Sevacare (UK) Limited

Sevacare - Merton

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

Summary of findings

Overall summary

This inspection took place on 6 July 2016 and was announced. At the last Care Quality Commission (CQC) inspection of the service in September 2014 we found the provider in breach of the regulations in respect of records maintained by the service. We asked the provider to take action to make improvements. We went back to the service in December 2014 to check that improvements had been made and found this regulation was being met.

Sevacare – Merton is a domiciliary care agency that provides people with personal care and support in their homes. At the time of our inspection the service was providing care and support to 49 people. People who used the service were mostly older adults and had a wide range of health care needs and conditions. Some people were living with dementia. The majority of people receiving support were funded by their local authority but a few people also pay privately.

The service had a registered manager in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

People felt safe with the support provided by the service. Staff were supported to take appropriate action to ensure people were protected if they suspected they were at risk of abuse or being harmed by discriminatory behaviour or practices. Risk of injury or harm posed to people by their specific healthcare needs and home environment had been assessed. Plans were put in place which instructed staff on how to minimise identified risks to keep people safe.

People were supported by staff that were suitable and fit to work for the service. Employment and criminal records checks were carried out on all staff before they started work. People did not have major concerns about staff turning up late or missing a scheduled visit. This indicated there were sufficient numbers of staff available to support people. Staffing levels were continuously monitored by senior staff to ensure people experienced consistency and continuity in their care and that their needs could be met at all times.

Staff received training to meet people's needs. Training was in areas and topics relevant to their work. Senior staff monitored training to ensure staff skills and knowledge were kept up to date. Staff received regular supervision so that they were appropriately supported to care for people. They felt well supported by managers who they said were approachable and listened.

People were involved in discussions about their care and support needs. Each person had a homecare support plan which set out for staff, their needs and preferences for how they wished to be cared for and supported. People said staff met their needs. Staff demonstrated a good understanding of how people's needs should be met. Senior staff reviewed people's care and support needs regularly to ensure staff had up to date information about these.

People were supported by staff to maintain their health and wellbeing. Staff helped people to take their prescribed medicines when they needed these. They monitored people's general health and wellbeing and where they had any issues or concerns about this they took appropriate action so that attention could be sought promptly from the relevant healthcare professionals. Where the service was responsible for this, people were supported to eat and drink sufficient amounts.

The majority of people were satisfied with the care and support they received. People knew how to make a complaint if needed. People said staff were kind, caring and respectful. People's right to privacy and to be treated with dignity was maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

Staff sought the views and experiences of people about the quality of care and support provided and how this could be improved. They used this information along with other checks to assess and review the quality of service people experienced. Where there were any shortfalls or gaps identified through these checks senior staff took action to address these.

People and staff were positive about the management of the service. There were clear reporting lines within the service so that there was responsibility and accountability at all levels. The provider used learning to make changes and improvements to the service, for example from CQC inspections of the provider's other locations.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) 2005. Staff received training in the MCA so they were aware of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about aspects of their care was considered when planning their support. Where people lacked capacity to make specific decisions there was involvement of their relatives or representatives and relevant care professionals to make these decisions in people's best interests.

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. Staff knew what action to take to protect people from abuse or from the harm caused by discriminatory behaviour or working practices.

Risks to people of injury or harm had been assessed. Plans were in place that instructed staff on how to ensure these risks were minimised.

Checks were carried out on staff to ensure their suitability and fitness to work for the service. There were sufficient numbers of staff to meet people's needs. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff received training to help them meet people's needs. They were supported in their roles by senior staff, through regular supervision.

Staff were aware of their responsibilities in relation to the MCA. Where people lacked capacity to make specific decisions there was involvement of others to make decisions in people's best interests.

Staff took appropriate action to help people maintain their general health and wellbeing. They reported any concerns they had about this promptly so that appropriate support was sought. Where the service was responsible for this, staff monitored that people ate and drank sufficient amounts.

Is the service caring?

Good

The service was caring. People said staff were kind, caring and respectful.

