Sevacare (UK) Limited

# Sevacare - Leicester

## Inspection report

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## Ratings

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|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

Sevacare provides personal care for people living in their own homes. On the day the inspection the area manager informed us that there were 97 people receiving personal care from the service.

We previously carried out an unannounced inspection of this service on 23 November 2015. A breach of regulation was found relating to a failure to fully promote people's welfare, and the service was judged to be 'Requires Improvement' overall.

After this inspection we asked the provider to produce an action plan stating what they would do to meet legal requirements in relation to the breach. The provider sent this to us. This outlined action that would be put in place to ensure that this breach in regulations was rectified.

A registered manager was in place. 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 and associated Regulations about how the service is run. The registered manager was not working at the time of the inspection.

People and their relatives we spoke with said they thought the agency ensured that people received safe personal care. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Risk assessments were detailed to assist staff to support people safely.

We saw that medicines were supplied safely and on time, to help ensure people's healthcare need were met to protect people's health needs.

Staff had been safety recruited to ensure they were appropriate to supply personal care to people.

Staff had training to ensure they had the skills and knowledge to be able to meet people's needs, though more training was needed to ensure all people's needs could be met.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) to allow, as much as possible, people to have effective choice about how they lived their lives.

Staff had an awareness of people's health care needs so they were in a position to refer them to health care professionals if needed.

The people and their relatives we spoke with told us that care staff were friendly, kind, positive and caring.

People, or their relatives, were involved in making decisions about how personal care was to be provided.

Care plans were individual to the people using the service is to ensure that people's individual needs were met, though detail was missing as to people's preferences on how they lived their lives to ensure a fully personalised service was provided to them.

Complaints had been followed up.

People and their relatives were not always satisfied with how the service was run by the management with regard to the manner of office staff. There were some comments for improvement from staff to ensure they were fully supported in their work.

Management carried out audits and checks to ensure the agency was running properly and to measure whether people were provided with a quality service.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People and their relatives said that people felt safe with the care staff from the service.

Risk assessments to protect people's health and welfare were in place.

Staff were aware of how to report incidents to their management, though not all staff were aware of which agencies to report to.

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

Medicines had been supplied as prescribed and action taken to protect the person's heath if an error in supplying medicines had taken place.

### Is the service effective?

Good

The service was not completely effective.

People said staff did not always know how to carry out personal care tasks.

Staff were trained to meet people's care needs though this needed to be reviewed as to its effectiveness, and more training was needed to ensure that all people's needs were met.

People's consent to care and treatment was sought in line with legislation and guidance.

People's nutritional needs had been promoted and protected.

### Is the service caring?

Good

The service was caring.

People and their relatives told us that care staff were friendly and

caring and respected their rights.

We saw that people or their relatives had been involved in setting up care plans that reflected people's needs.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive.

Care plans contained information on how to respond to people's assessed needs though there was little information about their views and preferences.

People did not always receive continuity of care from the same staff. They were not always alerted if staff were going to be late.

People's complaints had been investigated.

Staff were mostly aware of how to contact medical services when people needed health support.

## Is the service well-led?

**Requires Improvement**

The service was not consistently well led.

Any allegations of abuse had been followed up.

People and their relatives told us that office management staff did not always sympathetically listen to their comments and concerns or thought it was a well led service.

Staff told us the registered manager and senior office staff had usually provided support to them, though some issues needed to be looked at to ensure this was always the case.

Staff said the registered manager had a clear vision of how friendly individual care was to be provided to people to meet their needs.

Systems had been audited in order to measure whether a service meeting people's needs had been provided.

# Sevacare - Leicester

**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 18 and 19 May 2016. The inspection was unannounced. The inspection team consisted of one inspector and one expert by experience telephoning people in their homes to give their views on the service they received. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of the care of older people.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency. No concerns were expressed about the current provision of personal care to people using the service.

During the inspection we spoke with 12 people who used the service, six relatives, the area manager, an office management staff member and four care workers.

We also looked in detail at the care and support provided to five people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and medicine administration records.

Good

# Is the service safe?

## Our findings

All the people we spoke with and their relatives said that they felt safe with staff from the agency. A person using the service told us, "Oh yes, I feel safe. They check I have had my medication and remind me to take it." A relative said, "My relative loves the ladies and gentlemen who visit. They are all lovely I think. She is in safe hands." Another relative told us, "Yes my relative is safe. I am sure they do their best."

