

Sevacare (UK) Limited

Sevacare - Bedford

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was announced and took place on 20 and 21 January 2016.

Sevacare (Bedford) provides personal care and support to people in their own homes and some people living in an Extra Care Housing Complex. At the time of our inspection 95 people were using the service. The frequency of visits ranged from one visit per day to four visits daily.

The service has a registered manager. 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.

At the last inspection on 28 October 2015, we asked the provider to take action and make improvements in how people's medicines were administered and managed.

The provider submitted an action plan detailing that the improvement would be made by 22 December 2015. At this inspection we found that the action had been

Summary of findings

completed. People's Medication Administration Record (MAR) sheets had been fully completed. Where medicines had not been administered the appropriate codes had been used to reflect this.

We found staff had been provided with safeguarding training to protect people from abuse and avoidable harm. There were risk management plans in place to protect and promote people's safety.

Staffing numbers were suitable and adequate to keep people safe. The service ensured safe recruitment practices were being followed.

Staff received appropriate training to support people with their care needs. People were matched with staff who knew them well and were aware of their needs.

Where the service was responsible people were supported to have adequate amounts of food and drinks. If people's health condition changed staff took the appropriate action to obtain medical attention.

Staff had established positive and caring relationships with people and treated them with kindness and compassion.

People were able to express their views and to be involved in making decisions in relation to their care and support. Their privacy and dignity were upheld by staff.

People's care needs had been assessed prior to them receiving care. Where appropriate people and their relatives were involved in the assessment process.

The service had a complaints procedure and people were encouraged to raise complaints.

There was a culture of openness and inclusion at the service and staff were able to make suggestions on the quality of the care provided.

The senior staff team at the service demonstrated positive management and leadership skills.

The service had quality assurance processes in place to monitor the quality of the service provision.

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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?

The service was safe

The medication system has been improved to ensure people's medicines were recorded and administered safely.

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

People's needs were met safely by sufficient numbers of suitable staff.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought.

If required staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare facilities if required.

Good



Is the service caring?

The service was caring

Caring and positive relationships had been developed between people and staff.

Staff enabled people to express their views.

People's privacy and dignity were upheld by staff.

Good



Is the service responsive?

The service was responsive

There was a system in place to ensure that people's care needs were regularly reviewed.

People were provided with information on how to make a complaint.

Good



Is the service well-led?

The service was well-led

There was an open, empowering and inclusive culture at the service.

Senior staff demonstrated good management and leadership which inspired care workers to deliver a quality service.

There were quality assurance processes in place to monitor the quality of the service delivery, which was used to good effect.

Good



Sevacare - Bedford

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.

The inspection of Sevacare (Bedford) took place on 20 and 21 January 2016 and was announced. 48 hours' notice was given to the registered manager. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken by one inspector.

Before the inspection we checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection we undertook telephone calls to 10 people who used the service and three relatives. We also visited three people in their homes. We spoke with five care workers, two team leaders the branch manager, two care co-ordinators, the administrator and the registered manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records of 10 people who used the service, their medication administration record (MAR) sheets and daily communication sheets. We also looked at three staff recruitment files, training records, quality assurance audits, minutes of staff meetings and the findings from questionnaires that the provider had sent to people.

Is the service safe?

Our findings

At our previous inspection on 28 October 2015 we found that people remained at risk of not receiving their medicines as prescribed. This was because there were inconsistencies in how their medicines were administered and managed.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider submitted an action plan detailing that improvement would be made by 22 December 2015. At this inspection we found that improvement had been made in the recording and administration of medicines. People's Medication Administration Record (MAR) sheets had been fully completed. Where medicines had not been administered the appropriate codes had been used to reflect this.

We found where the service was responsible for ensuring that people received their medicines as prescribed the system in place had been improved. People told us they received their medicines at the prescribed times. One person said, "Yes the staff always make sure that I have my inhalers on time." All the care workers we spoke with said that they had been provided with updated training on the safe handling of medicines. One care worker said, "We have had lots of updated training. If we make an error we are not allowed to administer medicines until we have been retrained." Another care worker said, "Safe handling of medicines is always discussed at staff meetings. [Name called] the branch manager and the senior staff tell us in our one to ones that it is important the clients' records are maintained appropriately." A further care worker commented and said, "I think there has been an improvement in our recording practice. There are hardly any errors now; and if the clients do not have their tablets we record the reason why."