Staff were thoughtful and considerate when delivering care to people. They ensured people's right to privacy and to be treated with dignity was maintained, particularly when receiving personal care.

People were supported to do as much as they could and wanted

to do for themselves to retain control and independence over their lives.

Is the service responsive?

Good

The service was responsive. People were involved in discussions and decisions about their care and support needs.

Support plans reflected people's choices and preferences for how care was provided. These were reviewed regularly by senior staff.

The majority of people were satisfied with the care and support they received. The provider had arrangements in place to deal with people's concerns and complaints in an appropriate way.

Is the service well-led?

Good

The service was well led. The views of people were regularly sought about the service. Senior staff used this information along with other checks to assess and review the quality of service people experienced.

People and staff spoke positively about the management of the service. There were clear reporting lines so that there was responsibility and accountability at all levels.

The provider used learning to make changes and improvements to the service, for example from CQC inspections of the provider's other locations.

Sevacare - Merton

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 checked 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 6 July 2016 and was announced. We gave the provider 48 hours' notice of the inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of an inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information such as statutory notifications about events or incidents that have occurred, involving people using the service and which the provider is required to submit to the Commission.

During the inspection we spoke to the registered manager, the area manager and three care support workers. We reviewed the care records of five people using service, four staff files and other records relating to the management of the service.

After the inspection we undertook telephone calls and spoke to eight people using the service and two relatives. We asked them for their views and experiences of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with staff. One person said, "Oh yes, I feel safe. I know them." Another told us, "Oh yes, very lovely carer. They are all lovely." And another person said, "Yes, nothing to worry about. They are polite and it's my good luck to have good carers." The provider had arrangements in place to help protect people from the risk of abuse or harm. They had made it mandatory for all staff to attend and complete training in safeguarding adults at risk to help them understand and recognise abuse. Staff also received training on equality and diversity to help them understand how to protect people from the risks associated with discriminatory practices and behaviours. The provider had a safeguarding adults at risk policy and procedure which instructed staff how and when to report their concerns about people and to whom. Senior staff had discussed the policy and procedure with staff to remind them of their duty to ensure people were respected and protected so that they did not suffer discrimination or abuse. A staff member told us, "If I was concerned about someone I would tell the manager straight away and then I would follow this up to see how the situation was resolved."

Senior staff, through quality monitoring visits, checked that people felt safe with the staff that supported them. A sample check of these visits showed the majority of people felt safe with staff. We noted in one instance a person had advised senior staff they were not happy with one of the staff members supporting them. The registered manager took prompt action to address this to alleviate the person's concerns.

Staff were provided with the information they needed to minimise known risks of injury or harm posed to people and others. Senior staff carried out assessments to identify the risks posed to people and others from people's specific healthcare needs and their home environment. The information from these assessments was used to guide staff on how to manage identified risks to reduce the risk of injury or harm to people. For example one person was highly dependent on two staff to help them transfer and move from their bed, armchair and wheelchair. There were clear, written instructions, accompanied by pictures, for each step to follow to ensure staff did this safely using the appropriate equipment. Staff had a good understanding of the specific risks posed to people they supported and what they should do to minimise these.

People said, on the whole, scheduled visits made by staff were on time. Staff rarely failed to attend a scheduled visit. This was supported by comments people made through quality monitoring visits undertaken by senior staff. This indicated there were sufficient numbers of staff to support people. People said on the occasions where staff had been late for a scheduled visit they were contacted by staff to notify them of this. People told us this was mainly due to factors outside of the staff member's control, for example traffic delays. One person said, "You have to consider the traffic here. They can be late on occasion, but I can be flexible." Another person told us, "They will ring if they are going to be really late. They have never missed [a visit]." In the four weeks prior to our inspection the service had attended, on average, 87 per cent of scheduled visits in the required time. The registered manager and area manager told us they continuously monitored and reviewed the timings of scheduled visits to enable them to analyse any trends or concerns about the timeliness of individual staff members and to identify areas where performance could be improved.