Risks within people's homes had been assessed and managed. We saw risk assessments set out how to protect people from identified issues in the environment such as electrical appliances, kitchen equipment, hazardous substances, and tripping risks. Staff gave us examples of how they kept people safe such as making sure that medicine was not left out, doors and windows were kept shut and locked when needed, and rugs were flat to reduce tripping risks.

Care records showed risk assessments were completed to protect people's safety. These included how to assist people to move safely using the appropriate equipment. Staff told us that they had been trained to use equipment such as hoists and rotundas to ensure people were safe when mobilising. A staff member told us they were aware of when the hoist should be serviced and that slings used for hoists were in good condition to help ensure people were safe when using the hoist. People had information in their care plans about who to contact in the event of an emergency.

We looked at one care plan which outlined issues about a person's behaviour. There was a risk assessment in place to assist staff to safely manage this situation by providing reassurance and a calm approach to the person and involving a family member who lived with the person, who was effective in calming such situations.

Another care plan noted a person was at risk of losing weight. There was a risk assessment in place for staff to follow. This involved providing extra food for the person and encouraging them to eat. Records show that staff had recorded what food the person had eaten so this could be monitored and the GP informed if there were any problems with the person not eating. This meant there was system in place to try to improve the person's health.

We saw a care plan which stated that the person had an identified risk of pressure sores. There was a risk assessment outlining safety measures to ensure the person received creams from staff to protect their skin.

The staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies, for example the local authority. Two staff were not aware of some of the agencies they needed to report concerns to if they felt management had responded to them appropriately. The area manager said this would be addressed so staff had the information they needed if they wanted to raise concerns about abuse with outside agencies.

Staff recruitment procedures were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous relevant persons and with the Disclosure and Barring

Service (DBS). DBS checks help employers to make safer recruitment decisions and help to ensure that staff employed are of good character.

We found that sufficient numbers of staff were usually available to meet people's needs, as people and their relatives told us that most calls had been made by staff. In the instances that staff would be late, the office in the most part contacted them to explain why they would be late and give an update of the time of arrival. The area manager said this issue would be followed up.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service. However, there were no contact details of relevant agencies set out in the staff handbook where staff could report their concerns to. The area manager said this issue would be followed up.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and action by referring to the relevant safeguarding agency. We saw evidence that when a safeguarding issue had arisen, the service had reported this to the safeguarding authority and worked with the authority to protect the safety of the person.

A medication agreement was in place between the person or their representative and the service regarding what assistance the service would be providing to the person. Information regarding a person's allergies was contained in their care plan which protected them from receiving medicines that could affect their health and were unsafe for them to take.

We saw evidence that people had usually received their daily prescribed medicines. When this had not been the case action had been taken to protect the health and safety of the person involved. In one person's care plan we saw that the family had been reminded to pick up the person's medicine from the pharmacist. This helped to ensure that the person's health had been safely promoted by them having access to their prescribed medicines.

We saw that staff had been trained to support people to have their medicines and administer medicines safely and they had undergone a competency test to check that they understood how to assist people to have their medicines. We saw that a medication administration policy was in place for staff to refer to assist them to provide medicines to people safely.

Good

# Is the service effective?

## Our findings

People and their relatives we spoke with said that the care and support they received from staff mostly met their needs, though some people thought that some staff had not been properly trained. One person said, ''Mostly I think they know what they are doing – sometimes they need reminding." Another person told us, "Some could do with more training. They... just come and don't know what they are supposed to be doing when they get here."

A staff member said, "Training is good. We get lots and refreshers as well." Another staff member said, "I have no complaints about the training. It means I am given support to meet people's needs." However, another staff member said that there was no training on practical issues such as how to wash or shower people.

The staff training matrix showed that staff had training in essential issues such as such as protecting people from abuse, and supplying personalised care. Staff from the agency had undertaken accredited training in providing proper training to other staff in how to effectively move and handle people. Staff training on health issues such as stroke care, mental health conditions and epilepsy was not in place.
We discussed the above training issues with the area manager. She told us she would address all the concerns raised. Following the inspection she sent us information to confirm that training on health issues was being organised for staff.

New staff were expected to complete induction training, which covered comprehensive training as outlined in the company's induction workbook. This training was held over a three day period. We saw in the minutes of staff meetings and supervision records that staff training issues were discussed and action taken to organise more training as needed.

