

Sevacare (UK) Limited

# Sevacare - Northampton

## Inspection report

72a St Giles Street  
Northampton  
Northamptonshire  
NN1 1JW

Tel: 01604627709  
Website: [www.sevacare.org.uk](http://www.sevacare.org.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

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

This announced inspection took place over four days on 18, 19, 20 and 26 July 2017.

The service provides support with personal care to people in their own homes. At the time of our inspection there were 140 people using the service.

The service is required to have a registered manager; there was no registered manager in post at the time of our inspection. The registered manager had recently left and a new manager was in post, they were aware that they would need to register as the manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the inspection on 5 and 6 March 2015 we found the service to be rated Requires Improvement as there was no registered manager in post and communication between staff and people regarding delays or other changes to the service had not always been timely. At the last inspection on 26 May, 1, 2, 3 and 13 June 2016 we found the service continued to be rated Requires Improvement; the provider was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements in relation to the governance of the service and the completion of medicines records. During this inspection we found that some of these actions had not been completed. This is the third inspection at which the service has continued to be rated as Requires Improvement.

The provider did not have all appropriate measures in place to assure themselves of the quality and safety of the service. People could not always be assured that their care visits would take place at the agreed time. The provider was aware of this and was currently working to improve the consistency and timing of care visits when people's regular care staff were unavailable.

The systems in place for responding to people's feedback required strengthening. People had mixed views regarding how the service had responded to concerns and complaints. Some people and their relatives were dissatisfied with the manner in which the provider had handled their feedback.

Medicines records were not always completed accurately and did not provide a clear account of medicines administered to people. The provider was aware of this and had taken action to ensure that all staff accurately recorded the medicines they had administered. It was evident that some improvements had been made.

There were systems in place to manage medicines safely. Staff were trained in the safe administration of medicines and people had specific assessments relating to the provision of their medicines.

People were protected from harm arising from poor practice or abuse as there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

Recruitment procedures were sufficiently robust to protect people from receiving unsafe care from staff that were unsuitable to work at the service.

People were actively involved in decisions about their care and support needs as much as they were able. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and applied their knowledge appropriately.

People received care from staff that were kind and friendly. People had meaningful interactions with staff and looked forward to seeing the staff. People received care at their own pace and were treated with dignity and respect.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe. Care plans were written in a person centred approach and detailed how people wished to be supported and where possible people were involved in making decisions about their care.

People received care from staff who had the appropriate skills and knowledge to meet their needs. All staff had undergone the provider's induction and the provider had a plan in place for on going training.

At this inspection we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People could not be assured that their care would always be delivered at the agreed time.

Systems in place to manage medicines required strengthening; associated record keeping was in need of improvement.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

### Is the service effective?

**Good** 

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People's physical and mental health needs were kept under regular review.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

People were supported to have sufficient to eat and drink to maintain a balanced diet.

### Is the service caring?

**Good** 

The service was caring.

Staff had a good understanding of people's needs and preferences and worked with people to enable them to communicate these.

People were encouraged to make decisions about how their care was provided.

People's privacy and dignity were protected and promoted.

### **Is the service responsive?**

This service was not always responsive.

People and their relatives did not always feel their concerns and complaints were responded to appropriately by the provider.

People had individualised care plans. Care and support was delivered in the way that people chose and preferred.

People's care plans were reviewed with them on a periodic basis to ensure these reflected their current needs and requirements.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider did not effectively monitor all areas of the quality and safety of the service and were unable to effectively measure and review the quality of care delivered in some areas.

There was no registered manager in post. However a new manager had been appointed and they were aware of their responsibility to register with the Care Quality Commission (CQC).

Systems were in place to seek feedback from people and their relatives and appropriate action had been taken in response to these.

**Requires Improvement** ●

# Sevacare - Northampton

## **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 announced inspection took place on 18, 19, 20 and 26 July 2017. The inspection was undertaken by one inspector and three experts by experience, who undertook telephone interviews with people and their relatives. The provider was given 48 hours' notice because the location provides care for people in their own homes; we needed to ensure that staff would be available to support the inspection.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed information sent to us by other agencies, including the local authority who commission services from the provider and Healthwatch. Healthwatch is an independent consumer champion for people who use health and social care services.