The branch manager and the registered manager told us that the medication auditing system had been reviewed. All the (MAR) sheets were being audited monthly and not just a sample. We saw evidence that where areas of best practice were not being followed, they were addressed by the person carrying out the audit. For example, on two people's MAR sheets there were entries recorded in blue ink. The audit tool highlighted what action had been taken

to minimise the risk of further recurrence. We also saw evidence that staff had been provided with medicine training and had completed booklets. Their knowledge had been tested to ensure that the training had been embedded.

People told us they felt safe receiving care from Sevacare Bedford care workers. One person said, "I feel very safe." Another person said, "The care workers never discriminate against me or talk down to me. They treat me with respect." A third person commented and said, "They always make sure to put back the key in the key safe and change the combination."

Care workers told us they had been provided with safeguarding training and were able to describe the different types of abuse. They told us if they witnessed or suspected a person was at risk of harm they would report it to the team leader or contact the office staff. One care worker said, "We were given a copy of the safeguarding policy and whistleblowing policy and they are regularly discussed with us at meetings. I would have no problem following them to report bad practice." The branch manager told us that the outcome from safeguarding investigations was discussed with staff at team meetings to minimise the risk of recurrence. Minutes of staff meetings seen confirmed this.

The training records seen confirmed that staff knowledge on safeguarding was regularly updated. We saw evidence that recommendations made from safeguarding investigations were acted on. Where required the registered manager had put measures in place to minimise the risk of recurrence.

There were risk management plans in place to protect and promote people's safety. One person said, "I am a wheelchair user and I have a risk assessment in place so the staff know how to support me." The person commented further and said, "[Name called] visited me and involved me with the development of the risk assessment."

Care workers told us before people were provided with a care package, risks to their safety were assessed. These included environmental, safe handling of medicines, moving and handling and falls risk assessments. The risk assessments seen contained information on the action to be taken by care workers to minimise the risk of harm occurring to people.

Is the service safe?

Care workers also said that senior staff members involved people with the development of their risk assessments. We saw evidence of up to date risk assessments within the care plans we looked at. They included information on what action the care workers should take to promote people's safety, independence and to minimise any potential risk of harm.

People told us they had been provided with the contact details of how to contact the service in the event of an emergency or out of office hours. One person said, "The number is the same and you get transferred to a call centre. I have had to use it once and it was okay." The branch manager told us that the service had a plan in place for responding to emergencies or untoward events. She explained a person who used the service had left their home unaccompanied. She was able to get the support of the care co-ordinator to locate the individual and returned them to their home safely.

People said there were sufficient numbers of suitable staff to care for them. A family member said, "We usually get the same staff member unless they are off but we manage. I tell them what needs to be done." Another family member said, "My [Name called] has care three times a day so we have about four care workers who visit us on a regular basis.

They all know what to do as they have been coming for some time." People told us if care workers were running late the agency usually contacted them. One person said, "They have not been more than half an hour late. If they are going to be very late the team leader would come herself."

Care workers told us there were occasionally staff absenteeism due to sickness. A care worker said, "We have enough staff but there can be problems when staff phone in sick at the last minute usually the office staff help out." The registered manager and branch manager told us that the service would not accept a care package unless the appropriate numbers of staff were available to meet the person's needs. We saw evidence which demonstrated 72% of the people who used the service received support from a consistent staff team.

Care workers were able to describe the service's recruitment practice. They said before they began to work for the service they completed an application form and attended an interview. They also said they were given scenarios and their numeracy and literacy skills were tested. In the staff files we examined we saw references, proof of identity and Disclosure and Barring Service (DBS) certificates had been obtained.

Is the service effective?

Our findings

People told us that care workers had the knowledge and skills to carry out their roles and responsibilities. One person said, “The staff seemed to know what they are doing.” A family member commented and said, “Some of them are quite efficient”.

Care workers told us they had been provided with training to enable them to perform their roles and responsibilities. One care worker said, “We have lots of training.” Another care worker said, “The manager always tells us if we feel we need more training we should not be afraid to ask.” We saw evidence that staff received regular updated training face to face from an in-house trainer employed by the provider. Some care workers told us that they had acquired a national recognised qualification and others were working to achieve it.

People told us they were appropriately matched with staff who were aware of their needs. A family member said, “The carers will do anything for you.” Care workers told us they felt appropriately matched to people they supported and understood their needs. The branch manager told us if the person receiving care felt that they were not appropriately matched, the staff member would be changed. Where possible people were matched with staff from the same ethnic background or the same gender if they had a preference.