Staff told us that new staff undertook an induction when they had begun work with the agency, which included shadowing experienced staff on shifts. The area manager said that shadowing was usually for approximately two days with an experienced staff member, but if the new staff member did not feel confident in carrying out essential tasks this process was then extended as needed to make sure the staff member was confident about how to provide effective care to people.

Staff we talked with said they had spot checks from the management of the agency to check they were supplying care properly. We saw evidence of these checks. Staff told us they received supervision and these were recorded in staff records. This provided staff with support to provide effective personal care to people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best

interests and legally authorised under the MCA.

We saw evidence that the provider had relevant procedures in place to assess people's mental capacity. Staff were aware of their responsibilities about this issue as they told us that they always asked permission before they supplied care to people. Most staff had received training about the operation of the MCA and the area manager said all staff would receive this training.

We saw in one person's care plan that a person who lived with dementia was assessed as having the capacity to decide for themselves how they lived their life with regards to their living conditions. It was not assumed, even though they were diagnosed as having dementia, that they had the capacity to decide this issue for themselves. This presented as a picture of how people received effective care from the service that allowed people to choose their lifestyles by proper assessment of their capacity to make decisions about their own lives, rather than assuming they did not have this capacity because of their assessed mental health needs.

People told us that the food prepared by staff was good. One person said, "I have ready meals and they leave me drinks out for later. They try their best to make the meals interesting and nourishing."

Staff members told us that people's food choices were respected and they knew what people liked to eat and drink. They told us that people had drinks and snacks left for them as needed to make sure they did not become hungry or dehydrated. We found evidence in people's care plans that staff were directed to carry this out. For example, in one person's care plan it stated, 'Ask if I would like a yoghurt or snack to keep me going until lunch.' There was also evidence that staff were assessed by management on their ability to support people to effectively meet nutritional needs.

We saw evidence that staff contacted medical services if people needed any support or treatment. A staff member told us that she saw a person's ankle had become discoloured . She said she contacted the nurse who then visited and treatment was put in place to deal with this condition. Another staff member told us that a person appeared depressed so she reported this to a family member. A GP appointment was made and treatment was prescribed. These were examples of staff acting to provide effective care to meet people's needs.

Good

# Is the service caring?

## Our findings

All the people we spoke with and their relatives thought that the carers were very friendly and caring. One person said, "My carer always goes the extra mile, beyond and above and I would recommend this company to anyone." Another person said, "Yes, they are very polite and there is one particular carer who comes to me who is brilliant. I often think God gave me this angel […] she`s brought me to where I am now." Another person said, "They are all kind and courteous; they often have a laugh with me."

A staff member told us, "I try as hard as possible to make sure that I provide a good friendly service."

We saw evidence that people had face to face meetings with members of the office staff to discuss how their care was going. People considered that all staff, both those supplying care and those from the office, were to be good listeners and followed their preferences. We saw evidence in records that people and their relatives had been involved in developing their care plans. A relative said: "Yes, I have been involved in a care plan review held at the office."

There was evidence that people's preferences about the gender of staff supplying personal care to them had been followed.

Staff told us that they respected people's dignity and privacy and gave them choices. For example, concerning their preferred names, whether they wanted to go out, what food they wanted to eat, and the clothes they wanted to wear.

We saw that information from the agency emphasised that staff should uphold people's rights to privacy, dignity, choice, confidentiality, independence, and cultural needs. The staff handbook also emphasised that people's rights needed to be respected. We saw records of an incident where an unauthorised person had demanded information about a person using the service. Staff had refused to supply this information and so had respected the person's confidentiality.

We looked at a care plan for a person from a particular cultural community. This indicated that the person preferred to have staff who could speak their first language. We saw this had been provided. However, there was no other information with regard to respecting this person's religious and cultural preferences. The area manager said this issue would be followed up. This will then help to ensure that people's cultural wishes are followed by caring staff.

The care plans we looked at stated that staff needed to encourage people's independence. One person said, "I am quite independent and they make sure I stick to it encouraging me." The staff handbook emphasised the importance of promoting people's independence. We also saw evidence of this in people's care plans. One care plan we looked at stressed the person's independence, "She is very independent and manages to do most of her living tasks independently."

Staff told us that they protected people's privacy and dignity. They said they always knocked on doors

before entering their houses. One staff member told us, "We always check that people are all right and that we do things the way they want."

This demonstrated that staff were caring and that people's rights were respected.

