

Sevacare (UK) Limited

Sevacare - Burnley

Inspection report

2 Dominion Court
Billington Road
Burnley
Lancashire
BB11 5UB

Tel: 01282433135

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an inspection of Sevacare - Burnley on 6 and 7 January 2016. We gave the service 48 hours notice of our intention to carry out the inspection.

Sevacare - Burnley is registered to provide personal care to people living in their own homes. The agency provides a service for people residing in Burnley, Pendle, and Rossendale. The agency's office is located on the outskirts of Burnley. At the time of the inspection 177 people were using the service.

The service was managed by 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 2008 and associated Regulations about how the service is run.

We last inspected this service on 9 December 2013 and found it was meeting the regulations in force at the time.

During this inspection we found the service was meeting the current regulations. However, we made one recommendation in relation to the implementation of the Mental Capacity Act 2005 (MCA). Whilst there were policies and procedures relating to the MCA and staff had received appropriate training, the principles of the Act had not been embedded into the assessment and care planning processes. Following the inspection the registered manager sent us an action plan of how this was going to be achieved.

People using the service told us they were well cared for and felt safe with the staff who provided their support. Staff knew about safeguarding procedures and we saw that concerns had been reported appropriately to the local authority, which helped to keep people safe. Risks to people's well-being were assessed and managed safely.

We found the arrangements for managing people's medicines were safe. Records and appropriate policies and procedures were in place for the administration of medicines.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. People were supported as necessary, with meal planning, preparation, eating and drinking.

Arrangements were in place to maintain appropriate staffing levels to make sure people received their contracted support. There were systems in place to ensure all staff received regular training and supervision. New staff completed a comprehensive induction and undertook a probationary period.

People were actively involved in the development and review of their care plans. This meant people were able to influence the delivery of their care and staff had up to date information about people's needs and wishes. People told us they usually received care from a consistent group of staff. People and relatives

spoken with made complimentary comments about the staff and the service they provided.

People, their relatives and staff spoken with had confidence in the registered manager and felt the agency was well managed. We found there were systems in place to assess and monitor the quality of the service, which included feedback from people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their care plan.

Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People were supported with their medicines in a safe way, by staff who had received appropriate training.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were well supported through a system of regular training, supervision and appraisal.

Whilst all staff had received training and had an awareness of the Mental Capacity Act 2005, the principles of the Act were not applied in the assessment and delivery of care.

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

People were supported when required, to eat and drink.

Is the service caring?

Good ●

The service was caring.

People made positive comments about the caring and kind approach of the staff.

People told us their rights to privacy and dignity were respected and upheld. People were supported to be as independent as

possible.

Staff were aware of people's individual needs, backgrounds and personalities, which helped them provide personalised care.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed and were recorded in care plans. These were individual and reflected their needs and preferences.

People knew how to make a complaint and felt these would be responded to and acted upon.

Is the service well-led?

Good ●

The service was well led.

The agency had a registered manager who provided clear leadership and was committed to the continuous improvement of the service.

There were systems in place to consult with people and to monitor and develop the quality of the service provided.

Sevacare - Burnley

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 and 7 January 2016. We gave the registered manager 48 hours' notice of our intention to visit to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

The provider sent us 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.

During the inspection we spoke with ten people using the service and three relatives over the telephone. We also spoke to five members of staff and two care managers as well as the registered manager.

We spent time looking at a range of records during our time spent in the agency's office, this included five people's care plans and other associated documentation, three staff recruitment files, a sample of policies and procedures and quality assurance records.

Is the service safe?

Our findings

All people spoken with told us they felt safe receiving care from staff at the agency. One person told us, "I feel very safe and they always ensure all the doors are locked before they leave" and another person commented, "I find all the carers very respectful and kind." Relatives spoken with also expressed satisfaction with the service. One relative said, "They have been excellent. I have total confidence in all the staff."

We discussed the safeguarding procedures with the registered manager and staff. Safeguarding procedures are designed to direct staff on the actions they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding people from harm. They were all able to describe the actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns. They said they had read the safeguarding and whistle blowing policies (reporting bad practice) and would use them, if they felt there was a need. We noted a concern reported to the office during our inspection was dealt with professionally and quickly to ensure the person involved was kept safe.

We saw from the staff training records, that all staff had completed safeguarding training within the last two years. Staff also had access to internal policies and procedures which included the contact details for the local authority and there was information on safeguarding issues in the statement of purpose / service user guide and staff handbook. This helped staff to make an appropriate response in the event of an alert.