When planning visits, senior staff used information about people's specific needs to ensure appropriately skilled staff were assigned to meet these safely. For example where people needed help to move and transfer two staff, trained in moving and handling procedures, attended to ensure this was done safely. Scheduled visits were planned within close proximity of each other to reduce the risk of staff being late. The registered manager told us they made sure there was always enough capacity to meet the needs of all the people using the service and would not take on new packages of care and support if an appropriately qualified staff member was not available to meet this.

The provider carried out checks of the suitability and fitness of staff to support people. We saw through these checks evidence was obtained and reviewed by senior staff to assure themselves of staff's suitability. This included proof of staff's identity, right to work in the UK, training and experience, character and previous work references and criminal records checks. Staff also completed a health questionnaire which was used to assess their fitness to work.

Where staff were responsible for this, they supported people to take their prescribed medicines when they needed these. One person said, "Just one carer manages my meds…haven't had any problems." Staff completed a medicines administration record (MAR) which provided a clear record of what medicines were given and when. We saw no gaps or omissions in records we looked at which indicated people received their medicines as prescribed. All staff had received training in safe handling of medicines. Their competency to support people with their medicines was regularly checked by senior staff through quality monitoring visits and through feedback obtained from people and their relatives.

Good

Is the service effective?

Our findings

People said staff were able to meet their needs. One person said, "They are very good." Another person told us, "They will always ask if there is anything else I need." And another person said, "Lately they seem better trained. You only have to tell them once what needs doing." Staff received training to help them to meet people's needs. This was in areas relevant to their work and which the provider considered mandatory. This included training in; safeguarding adults at risk, medicines administration, first aid, moving and handling, dementia care, catheter care, food safety, health and safety, infection control, pressure sore care, person centred care and record keeping. Staff were supported to attain the 'Care Certificate'. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. As part of their training, staff were also informed of the service's key policies and procedures to guide them in their roles. Senior staff monitored training to ensure all staff were up to date with their training needs and attended refresher training to update their skills, when required.

People were cared for by staff who were supported in their roles. There was a supervision and annual appraisal framework in place through which staff had regular, planned meetings with a senior staff member. Records showed in the last six months, staff had had an opportunity to meet with their line manager to discuss their current work practice and any learning and development needs they felt they had. All meetings were scheduled in the provider's database which allowed the area manager to monitor that all staff were receiving timely supervision and appraisal. Staff told us they attended regular supervision meetings with senior staff, staff team meetings and received training to support them in their roles. One staff member said, "This year I've had two supervisions. I find it useful because I can say what I have to say and you get a chance to find out how you're doing." Another told us, "There's always training available. You can put your name on the board for training coming up."

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 make 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. All staff had received training in the MCA. Staff demonstrated understanding and awareness of their responsibilities in relation to the Act. Records showed people's capacity to make decisions about their support was considered during assessments of their care needs by senior staff. There was involvement with people's representatives and healthcare professionals, where people lacked capacity to make specific decisions about their care to ensure these were made in people's best interests.

Where the service was responsible for this, people were supported by staff to eat and drink sufficient amounts to meet their needs. The level of support people required with this varied and was based on

people's specific needs and preferences, which senior staff sought information about through the assessment process. Staff documented the support provided in people's records which gave others involved in people's care and support information about what people were eating and drinking and when.

Staff maintained records about people's health and well-being following each scheduled visit. This information was recorded in 'communication logs'. This meant others involved in people's care and support had access to information about their health and wellbeing as observed by staff. When staff had concerns about an individual's health and wellbeing they reported this promptly to a senior member of staff. A staff member gave us a recent example of this. They told us they had become concerned about one person they were supporting as they appeared to be struggling to maintain their home to a safe and hygienic standard. They referred their concerns about the person to senior staff who in turn contacted the local authority funding their care to look at what extra support could be provided. As a result of this intervention the person's package of care and support was increased so that they could have additional support from staff to help them with cleaning around the home.

Good

Is the service caring?