We looked at the provider's statement of care provided , which emphasised that staff should treat everyone with respect, dignity and fairness. This set a good model to ensure people were treated in a caring and respectful manner.

Requires Improvement

# Is the service responsive?

## Our findings

At the last inspection in January 2015 we found the provider had not ensured people were provided with care that fully responded to their needs. This was in breach of Regulation 9 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Person Centred Care. We issued a requirement notice indicating that this situation needed to be rectified or we would consider taking further enforcement action.

After the inspection the provider sent us information stating that action had been taken to ensure people receiving a service from the agency had been provided with care responding to their needs. On this inspection, we found that this issue had improved and people's needs had largely been met.

People told us that the office usually responded to their requests and made changes where needed in relation to providing personal care. One person said, "They are very prompt and ring and check in when they arrive if they are running late. They would let me know I am sure." Another person told us, "They are always very accommodating and if I need to change times or anything. I just ask them and they will do it."

However, a number of people expressed concerns that they did not get the same staff and this was a worry to them. One person said, "A problem is that there are so many coming into the house. Changes with staff is a bit of problem." Another person said, "I don't always know whose coming – and never get anything to let me know." Another person said, "We are supposed to get a rota every week to say who is coming but we don't always get one." The area manager said these issues would be adressed.

A person said a staff member responded to her needs by supporting her with her correspondence. She told us: "I can't read or write so they read my mail out to me and help with things like that."

We found that people had an assessment of their needs and a personal profile in their care plan. All the people using the service and relatives we spoke with said that management properly assessed people's needs before providing a personal care service. Assessments included relevant details such as the support people needed, and information relating to personal hygiene, mobility and communication needs. There was also some information as to people's personal histories and preferences such as their food and drink preferences, but little information as to what was important to them, and how they liked to spend their time. The area manager said this issue would be looked at and information put in place. This would help to ensure that all people's individual needs were responded to.

We saw that the assessment of a person's moving and handling had identified that equipment was needed to help them receive personal care. An occupational therapy assessment had been made so that the person could be assessed for suitable equipment to help them.

Staff told us that they always read people's care plan so they could provide individual care that met people's needs. They said that care plans were updated if people's needs had changed so that staff could respond to these changes.
People told us the care staff responded to their needs. One person said, "I had a fall this morning and they

called the GP for me. They do things like that." Another person told us, "I had a fall last Saturday and they called my daughter straight away. My carer found me and she alerted everyone. She was brilliant. They write in my care plan book and my daughter reads it when she comes so she knows what's been going on." These were instances where staff had responded to people's needs.

People an their relatives told us that care plans were reviewed by the management from the agency to ensure any changing needs were recognised and could then be responded to. We saw evidence that this had been carried out in people's care plans.

Staff told us that for some visits, there was not enough travelling time on their rotas to get to people's calls on time, although they said this was not a serious issue as usually only five to ten minutes more time was needed to ensure this made it possible for them to be completely on time. We saw from some staff rotas that on a small number of occasions there was only a small amount of travelling time allowed between calls to people. This meant that calls to them would be late and there was a risk that staff would not stay for the full agreed care visit and so there was a risk that staff could not fully respond to people's needs. The area manager stated that this issue would be reviewed and action put in place as necessary.

People or their relatives told us they would speak to the registered manager if they had any concerns, and would feel comfortable about doing so.

Staff told us that there were few occasions when they received complaints from people or their relatives but, when they did so, they reported issues to the registered manager or senior management staff and they saw that the issue had been dealt with speedily and effectively. We saw in staff supervision records that staff were asked whether people had any complaints about the service. There was an action plan in place to deal with any issues that arose which helped to ensure that staff responded to people's concerns, so these could be responded to.

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This had not included relevant information on issues such as how to contact the complaints body , the local authority, or the local government ombudsman should people have concerns that their complaint had not be being investigated properly by the the local authority. The area manager said this information would be be put into place.

We looked at the complaints file. We found that complaints had been investigated, a response sent to the complainant, apologies made where needed, and action taken as necessary. The latter included disciplinary action, changes to staffing rotas, unannounced spot checks on staff, and additional staff training. This provided assurance that complainants received a comprehensive service responding to their concerns.

Staff told us they had contacted other services when needed. For example, a staff member told us that a person was found on the floor after falling. She contacted the ambulance and the person was able to receive hospital treatment. We looked at the incident folder. We found that staff had called in medical services as needed except on one occasion in March 2016 where a person had fallen and had a minor head injury, although the person's social worker had been informed and did not direct that medical services were required. The area manager said this issue would be followed up. This told us that staff had mostly appropriately liaised with other agencies to ensure that people had received care responding to their needs.