The provider had an induction programme which all new care workers were expected to undertake. One care worker said, “The training consists of a three day class room based session and at the end of the induction there is a written test on the subjects covered. The branch manager told us that new care workers were expected to work alongside experienced care workers until they felt confident to work alone. Within the staff files we examined we saw copies of completed induction training.

We saw evidence that care workers received training on a variety of subjects. The training covered included health and safety, food hygiene, moving and handling, infection control, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards, equality and diversity, dementia awareness and catheter care. The training record seen listed the names of staff and the training delivered. It also included when training was due to be updated.

There was a system in place to ensure care workers were supported with regular supervision, yearly appraisal, spot checks and assessment of their practice. We saw evidence that confirmed 97% of the staff team had been appraised, 93% had received regular supervision, 92% had been spot checked and a further 90% had an assessment of their practice.

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. The application procedure for this in domiciliary care is called the Court of Protection.

The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

People told us they had given consent to be supported by the care workers. One person said, “The carer always checks that I am happy for them to support me.” Care workers told us that people signed their care plans and this was in agreement for them to be supported with their care needs. In the care documentation we looked at we saw there were signed agreements.

Not all the people we spoke with needed support from the care workers with food and drink. One person said, “I am able to prepare my own meals and choose what I want to eat.” A family member said, “I prepare my [Name called] meals.” Care workers told us if a person needed support with meals they or their family member would purchase frozen meals as they were not allowed to use the cooker. One care worker said, “We usually prepare scrambled eggs, sandwiches or heat up a frozen meal in the microwave. We would always ask the clients what they would like us to prepare or their family would tell us what to prepare.” Another care worker said, “If I observed a client’s appetite was poor I would report it to the office and monitor them.” The branch manager told us if a person was not eating and drinking they would be closely monitored and if needed referred to their GP who would then make a referral to the dietician.

Is the service effective?

People told us they had access to healthcare services to maintain good health. One person said, “I make my own health care appointments and attend hospital appointments on my own. I guess if I need staff support they would assist me.” A family member said, “I take care of my relative’s health care checks.” Care workers told us if someone was presenting as being unwell they would gain

their permission to contact their GP. One care worker said, “We would always contact the office for advice and if they have relatives inform them as well.” People’s care records included information about their GP. Therefore, in an emergency care workers would be able to contact the GP or the emergency service.

Is the service caring?

Our findings

People told us that care workers treated them with kindness and compassion. One person said, “I find them all caring and attentive we have a joke and a laugh.” Another person commented and said, “The carers are very good they would do anything for you.”

We visited three people in their homes. Care workers were able to tell us about people’s diverse needs and how they wished to be supported. We found people were supported in a kind and patient manner. We observed good interactions between people and the care workers who knew people well; and had a good rapport with them. People looked at ease and relaxed in the care workers’ company.

People told us the care workers supported them to express their views and be involved in making decisions about their care. One person said, “I tell the carers what I need help with and they assist me.” Care workers told us that the support provided to people was flexible and based on their individual needs. One care worker said, “We give the clients choices and ask them how they wish to be supported.” Another care worker said, “I treat the clients as if they were my mother or father. I listen to them and although they like things done in a special way they sometimes change their mind.”

We found information in people’s care plans outlined how they wished to be supported. A senior care worker said, “We ask clients for their views on their likes, dislikes, preferences and personal histories and record it in the care plan. This ensure they receive consistent care.” The care plans we looked at outlined people’s needs and what help they required from staff to ensure care was delivered in a personalised manner.

Care workers told us that people or their family members advocated on their behalf with support from social care professionals if needed. Senior workers told us if people needed support to access the services of an advocate they would be provided with the appropriate information.

People told us that care workers respected and upheld their privacy and dignity. One person said, “The carers do not rush me when I am having a shower they take their time.” Another person said, “They make sure I am not exposed.” Care workers told us that they had been provided with training on how to promote people’s privacy and dignity. One care worker said, “We ensure privacy and dignity are promoted when assisting the clients with their personal care.” The care worker commented further and said, “We make the clients feel relaxed and treat them how we would like to be treated.” Another care worker said, “If a client is using the toilet we give them sufficient time and space.”

Care workers told us they had been provided with training on confidentiality and were aware of their responsibility to ensure it was not breached. One care worker said, “We have regular spot checks by senior staff to make sure we are following best practice.” Another care worker said, “We would never discuss a client in the presence of another client.”