Our findings

People spoke positively about the staff that supported them and described them as 'kind' and 'caring'. One person said, "They care and do extra if they have time." Another person told us, "They are quite nice people." And another person said about staff, "I've got some lovely ones." A relative told us their family member had received 'outstanding' and 'wonderful' support, before they passed away, and wanted to thank the service for the care they had provided.

In our discussions with staff they were thoughtful and considerate when discussing the support they provided to people. One staff member said, "I go in and talk to people and see that they're ok. I try and comfort people if they're down and try and be positive for them." Another told us, "I'm quite sociable and have a good sense of humour and I think this helps people to stay upbeat. I always leave well, making sure people are satisfied when I leave."

Staff were prompted to consider the welfare and comfort of people at the start and end of each visit. In each person's 'homecare support plan' staff were set tasks to complete in addition to the care and support that had been agreed. Before providing care, staff were instructed to read 'communication logs' to check to see if any issues or concerns had been documented about the person's health or welfare by others involved in their care and to attend to any messages, requests, suggestions or instructions left. At the end of each visit staff were prompted to take time to chat with people to check they had what they needed and were comfortable before they left.

Senior staff planned and scheduled visits so that people received support from the same members of staff, wherever possible, in order to experience consistency and continuity in their care. Once the care and support package was agreed with people, senior staff sent people written confirmation about the times and frequency of their scheduled visits and the staff member that had been assigned to each visit, so that people knew who to expect. Senior staff monitored this to ensure continuity was maintained wherever possible. They did this by analysing information recorded about the number of visits completed by staff. We looked at the information collected to date and noted for the past six months, over 88 per cent of all completed visits had been undertaken by the staff members assigned to meet people's care and support needs.

People said they were treated with respect and dignity and staff maintained their privacy. Staff told us about the various ways they provided support that was respectful and dignified. For example when supporting people with personal care ensuring that this was done in privacy and in a dignified way that did not unnecessarily embarrass or intimidate people. A staff member said, "I try and do personal care in a human and caring manner. I don't rush people." Another told us, "I always ask people how they would like their care provided."

People told us the care and support they received from staff helped them to maintain some independence in their lives. In people's records there was information about their level of dependency and the specific support they needed with tasks they couldn't undertake without help, such as getting washed and dressed. Staff were encouraged to prompt people to do as much for themselves as they could to enable them to

retain control and independence over their lives. A staff member told us, "One client is very fretful… I try and encourage them to do as much as they can. When they're beating themselves up about not being able to do things I praise them for what they have done to let them know they are doing better than they think."

Good

Is the service responsive?

Our findings

The majority of people using the service had their care funded by their local authority. The service was sent information by the local authority about the package of care that people required which included information about the specific support they needed and when. Although the service followed this package, senior staff carried out their own visits and assessments to check with people and their representatives that what had been agreed would meet their needs and expectations. People were encouraged to state their views about what support they needed and how they would like this to be provided. For example they could state if they preferred to be supported by a member of staff of the same gender or whose cultural background closely matched their own. In terms of personal care where people needed help to wash they could state their preference for a bath or shower.

Senior staff used the information obtained from the local authority and from their own visits to develop a 'homecare support plan' for each person, which set out how their needs would be met by staff. There was also information about people's life histories, their likes and dislikes and their care goals and aspirations on their support plans. Staff demonstrated a good understanding and awareness of people's needs and preferences and how to meet these, for example people's preferences for washing and dressing. This ensured people received support that was personalised and reflective of what they wanted.

People's care and support needs were reviewed with them by senior staff. People were able to discuss and agree any changes they wanted to the support they received. Records showed these were reviewed annually or sooner if there had been a change in people's circumstances. People's records were updated when there had been changes to the care and support they required. This meant staff had access to the latest information about how people should be supported. Dates when care and support packages should be reviewed were scheduled in the provider's database which allowed the area manager to monitor that these were happening in a timely manner.

The majority of people were satisfied with the care and support they received from staff. One person said, "I am happy with what they do." Another person told us, "They meet my needs." And another person said, "They are a big help for me." People's responses documented at quality monitoring visits undertaken by senior staff, also indicated that they were generally satisfied with the service.

