider adopted a planned approach to staff training, supervision and appraisal, which was monitored and reviewed to ensure they were effective. All staff said they felt that they got the support they needed, and were keen to tell us that they were paid above the minimum wage. Staff said they felt this was an important part of the way they were supported by the provider.

People told us that staff sought consent before supporting them with their care. One person told us, "They always get consent and always ask what I want." Another person said, "They wouldn't do anything without my agreement." Staff told us that they always provided care and support in line with what people wanted. A member of staff told us, "We ask and explain things, we check their [people's] understanding of the information." This ensured people understood what they were consenting to.

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. Staff said they had received training to enable them to understand how to protect people's rights. We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. Staff spoken with understood that where people lacked the capacity to give informed consent, then decisions may be made in their best interest, involving other professionals and family members. This meant care staff had a good understanding of their responsibility in relation to the MCA.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff knew about the DoLS, however, they were clear that this did not apply to anyone using this service. Some staff knew that for people living in their own homes a court of protection order maybe necessary to ensure their rights were properly supported, should they lack the capacity to make decisions about their care.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. Staff knew how to support people that had specific dietary needs or were at risk of losing weight. For example, staff said that if people were at risk of poor nutrition, their GP would provide fortified drinks, and they would have a dietary plan which would include input from a dietician and district nurses. Staff said they would monitor and record people's food and fluid intake, if this was part of their care plan. This ensured people were supported where needed with maintaining their food and fluid intake.

People told us that if they were not well staff would contact the doctor for them. Relative's spoken with said that staff would always let them know if their relative was unwell. One relative said, "If [person's name] is not well they will let me know." Staff told us that if someone was not well, they would call the GP, with the person's permission, or report to the office, so that the office staff could call the GP and inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People said that staff were caring towards them. One person told us, "My carer is caring and nothing is too much trouble. She will sit and chat with me." Another person said, "The staff I have are excellent." Someone else commented, "They [staff] are friendly and I can talk to them about anything."

People and their relatives were involved in discussing and agreeing their care and support needs. People told us that staff did what people wanted them to do. One person told us, "They wouldn't do anything without my agreement. They always do what I need them to do." Someone else said, "They do what I want them to, so no complaints." People were confident that the care they received met their needs. One person said, "I think it's a good and perfectly satisfactory service."

People's privacy and dignity was respected. Everyone spoken with said staff were respectful towards them. One person told us, "She [staff member] respects my privacy and dignity." Someone else said, "Oh yes they do respect my privacy and dignity." Staff gave good examples of how they maintained people's privacy and dignity. For example staff told us, they kept doors closed and people covered up when providing personal care, so that people are not exposed. A member of staff said, "We treat people with respect."

People told us staff promoted their independence by supporting them in the way they wanted to be supported. One person told us, "They help me to get dress only when I need it." The PIR told us that the provider valued people's diverse needs and individuality and people were fully involved in assessing and deciding how they want their service delivered, building on their strengths. Records looked at confirmed that the care planning process identified key outcomes for each person. This was monitored during regular reviews to ensure the service continued to meet people's needs. A member of staff told us, "We encourage people to do as much as possible for themselves." Another staff member said, "We treat people as individuals according to each person's needs. Irrespective, of age, gender, race. We keep personal beliefs to ourselves and not force them on anybody." This ensured that people's individuality and independence was supported and promoted.

Is the service responsive?

Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "The care plan and assessment was done with me." Everyone we spoke with felt the service met their needs well. One person told us, "I have been using the service for 18 months and have absolutely no concerns at all." Another person said, "I think it's a good and perfectly satisfactory service." This indicated that people's needs were being met.

The [PIR] told us the provider's care teams understand that some days people felt more able to carry out certain tasks independently than on other days. So where ever possible they accommodate any changes in service delivery in order to promote people's changing needs and support their independence. Most people told us they had a regular member of staff that cared for them. This ensured they had a consistent service from staff that knew and understood their needs.

We saw that people's needs assessments, care plans and risk assessments were reviewed and updated taking into account people's changing needs. People told us that someone came out regularly to review their care. One person said, "We have had a follow up visit to check on how things are going."