During the inspection we visited five people in their own homes, with their prior agreement and spoke with twenty four people on the telephone. We also spoke to six relatives, the area manager, manager, a care co-ordinator, a team leader and eight members of care staff.

We reviewed the care records of eleven people who used the service and six staff recruitment files. We also looked at the quality monitoring arrangements for the service, including the most recent satisfaction survey sent to people and their relatives, audits, records related to staff training and competency, meeting minutes, and arrangements for managing complaints.

# Is the service safe?

## Our findings

People could not be assured that staff would always attend their scheduled visits at the agreed time or that they would routinely be informed when staff were going to be late. People had mixed views about the timeliness of their care visits. Some people told us that too often staff did not attend at the scheduled time; particularly when their regular staff were not available. People also said they were not always informed of late visits. One person said "It does frustrate me that if my regular carers can get to me on time or thereabouts, then why can't the other carers who cover for them at weekends and when they are off do the same?" Another person said "They are sometimes a bit late if held up on a previous call. They don't always let me know if they're going to be late, occasionally they do, but they always get to me, never missed." Other people we spoke to were happy with the service and did not report receiving any calls that were not at the agreed time. For example one person's relative said "The staff come on time and stay for the right amount of time. They are only late if there is an emergency and they always tell us." Everyone we spoke to said that staff did not rush their visits and always stayed for the time required to meet all their needs.

We spoke with staff to check whether they felt they were able to attend people's visits at the correct time. Staff told us that they usually attended people's care visits at the scheduled time and that their schedule of visits allowed them time to travel from one person to the next. One member of staff said "We are only late if something goes drastically wrong; we tend to work in one area so there isn't a lot of travelling."

We viewed a sample of records of visits attended by staff and compared these to the planned schedule for people's visits. We found that there were some discrepancies between planned and actual visit times. We discussed these with the area manager, who agreed that there were some issues with call timings and staff compliance with the electronic monitoring system. They informed us that they were working with staff to increase compliance with the electronic call monitoring system. This had increased their ability to monitor for discrepancies between planned and actual visit times and take appropriate action.

The provider was aware of past difficulties organising cover for weekend calls and informed us that this had improved in the last three months. The provider had also arranged care staff into smaller teams covering a post code area, to minimise the distances that staff were required to travel; the impact of these changes needed to be embedded. We were informed by staff that the new manager had visited people who had experienced late visits to discuss their concerns.

During our inspection in June 2016, we found that medicine administration record charts (MAR) were not consistently being completed. During this inspection we found that although this had improved, there were still gaps evident on some people's MAR charts. The local commissioners' policy on medicines had recently changed and the provider had delivered updated medicines training for all staff. This focussed on the recent local procedural changes and emphasised the importance of the full completion of MAR charts. The provider had implemented more frequent checks on MAR charts and had investigated omissions; we could see that MAR chart completion was improving. One member of staff said "We've all had more training in medication. I know there have been investigations into MAR charts not being completed and staff are being spoken to about this."

People told us that they received their medicines on time. One person said "The carer gets the tablets out for me and puts them in a little dish and gets me some water to take them with. She then watches me take them to ensure I am safe swallowing them." Staff had had their competency assessed prior to taking on the responsibility of medicines administration.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One person said, "I feel very safe with them as they always give me my medication on time and always check that my health and welfare is ok before they leave." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take. One member of staff said, "I would report to the manager, beyond them I could go to head office or CQC." The service had worked with the local safeguarding authority and carried out investigations when concerns were identified.

People's needs were assessed and reviewed by staff so that risks were identified and acted upon. Staff understood the varying risks for each person and took appropriate action. For example, some people required support to mobilise. Staff understood how they could safely support people and the equipment that was needed to do this. One person told us "I have mobility problems after an operation on my leg, so they have to handle me carefully when giving me a shower or getting me dressed. I feel quite safe in the way they carefully and slowly move me." Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. We saw evidence of staff raising their concerns with the staff based in the office who requested further professional assistance when necessary.