Some people required assistance with shopping. We found there were appropriate procedures for the staff to handle their money safely and people told us they were satisfied with the arrangements in place. There were records of all financial transactions and the staff obtained receipts for any money spent. The management team audited these records when they were returned to the office.

Risks to people's safety and wellbeing were assessed and managed. Each person's care record included an individual risk assessment, which had considered risks associated with the person's environment, moving them safely, equipment, their care and treatment, medicines and any other factors. The risk assessments were detailed and included actions for staff to take to keep people safe and reduce the risks of harm. The assessments were updated annually or more often when people's needs changed. The registered manager explained service level risks had also been assessed for instance lone working, infection control and the use of equipment in the office. We saw documentary evidence to demonstrate the risk assessments were updated on a regular basis.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and an incident form was completed after dealing with the situation. The registered manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We saw completed accident and incident records during the inspection and the registered manager sent us a copy of the overall log and trend analysis the day after the inspection.

People and their relatives told us the staffing levels were suitable and they usually received care and support from a consistent group of staff. People also confirmed the staff usually arrived on time and stayed for the agreed amount of time. One person said, "They are very good time keepers and very reliable." People were sent a weekly schedule which set out the times of their visits and which member of staff was due to provide their support. One person told us they had used the service for some years and had received care from the same care staff.

The registered manager said the staffing levels were determined by the number of people using the service and their needs. She confirmed there were enough staff to cover all calls and numbers were planned in accordance with people's needs. Therefore, staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered manager also explained the team leaders' rotas were structured to enable them to pick up any visits at short notice. Staff were allocated to support people who lived near to their own locality. This reduced their travelling time, and minimised the chances of staff being late for visit times. Staff said they signed in and out of people's homes and if they thought that they were going to be late for a call they would let the office staff know, who in turn let the person know. At the time of the inspection there was no history of missed visits in the preceding months.

We reviewed the arrangements in place to recruit new staff. We found the agency had robust staff recruitment practices in place, ensuring that staff were suitable to work with people in their own homes. We looked at three recruitment files for staff currently employed by the service and noted appropriate checks had been carried out before the staff members started work. The checks included satisfactory evidence of conduct in previous employment and a DBS (Disclosure and Barring Service) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions. Interview records were maintained and showed the process was thorough. According to information submitted in the provider information return, the interview involved scenario based questions which helped to identify appropriate personal qualities and the best suited candidate.

We looked at how the service managed people's medicines. People receiving assistance with medication told us they received their medicines when they needed them. One person commented, "They (the staff) give me my tablets on time. I notice they check the instructions carefully and always make a record." Staff told us they had completed a safe handling of medicines course and records seen confirmed this. Senior staff also carried out competence checks to ensure staff were competent in this task. Staff had access to a set of policies and procedures which were available for reference. We noted from looking at people's personal files appropriate records were maintained of the administration of medication. The medication administration records were also audited to check they were accurate and complete. Guidance for staff on how to support people with medication was included in the care plan as necessary, along with information on the management of any risks associated with their medicines. Contact details for the person's GP and pharmacist were included in their care plans and the staff used these if needed to discuss people's medication.

Is the service effective?

Our findings

People felt staff had the right level of skills and knowledge to provide them with effective care and support. They were happy with the care they received and told us that it met their needs. One person told us, "I get on well with all the staff. They all do the same things and you can tell they have been well trained." Another person said, "My carer is marvellous. He helps me in every way he can."

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.

We checked whether the service was working within the principles of the MCA. We found the agency had detailed policies and procedures on the MCA and staff had received appropriate training. Staff spoken with had a basic understanding of the principles of the Act and understood the need to ask people for consent before carrying out care. We saw consent forms were used by the agency to demonstrate people's consent to use their telephone for the electronic telephone monitoring system. We also noted some people had signed their care plan to say they agreed with the contents and consented to the care provided in line with it. Where it was believed people did not have the capacity to consent to their care their relative or representative had been asked to sign the plan on their behalf. However, we noted there was no record of how the care provided had been agreed in line with the MCA and its requirements where it was thought someone may not have the capacity to consent to their care. Following the inspection, the registered manager sent us an action plan on how she intended to implement assessments of mental capacity over the next two months.

We looked at how the provider trained and supported their staff. We found that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they commenced work with the agency. This included an initial induction on the organisation's policies and procedures, the provider's mandatory training and the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff shadowed experienced staff for a minimum of 20 hours to become familiar with people's needs and preferences. We saw records of staff shadowing during the induction and noted new staff were observed carrying out a series of tasks to ensure they were suitably skilled and competent. A member of staff who had recently completed their induction told us the training was useful and confirmed it equipped them with the necessary knowledge and skills to carry out their role. All new staff completed a probationary period, during which their work performance was reviewed at regular intervals.