People knew how to make a complaint about the service if needed. They had been provided information about what to do if they wished to make a complaint. The provider's complaints procedure set out how people's complaint would be dealt with and by whom. Through this procedure the provider undertook to carry out a full investigation and to learn from any mistakes that occurred so that changes could be made when needed. We looked at complaints dealt with by the service in the preceding six months. We noted the registered manager had carried out an investigation into the circumstances surrounding each complaint and provided a written response to the concerns raised. This included offering people an apology when poor quality of care had been experienced.

Good

Is the service well-led?

Our findings

The provider had arrangements in place to offer people the opportunity to share their views about the quality of the service and their suggestions for how this could be improved. Senior staff undertook an annual 'assessment of needs' with people to review their care and support. Through this process people were asked about their experiences of the support provided and how this could be improved. Senior staff also carried out 'service monitoring visits' every six months where people were asked to rate their level of satisfaction and give their suggestions about what the service could do better.

Senior staff undertook regular spot checks and 'care worker assessments' which reviewed the conduct and professionalism of staff and their competency in undertaking their duties. As part of these checks people were asked to contribute their thoughts and views about the support they received from staff. Senior staff used this information in supervision and staff meetings to support staff to continuously improve their work based practice. Staff were encouraged to participate and contribute their ideas and suggestions for improvements. A staff member said, "I go to staff meetings and we can discuss work issues."

The provider carried out other checks of the service to assess the quality of care and support people experienced. For example audits were carried out monthly of 'communication logs' and MARs to check that people received the care and support that had been planned for them and records had been properly maintained. Where any gaps or shortfalls were identified through these checks we saw action had been taken to remedy these including supporting and encouraging staff to learn from mistakes. We noted however the action taken was not always documented, which the registered manager and area manager acknowledged would be beneficial in allowing them to check that any improvements made had had a positive and meaningful impact on people using the service.

People and staff were positive about the management of the service. When asked if they thought the service was well run, one person said, "It's very well run." Another person told us, "They are helpful. Not too bad." And another person said, "Yes I do. The only problem I have is when they are late." Staff said they were comfortable approaching senior staff about any concerns they had or to suggest improvements. A staff member said, "We have good managers. I could go to anybody here if I wanted to." Another told us, "Managers are supportive and in close communication. I always feel confident to approach them." The registered manager knew the people using the service, well. They demonstrated a good understanding and awareness of people's specific needs and what was important to them in terms of their care goals and aspirations which indicated they had regular communication and contact with people.

There were clear reporting lines within the service so that there was responsibility and accountability at all levels. The registered manager understood their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of events or incidents involving people using the service. They reported to an area manager whose role was to provide support and to monitor the performance and quality of the service. They in turn reported directly back to senior managers in the organisation. The registered manager told us, "The level of support is wonderful. The area manager has been very supportive and I get help with meeting work priorities."

The provider sought ways in which the experiences of people using the service could be improved. For example they were piloting across six of their locations a new method for staff to record daily notes and tasks and activities carried out at each scheduled visit. This location was part of this pilot. The registered manager and area manager were reviewing the quality of the information recorded. We noted from a sample of completed records staff were not always making a detailed note at every visit and instead completing a checklist of tasks undertaken. We discussed this with the registered manager and area manager. They told us through their own checks they had identified there was a risk that staff may not record good quality information after each visit about the care and support provided to people. They said they would be feeding back their views about this to senior managers so that they were aware of the potential issues or concerns with this proposed change before making a final decision whether to roll this out to all locations.

The provider also used learning to make changes and improvements to the service. For example some of the learning from CQC inspections of the provider's other locations, had led to greater emphasis and focus being placed on meeting people's needs to ensure they received the care and support they required. The registered manager told us one way the provider intended to meet this priority was to require all registered managers to visit a minimum of two people using the service every week. In this way, they hoped better information about people's needs and requirements would lead to them experiencing improved personalised care from staff.