People were protected against the risks associated with the appointment of new staff. There were appropriate recruitment practices in place, taking into account staff's previous experience and employment histories. Records showed that staff had the appropriate checks and references in place and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.



# Is the service effective?

## Our findings

People received care and support from staff that had the knowledge and skills needed to carry out their roles and responsibilities effectively. The majority of people we spoke to told us that staff were well trained and knowledgeable. One person said "Yes, I am quite happy that they all appear to be trained well to match my needs." Another person said "They [staff] are well trained and they understand what I want." People were confident in the knowledge and skills of their regular staff; the provider needs to ensure that when people receive care from other staff they experience a consistent service. Some people told us that they noticed a difference when the staff who regularly visited them were unavailable. One person said "My regular carers are very well trained and because they have been coming to me for so long they know absolutely everything there is to know about me and how I like my care provided. On the few occasions when the agency send me a completely new carer, who I haven't even met before I do struggle to convey to them all that I need help with." The provider confirmed that staff received all appropriate training before attending people's care visits.

All new staff completed an induction training programme. During this period, they completed an initial three-day training course and worked alongside more experienced members of staff. The training incorporated the standards covered by the Care Certificate; this is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient shadow shifts to ensure that they felt confident to undertake the role. Staff told us that they had received a suitable induction and training which enabled them to understand the needs of the people they were supporting. One member of staff said "The induction was interesting and enjoyable; we had practical training where we could ask questions and have discussions. I then shadowed an experienced carer for just over a week." Another member of staff said "I am now doing my NVQ level 2; the company has encouraged me to do this." Staff training records showed that all staff had completed the necessary training and that their knowledge and skills were regularly updated with refresher training. Staff also had additional training specifically relevant to the people that used the agency, for example training in catheter care.

During our inspection in June 2016, we found that staff were supervised and their performance monitored, however there was inconsistency as to how often supervision was undertaken. During this inspection we found that staff were regularly provided with supervision. Staff told us they felt well supported in their roles and were able to gain support and advice from the management team when necessary. Supervision sessions were used to assess staff performance and identify on-going support and training needs and staff described these as supportive. One member of staff said "I have supervision, we discuss my work and how I'm getting on and fill in a form". Senior staff carried out regular spot checks during support visits, which involved them observing staff as they provided care for people. One member of staff said "The team leaders come out and watch you provide care then give you feedback". The provider also had a plan in place for annual appraisals which reviewed staff's performance and identified areas for further training or personal

development. We saw records that demonstrated staff had been provided with regular appraisal, supervision, assessments to check their care practice and spot checks.

People received care and support from staff that had received the training they needed to ensure that support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied this knowledge appropriately. The MCA 2005 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 were involved in decisions about the way their support was delivered and staff asked people for their consent when supporting them. People told us that staff always asked for their consent when supporting them. One person said "Yes, staff always ask for my consent when helping me with personal care." Senior staff were responsible for assessing people's mental capacity and care staff had a basic understanding of their responsibilities when caring for people who may lack capacity to make some of their decisions.

People's needs with regards to eating and drinking were regularly assessed and plans of care were in place to mitigate identified risks. Staff followed the advice of health care professionals when supporting people with eating and drinking. People were supported with their meals and drinks when necessary. One person told us that the staff encouraged them to eat well and gave them choices about what they wanted to eat. We saw that people's care plans recorded if people required support with their meals and staff supported people to eat the food and drink they enjoyed.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. One person said "They have called my doctor on a few occasions when I've felt under the weather." We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on instructions.

## Is the service caring?

### Our findings

People were cared for by a team of staff who knew them and understood their care and support needs. One person said "The staff are caring and professional. They make sure they're not taking over and prompt you to do what you can for yourself." Another person said "Very happy with the service. They all show a happy, careful and caring attitude every time they come and are always chatty and polite." One person's relative described how staff monitored their family member's well-being closely and said "If they are concerned about anything, they always tell me".