Requires Improvement

# Is the service well-led?

## Our findings

A number of people told us they thought the service was well-led. One person said, "I would recommend Sevacare to others. They have been alright with me." Another person told us, "They keep me informed. I get a rota every week. I had two previous providers and these are better than they were." Another person told us, "Without Sevacare I couldn't have managed to stay at home." These positive views were also shared by another person who said, "We always know who's coming and are well-informed. I would recommend Sevacare to others."

However, some people expressed reservations as to the attitude of office staff dealing with people. One person said, "If I have anything to say, I ring the office. Sometimes they can be a bit sharp with me." Another person told us, "I am not so sure about the office lot. They don't always warm to you." A third person said, I don't know who the manager is because I have never met her [….] if you ring she is always saying just how busy they are in the office. We seem to be ringing them all the time, and they are not always that warm in their responses. Things have gone wrong a few times." The area manager said these issues would be followed up.

We found that incidents of alleged abuse had been reported to local authority safeguarding teams. Information we looked at showed that the registered manager had worked in conjunction with these teams to protect people from abuse.

Staff were provided with information as to how to provide a friendly and individual service. For example, to always respect people's rights to privacy, dignity and choice. Staff told us that the management of the service expected them to provide friendly personal care to people, and to meet their individual needs.

Staff told us that they were generally well-supported by the management of the agency. However, we received comments from staff that travelling time between calls was not always adequate and some staff had said that they had told office staff of this issue but were informed that this could not change. Staff also said that when they came to pick up their rotas, they were not always ready and they had to wait which wasted their time. Their rotas were mixed up with the rotas they supplied to people, which had not happened in the previous office. A staff member suggested that rotas should be sent to staff by e-mail which would save time and money. The area manager said she would follow up these issues.

We saw that staff had been supported in providing care by having regular staff meetings. These covered relevant issues such as reporting concerns about care, ensuring daily records and medicine charts were properly completed, and discussing any media news stories about care provided by domiciliary care agencies so that lessons could be learned from this coverage. Compliments were also given to staff from the management of the service regarding the care they supplied to people. This also included compliments from people using the service and healthcare professionals. These measures helped to ensure staff were supported to carry out their task of supplying quality personal care to people.

Staff members we spoke with told us that they would recommend the agency if a relative or friend of theirs

needed domiciliary care as they rated the care provided as very good. Staff told us they could approach the registered manager or senior office staff about any concerns they had. One staff member said, "If I have a problem I can ring someone and they will help me."

Staff said that essential information about people's needs had always been communicated to them, so that they could supply appropriate personal care to people.

We saw that staff had received further support through supervision. This covered relevant issues such as training, changes in people's needs, and problems in providing the service. If any issues were identified these were taken forward through an action plan. An assessment of the competence and attitudes of care staff was also carried out by the management of the service. A medication and observation sheet was completed to check that people received their medicines. This meant that the service ensured that people's needs were promoted and staff were supported to discuss their competence and identify their learning needs.

There was evidence that people's needs were reviewed. Reviews covered important issues such as their general satisfaction with the service, whether their care needs were being met, and whether they needed any more assistance with regard to meeting their health needs. People were also contacted periodically by telephone to check that they were satisfied with the service.

We saw that people had been asked about their views about the running of the service through a satisfaction survey. The results had been generally positive in the questionnaires that had been returned. There was a high degree of satisfaction with the service. Where issues had been identified in the survey, the registered manager had set out an action plan to follow these up.

Information in the provider's statement of purpose stated that the service would ensure that quality monitoring systems to check services would be put into place.

We saw quality assurance checks were in place. Staff had periodic spot checks where a number of relevant issues were checked by management such as staff attitude, and performance such as respecting people's privacy and dignity. Daily records had been audited to check that the care supplied to people was meeting their care needs. Medicine sheets had been audited to check that people had been supplied with their prescribed medicines. Staff recruitment records had been audited to check that applicants had the necessary checks in place to safely provide personal care to people. We saw that a branch audit that was due to take place in the near future by the provider. This covered relevant issues such as ensuring that care plans and risk assessments were properly in place, staff recruitment and staff training.

This process assisted in developing the quality of the service and helped to measure whether a well-led service was in place.