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint as they had no reason to. One person told us, "The service is good and I am quite happy, so no complaints." Where people had raised concerns they said they were dealt with to their satisfaction. One person told us, "They are sometimes late when my regular carer is on holiday, but I ring up and they always deal with it." "I have never had any major concerns." All staff spoken with knew how to raise concerns on people's behalf. We saw evidence to show that where concerns were raised with care staff, they were reported and dealt with using the complaints procedure. Complaints records sampled showed that complaints were investigated and responded to in line with the provider's policy. We saw that the provider had used information gathered from complaints and questionnaires sent to people to develop and implement improvements to the service. For example the PIR and information we had received about the service, showed that analysis of complaints highlighted lateness of calls. People using the service also confirmed that this was an occasional concern for them. The area manager told us that due to feedback from people about this, improved monitoring had been put in place to address this issue and that improvements in the level of concerns about lateness had improved.

Is the service well-led?

Our findings

There was a new registered manager in post since July 2016. The area manager said that the previous registered manager left in March 2016, we were not notified of this. The provider is required to notify us of changes affecting their registration. The area manager said that someone from the provider's head office was responsible for submitting notification of changes, and that they had received confirmation from us that we received this notification. We asked the area manager to forward evidence that the notification was sent to us after the inspection; we did not receive this evidence. Our records showed that whilst we received an application for the new manager to register with us, we were never informed that the previous registered manager had left. This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

Some people were concerned about lateness of calls when their regular staff were on leave, and although people were generally satisfied with the service they received, some people felt that communication from the office could improve. One person told us, "Occasionally at weekends they are late. Otherwise good service. I think they are short of staff on the weekends, as they tend to be late sometimes." Another person said, "It's a good service, but they could do with improving from the office. I had to complain yesterday, as my morning call was too late. I had to get myself washed and dressed. The initial agreement was for 10:00 start at the latest. They [the office staff] moved the call to 11:00 without discussing it with me. I have complained and they have now sorted it." The area manager told us that they were aware of these concerns and felt that the increased monitoring, such as telephone reviews and spot checks they had put in place had reduced the number of late and missed visits. However, when we spoke to some people this remained an area of concern for them.

Overall people and their relatives that we spoke with felt they received a good quality service. We saw compliment cards that had been sent by relatives, who wanted to express their thanks. One card read, "A special thanks to you and your team for the care they gave to father." Another card stated, "To everyone at Sevacare who came in contact with my mother. I can't express my thanks enough for your care and thoughtfulness during mom's final weeks..... I couldn't have managed without you. You provided an amazing service..."

Health and social care professionals who responded to the questionnaires we sent also felt the service provided was of a good standard. One health professional commented that they had not received any negative feedback about this service. This person went on to tell us how staff had gone above and beyond expectations in providing care in a difficult environment in order to support someone in the end phase of their life, so that the person could die in their own home as they wished.

People told us they were regularly asked for their views on the quality of the service they received. They told us this was done during review visits, telephone calls from the office staff and questionnaires. We saw that comments made from the analysis of questionnaires were analysed and used to inform the service improvement plan. For example, we saw that the surveys from last year showed people were concerned about missed calls. The area manager told us about their plans to introduce a new system called cell call

track. This is a system that will further enable the provider to identify when staff are late, or if visits are missed and will support the care planning process. The area manager also said they were organising the first user forum for August 2016.

Staff said they received the appropriate support from the office staff. A member of staff commented, "We get the support needed. We can come into the office at any time." However, staff felt that the flow of information could improve. For example they said they had not been told about the change of manager. We saw that staff had received a recent structural chart detailing the management structure in the branch and emphasising the open door policy of the branch.

Staff spoken with said they were able to make suggestions for improvement to the service during staff meetings and individual supervision sessions. Staff knew about the whistle blowing procedures, which they could use to raise concern about the service and said they had no hesitation in using it if the need arose. This ensured staff were able to put forward ideas for improvement to the service and raise any concerns they had about poor practice.

We saw that the provider had systems in place to monitor the quality and safety of the service. This included annual audits done by the quality and assurance manager. The last audit was completed April 2015. This audit consisted of home visits to the people using the service, sampling of care records, staff files, accident /incident, complaints and safeguarding records. From this the registered manager was set compliance targets, which were monitored by the area manager.

The PIR was completed and submitted to us when we requested it. This gave us the information we needed and was mostly in line with what we found during our inspection.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The provider did not keep us informed about changes to the management of the service. Regulation 15 (1) (a) (b)