People told us that care workers encouraged them to promote their independence. One person said, “I am able to shower without help from the carers and they encourage me to be independent. I tell them that I need help to cream my legs and they assist me.” Care workers confirmed that they encouraged people to do as much for themselves and provided assistance when people needed it. The care plans we looked at contained information on the level of support that people needed to maintain their independence.

Is the service responsive?

Our findings

People received care that was appropriate to their needs. They told us they were involved in their assessment and planning of their care. One person told us, “The team leader [name called] visited me to find out about my preferences and what help I needed.”

A senior care worker told us that people were involved in the assessment and planning of their care. They said, “Assessments are carried out to identify the client’s needs. We then develop the care plan to describe how the needs would be met.” Care workers also told us before a new care package commenced they were provided with information about the person and were introduced to them by the team leader. A care worker said, “[Name called] always remind us to read the client’s front sheet in the care plan to make sure we have an idea on what their needs are and how they like things to be done.” We found that people were able to say how they wished to be supported and by whom. For example, one person said, “I specifically asked to have female carers and my request was granted.” The care plans we looked at outlined how people’s needs were to be met. They were written in a personalised manner and included information on people’s background, preferences and interests.

Care workers told us they supported people to maintain links with the local community to avoid social isolation. For

example, some people were supported with social calls. This involved care workers accompanying them on shopping trips, or to coffee shops of their choice. We found some people attended day centres and care workers visited them earlier to accommodate their attendance. We found that people living in the supported living scheme were able to attend activities on site, which took place on a daily basis. We saw posters advertising forthcoming events. For example, a dinner to celebrate burns night was being arranged also a fish and chips evening.

There was a system in place to ensure people’s care needs were reviewed regularly. One care worker said, “The clients care plans are reviewed three-monthly or sooner if their needs changed.” The care worker commented further and said, “As a result of having regular reviews the clients care package could increase or decrease.”

People told us they knew how to make a complaint and felt confident to raise one. One person said, “I call a spade a spade and would always say how I feel.” Another person said, “If I have a concern I would ring the office.” We saw evidence that people were issued with a copy of the service’s complaints procedure when they started receiving care.

The branch manager told us that complaints made were addressed in line with the provider’s procedure and lesson were learnt to minimise the risk of recurrence.

Is the service well-led?

Our findings

The service promoted a culture that was open, inclusive and empowering. People and care workers told us that the registered manager and senior staff members were open and transparent. A care worker said, “All the senior staff are approachable and lead by example.”

Care workers told us they were aware of the service’s vision and values. They all said that people were encouraged to maintain their independence regardless of their disabilities or differences. A staff member said, “We have regular spot checks from senior staff to make sure that we are promoting the service’s values in our day to day practice.” All the care workers we spoke with said that they worked well as a team and there was effective communication.

People told us they were regularly asked to complete questionnaires to comment on the quality of the care provided. We looked at the analysis from the recent survey that was completed. We found that 84.7% of respondents said that they never or hardly ever had a carer that was unknown to them; and within the last six months there were no missed calls.

Care workers told us that regular staff meetings were held. One care worker said, “We are listened to and get the support we need.” The care worker commented further and said, “A week ago I had difficulty supporting a client. I contacted the office and straight away the branch manager came to assist me.” We saw evidence that the registered manager held regular meetings with the senior staff members. The outcomes from these meetings were filtered down to the rest of the team.

Care workers told us when mistakes occurred they were dealt with in a transparent manner. A care worker said, “We

don’t hide things here, if we make a mistake we phone the office and report it.” Another care worker said, “They give us constructive feedback and if required additional training is provided to minimise the risk of future errors occurring.

Care workers told us that the registered manager and the senior staff demonstrated good management and leadership. A care worker said, “You can contact them out of hours for advice. They make you feel relaxed.” Another care worker said, “They carry out regular spot checks to make sure you are following best practice.”

The branch manager told us that an incentive scheme was in place at the service. Staff members were nominated by their colleagues on a quarterly basis if they went the extra mile and performed more and above their role. This ensured that staff commitment was recognised. A quarterly newsletter was also published to make sure staff were aware of what was happening in other branches or changes in the organisation.

There was a registered manager at the service who was supported by other senior staff members including a branch manager, an administrator and a team of care staff. Where required the registered manager ensured that notifications were submitted to the Care Quality Commission (CQC) in line with their legal obligations.

We found that the service had quality assurances systems in place. These were used to monitor the quality of the care provided and to improve on the service delivery. We saw evidence that staff practice was regularly monitored to make sure they were delivering care in line with people’s care plans and current best practice. There were processes in place to audit people’s daily log and medicine sheets.