People told us that the staff were very caring and supportive and said that staff were committed to supporting them in an individualised way. One person said "The staff pick up if you're a bit down and check that you're ok". Another person's relative said "[Name] has had the carers for twelve months now and they are all caring to both of us." Staff supported people in a positive; person centred way and involved them as much as possible in day to day choices and arrangements. One person said "They [staff] are very kind and supportive, they listen to anything I have to say, I cannot fault them." People said that they enjoyed the time that staff spent with them. One person said "We have good banter between us and they help with anything I ask them."

Staff knew about people's life histories and the people and things that were important to them and listened to what people wanted. One person said "They always listen to me and we have a good chat. They are all very kind and respectful." Relatives felt that staff had time to spend with people. One person's relative said "They always have a good chat with [Name] and ask if there is anything else they can do before they leave."

People were encouraged to express their views and to make choices. One person said "The staff always ask what I want doing and then prompt me when necessary." There was information in people's care plans about their preferences and choices regarding how they wanted to be supported by staff; these had been produced with the person or their representative, if they were unable to do this. Staff understood the importance of respecting people's choices, for example one member of staff described how they asked people what food they would like prepared when supporting them at mealtimes.

People told us that staff were always polite and respectful towards them, one person said "I have had very good care from them. They are all caring, polite and nice girls and I really like them." Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. We saw that the provider emphasised the importance of confidentiality during staff meetings. People's dignity and right to privacy was protected by staff. One person said "They always close the door, even though I am on my own and are very respectful when supporting me with personal care." Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way.

## Is the service responsive?

### Our findings

Arrangements in place for managing complaints required strengthening. Feedback from people and their relatives regarding the provider's response to complaints was mixed. One person said "Yes, I know how to complain as there's a leaflet here in my folder, but to be honest, there wouldn't be any point properly complaining because when I have raised issues with the office in the past nothing has ever been put right and therefore I have no confidence that they would take it any more seriously if I made an official complaint." Another person said "Constantly on the telephone about the late calls. It never changes, so is handled very badly in my opinion." However, some people were happy with the provider's response to concerns. One person said "I had a carer who started out very well, but they got to the stage where conversation didn't exist, they were not what I wanted. I told the office I did not want them in my house again. They responded very well. They said fine and changed the carer, they have never been since."

We saw the provider had developed a formal complaints procedure that should have ensured good complaints management. A complaints log was in place, we saw that concerns raised had been investigated, action taken to resolve these and the complainant informed of the outcome of their complaint. However, we found that when people provided negative feedback there had not always been recognition that they may wish to make a complaint and have their issues investigated.

A team leader met and assessed people's needs before they joined the service to understand their support needs. Assessments and care plans were devised to assist staff to provide care and support that would meet people's needs and expectations. People were able to discuss their daily routines and their expectations of the service. This information was used to develop a care plan for people.

Person centred care plans contained information about people and their preferences. Areas covered included; medical conditions, eating and drinking and mobility. Risk assessments and care plans provided a full picture of people's needs and people received care that corresponded to their care plans. Where people required specialist equipment to move, their care plans provided staff with detailed instructions regarding how they were to be supported. People were involved in planning their care as much as they were able and people or their representatives had signed their care plans to consent to their care and support.

Care plans were reviewed regularly and as needed. Review meetings took place with the person or their representative, their care needs were discussed and any changes to the care plan recorded. One person said "The staff review it with me, it was recently reviewed, eight weeks ago after I had a poorly turn." People were asked at every review meeting whether they were happy with the care that was being provided to them. We saw records of care reviews that included feedback such as "the attitude of the carers is good", "timing of visits has improved" and "Would like a later bed call". There was a section to record any improvements required and action taken.