There was a rolling programme of training available for all staff, which included safeguarding vulnerable adults, person centred care, medication, food safety, health and safety, dealing with emergencies, MCA 2005 and infection control. Staff also completed specialist training on pressure area care and care of people with dementia. We looked at the staff training records and noted staff completed their training in a timely

manner. The variety of training offered meant that staff were supported to have the correct knowledge to provide effective care to the people. All staff spoken with told us their training was beneficial to their role.

Staff received regular supervision, both formal and informal, which included observations of their practice, as well as annual appraisals. They told us they had the support of the registered manager and the management team and could discuss anything that concerned them. We saw the registered manager and management team assessed and monitored staff skills and abilities, and took action to address issues when required.

We looked at the way the service supported people with their healthcare needs. People's care plans contained important telephone contact details for healthcare staff. This helped staff to liaise with people's relatives and health and social care professionals if they had concerns about people's health or well-being. We saw from looking at people's care records and speaking to the management team that healthcare referrals were made as necessary, for instance to occupational therapy. We also noted staff were provided with guidance in people's care plans, on how to monitor and respond to specific healthcare symptoms.

People were supported at mealtimes in line with their plan of care. We noted from the staff training records staff had received food safety training. People receiving this support told us staff asked them what they preferred to eat and prepared and cooked their food to a good standard. We noted there was a section in people's care plans to inform staff of any risks or concerns in respect of eating and drinking. The registered manager explained food and fluid intake charts were used as necessary if a person was at risk of malnutrition or dehydration.

We recommend the service considers the relevant guidance and principles contained in the code of practice for the Mental Capacity Act 2005 and take action to update their practice accordingly.

Is the service caring?

Our findings

People told us the staff always treated them with respect and kindness and were complimentary of the support they received. One person told us, "My carer is wonderful. Nothing is too much trouble" and another person commented, "They are all very caring and thoughtful." Similarly a relative said, "The staff are so considerate and kind. I think they go way and beyond. It's not a job to them, they do it because they care." During our time spent in the agency office we observed staff answered people's telephone queries in a sensitive and understanding manner.

Staff spoken with understood their role in providing people with person centred care and support. They gave examples of how they provided support and promoted people's independence and choices. One member of staff told us, "It's important people do as much for themselves as possible. I like to give lots of encouragement and tell them I'm here to help if they can't manage something." The staff were also knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of people's care records. They told us they visited people on a regular basis which helped them get to know the person and how best to support them. Wherever possible people were involved in decisions about their care and their views were taken into account. This told us that people's comments were listened to and respected.

We noted each person's file contained information about their living circumstances and preferred social activities. The process of developing care plans helped people to express their views and be involved in decisions about their care. People using the service told us staff had time to ask them about their preferences and were flexible in their approach. One person said, "They always ask me if I want anything else doing or things done differently."

All people spoken with told us the staff respected their rights to privacy and dignity. One person told us, "They always treat me with respect, I totally trust them." People confirmed staff entered their house in the agreed way and they were respectful of their belongings. Staff had access to policies and procedures on maintaining people's privacy and dignity whilst providing care and support and we noted the management team carried out unannounced observations to ensure they were adhering to best practice.

People enjoyed visits from the staff. One person told us, "I really enjoy their company. We have our little jokes and it's nice to have a laugh" and another person said, "When they have finished their tasks they will often sit and have a chat. They never give me the impression they are dashing off." Staff told us they found their role rewarding and spoke of people in a warm and compassionate manner. One member of staff commented, "I love my job it is so worthwhile and rewarding. I like to go in with a happy attitude so it makes people smile."

People told us they were able to express their views on the service on an ongoing basis, during care plan reviews, service reviews and the annual satisfaction questionnaire. People were given an information file, which contained a service user guide and statement of purpose as well as their care plan documentation. The service user guide provided a detailed overview of the services provided by the agency. People were

also provided with information about advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions.

Is the service responsive?

Our findings

People and their carers told us the service was responsive to their needs and they were happy with the care and support provided by staff. One person told us, "They are very good. I'm very satisfied with the service." A relative also told us, "Nothing is too much trouble. I have landed very lucky." According to information in the PIR (Provider Information Return) the service was operated to allow for changes in people's needs and circumstances. For instance, the registered manager and staff recognised a person returning home from hospital may require more support in order to regain their skills and confidence.