People had mixed views on how much staff used the care plans to inform them of people's care needs. The majority of people told us that staff always referred to their care plan before providing care. One person said "They always read the care plan first and do any changes." Another person said "Yes, they have access to the

full book." However, some people said that staff relied upon them to tell them what support they needed. One person said "My care plan is here in my folder where the carers write up the notes every time they visit. It has everything in it that I need help with and explains how I like things done. Unfortunately I very rarely see any of the carers referring to it as they seem to prefer asking me questions." Staff spoken to during the inspection understood the purpose of, and importance of working in accordance with people's care plans. One staff member said, "The care plans have improved, I had a new call to carry out recently, the care plan was spot on and told me everything I needed to know." Another staff member said, "You have to read the care plans so you know what to do for people, they're updated when needed and we always tell the team leaders when things change."

The assessment and care planning process considered people's hobbies and interests as well as their current support needs and there was some information in people's care plans regarding their life history. Staff were knowledgeable about people's preferences and choices and people told us that they liked to chat with staff about their interests. One person said "They [staff] are all charming, we have a natter and a laugh and they always have time to listen to me."

## Is the service well-led?

### Our findings

At the last inspection in June 2016, we found that the service was in breach of regulation 17 of the Health and Social Care Act Regulations 2014 good governance. Quality monitoring and review processes needed strengthening to enable the provider to maintain a clear picture of how the service was operating and the care and support provided to people. Audits were not regularly undertaken and records such as care plans and medicines administration record charts were not consistently completed. The provider was required to complete an action plan; we checked at this inspection whether all actions had been completed. We found that the provider had strengthened the arrangements in place for the governance of the service, which had resulted in improvements in some areas. However, there was inconsistency in some aspects of quality of the service provided. This is the third inspection that this domain has been rated as requires improvement.

The provider's quality assurance had not enabled them to ensure that all people received a consistent service. They had not satisfactorily addressed the concerns that some people had regarding the punctuality and consistency of the service they received. They had also not ensured that people were always informed if staff were going to be late, or responded consistently to people's feedback and complaints. There was not an effective system in place to address these concerns as people continued to receive calls outside of the agreed times. The provider was taking action to drive improvement; a call monitoring system was in use, they were monitoring staff logging in and out of calls and investigating calls that did not happen at the correct time. These improvements need to continue and be embedded.

Regular auditing of MAR charts was in place; however these had not resulted in the improvements required in a timely manner. Systems in place were failing to effectively improve these issues which put people's health and welfare at risk as there was not a clear and accurate record of the medicines that staff had provided them with. The provider was aware that this was an on-going concern; gaps in recording had been addressed with staff during team meetings and on a one to one basis. The provider was focussing on this area and recent improvements were evident, however these need to be embedded and sustained.

This is a continued breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Quality monitoring systems were effectively used to monitor and improve other areas of the service people received. We saw that audits were carried out on care plans, risk assessments, communication logs and accidents and incidents. Any actions required in response to these audits had been taken.

People and their relatives were asked for their feedback about the service. The provider carried out regular surveys of people who used the service. We saw that questionnaires completed by people had been analysed and action taken in response to comments made.

People and staff said that the area manager and new manager were approachable and committed to engaging with people and staff to drive the improvements required. One person said "the new manager has been to introduce themselves." Staff said "The new manager is very approachable, they have introduced

themselves and said any worries come and see them. Whilst we've not had a manager [area manager] has been brilliant, very supportive, any concerns we can go and see them."

The provider promoted an open and honest culture within the organisation. Regular staff meetings took place to inform staff of any changes and to provide a forum for staff to contribute their views on how the service was being run. We saw staff meeting minutes that demonstrated a positive inclusive culture, with discussions about how travel time allocation, documentation, medicines administration and team work and communication.

The service had recently facilitated an awards day at the service office. People and staff were invited to attend; the aim of the day was to promote team work and communication. Staff received awards for their contribution to the running of the service and the day raised money for a local charity.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people and whistleblowing. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company. The provider and manager understood their requirement to submit appropriate notifications to the CQC and were aware of how they could do this.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The records in relation to medicine administration were not always completed accurately and failed to provide a clear account of medicines administered to people.</p> <p>The systems in place to monitor the quality of the service and drive improvement were not sufficient.</p> <p>17 (1) (2) (a) (b) (c)</p>

### **The enforcement action we took:**

A warning notice has been issued to the provider.