An assessment of needs was carried out before people used the service. People spoken with could recall meeting a representative from the agency to discuss their needs and confirmed they were asked how they wished their care to be delivered. We looked at completed assessments during the inspection and noted they covered all aspects of people's needs. Following the initial meeting, a homecare support plan was developed with the full involvement of people using the service.

We looked at five people's care plans and other associated documentation during the inspection. This information identified people's needs and provided guidance for staff on how to respond to them. The care plans were underpinned by a series of risk assessments and included people's preferences and details about how they wished their support to be delivered. All people spoken with were aware of their care plan and confirmed they had discussed and agreed their plan with a member of the management team. There was documentary evidence to demonstrate the plans had been reviewed at least once a year and more frequently if there had been a change in need. People spoken with confirmed they had been actively involved in the review process.

Staff spoken with told us the care plans were useful and they frequently referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the management team of any changes in needs. This meant there were systems in place to respond to people's needs in a timely manner.

A record of the care provided was completed at the end of every visit. This enabled staff to monitor and respond to any changes in a person's well-being. The records were returned to the office on a monthly basis for archiving. The registered manager confirmed a member of the management team read the records to check if there were any concerns with the person's care. We looked at a sample of the records and noted people were referred to in a respectful way.

People using the service had been provided with clear information about how to contact the agency 24 hours a day. This meant people and staff had access to support and advice whenever necessary.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us they had a concern about visiting times during the inspection. We discussed this issue with the registered manager and arrangements were made to alter the person's visit times in line with their

preferences. The person was contacted to let know of the changes.

Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated. The complaints procedure was incorporated in the statement of purpose / service user guide and included the relevant timescales for the process to be completed. We looked at the complaints record and noted the registered manager had received five complaints in the last 12 months. We found the service had systems in place for the recording, investigating and taking action in response to complaints. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant. This meant people could be confident in raising concerns and having these acknowledged and addressed.

The registered manager and management team worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent coordinated service. For instance in the event of a medical emergency whilst providing care, essential information was given to ambulance staff. When people had planned admissions to hospital the staff helped people to pack a bag in preparation for their hospital stay.

Is the service well-led?

Our findings

People and staff spoken with told us the agency ran smoothly and was well organised. One person told us, "I don't have any problems. Everything works well for me" and a member of staff commented, "It's really good. Things are up to date and sorted straight away."

There was a manager in post who was registered with the commission. The registered manager had responsibility for the day to day operation of the agency. Throughout all our discussions it was evident the registered manager had a good knowledge of people's current needs and circumstances and was committed to the principles of person centred care. Person centred care places the people at the centre of their care and services are tailored to their interests, abilities, history and personality. The registered manager described her planned improvements over the next 12 months as the implementation of the Mental Capacity Act 2005 within the care planning processes and the development of a care plans specifically for people requiring reablement support.

Staff spoken with made positive comments about the registered manager and the way she managed the agency. One staff member told us, "The manager is very approachable and supportive and balanced in her views" and another staff member commented, "She is a lovely person you can talk to her about anything and she has good standards."

The registered manager used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives. One way this was achieved was through the service reviews which were completed every six months. We saw completed service reviews during the inspection and noted people had been asked for their views of the service and the approach taken by staff. We also noted the registered manager had recorded actions taken following any concerns or suggested areas for improvement. People were also given the opportunity to complete an annual customer satisfaction questionnaire. The last satisfaction survey was carried out in February 2015. We were given a copy of the results during the inspection and noted 97% of people who responded were satisfied with the overall service provided.

The registered manager and the management team also carried out regular checks and audits. These included checks on files, medication records, daily communication logs, staff training and supervision and visits to people's home.

The registered manager was part of the wider management team within Sevacare and met regularly with other managers to discuss and share best practice in specific areas of work.

We noted the registered manager sent weekly reports to the provider which included information about all aspects of the operation of the service. However, we found no evidence to indicate the provider had carried out audits of the agency during 2015. The last provider audit available was dated November 2014 and listed a number of recommendations for action. There were no records seen to demonstrate the provider had checked the actions had been completed. Following the inspection we received correspondence from a

senior manager who stated the audits had recommenced and checks had been carried out remotely.

We found staff were enthusiastic and positive about their work. There were clear lines of accountability and responsibility. They were well informed and had a good working knowledge of their role and responsibilities. Staff told us they had received the training they needed and were well supported by the management team. The registered manager sent regular memos to staff to remind them of policies and procedures and inform them of any changes. The management team carried out spot checks at people's homes while staff were providing support. These checks were designed to monitor staff behaviour and attitude to check that they adhered to the provider's policies and procedures and they were treating people with respect. Staff were also invited to attend regular meetings. We saw minutes from the meetings during the inspection.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.