

Servoca Nursing & Care Limited

Servoca Complex Care - Chelmsford

Inspection report

Unit 4b
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Chelmsford
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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

About the service

Servoca Complex Care - Chelmsford is a domiciliary care agency providing personal and nursing care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 11 people receiving personal care support.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People were supported by a consistent staff team who knew them well and understood how they liked to be supported. There were enough staff available to meet people's needs. The provider had systems in place to recruit staff safely; however, not all relevant checks had been documented.

Staff received an induction when starting in their role and had completed a range of appropriate specialised training to underpin their skills and knowledge. Staff told us they felt valued and supported in their roles and were able to discuss any concerns with the management team.

The provider had assessed and monitored risks to people's safety. There were systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns about people's safety. Staff received medicines training and the provider had processes in place to monitor the safe administration of medicines.

People and relatives told us the staff were kind and caring in their support. People's care was personalised, and they were able to make choices about how and when they received their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had effective systems in place to monitor the quality and safety of the service. People, relatives and staff spoke positively about the culture and leadership of the service. The provider worked closely alongside other healthcare professionals to support people's health needs and enable them to achieve good outcomes.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 9 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as the service had not been rated since its registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Servoca Complex Care - Chelmsford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 January 2023 and ended on 3 February 2023. We visited the location's office

on 26 January 2023.

What we did before the inspection

We reviewed the information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We received feedback from 7 members of staff including the registered manager and care staff. We spoke with 1 healthcare professional who has regular contact with the service.

We reviewed a range of records. This included 3 people's care and medicines records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by a consistent staff team and there were enough staff available to meet people's needs. People and relatives spoke positively about how well the regular staff understood people's needs.
- We received some mixed feedback about the provider's processes for covering staff absences. One relative said, "Overall we are very happy with the care, but we do worry about who is going to be covering when the regular carer is on holiday." The registered manager confirmed they had completed contingency plans for each person, identifying who would provide care if their regular staff were unavailable. They told us they would review these with people and relatives to ensure they remained accurate.
- The provider had a process in place for completing the relevant recruitment checks prior to staff starting work. However, some applicants did not have a full employment history documented. Following the inspection, the provider responded promptly, amending their policy to ensure a full employment history was requested and confirming all staff now had the correct information recorded.

Assessing risk, safety monitoring and management

- The provider had assessed risks to people's safety. People's care plans contained risk assessments for key areas of their support such as clinical care interventions, mobility support and medicines management.
- Some guidance about risks to people's health was recorded over a number of different sections of the care plan and this meant information was not always easy to find. Following our feedback, the registered manager told us they had reviewed the risk assessments to ensure all important information was included in one document.
- People were supported to make their own decisions about the management of risks. The provider worked flexibly with people and their relatives to promote choice and independence and adapted the risk assessments in place to suit people's individual needs and wishes.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to report any concerns. One member of staff told us, "I would report it straight away to senior management."
- The provider was aware of their responsibility to report safeguarding concerns to the relevant authorities and kept a log of the notifications raised with the local authority and CQC.

Using medicines safely

- People received their medicines as prescribed. People's care plans contained information about their medicines and what support they needed to take them safely.
- The provider used an electronic medicines administration system which alerted the management team to

any delays or errors with administration, allowing them to respond immediately.

- Staff had received medicines training and their competency to administer medicines had been assessed prior to them supporting people.
- People had protocols in place for as and when needed [PRN] medicines. However, some of these lacked detail. Following the inspection, the provider confirmed these had been expanded to contain more information where needed.

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection prevention and control training and appropriate personal protective equipment [PPE] was available when needed.
- The provider had an infection prevention and control policy in place and shared guidance with staff to ensure safe practices were being followed.

Learning lessons when things go wrong

- The provider had a process in place for reviewing accidents and incidents and shared the learning from these with staff via team meetings and email bulletins. Lessons learnt were incorporated into the provider's service development plan and any actions taken were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received an induction and relevant training when starting in their role, including specific training in how to support clinical interventions and understand people's complex care needs.
- The registered manager monitored people's training and arranged regular refresher courses to ensure staff competency remained up to date.
- People and relatives spoke positively about the regular staff's knowledge and experience. However, we received some mixed feedback about the clinical skills of staff who were covering care visits on a less regular basis. The provider told us all staff were provided with the necessary training and newer or less experienced staff were provided with additional support from a more experienced member of staff.
- Following our feedback, the registered manager told us they would offer additional training and support to build staff confidence where appropriate.
- Staff received regular supervisions and told us they were able to speak to the registered manager at any time if they had any queries.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider had assessed people's needs prior to them receiving care.
- People and those important to them, were involved in the assessment process and their views and preferences documented.
- The provider ensured staff had access to up to date policies and guidance to underpin their working practices. The management team signposted staff to any policy updates or changes.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider had assessed whether people required any support with their eating and drinking needs. Where appropriate, people's care plans contained information about how they liked to be supported and detailed what food and drinks they preferred.
- The provider had identified any risks relating to people's eating and drinking support needs and these were recorded in people's care plans alongside guidance from the relevant health professionals involved.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider supported a number of people with complex healthcare needs and worked positively alongside a range of different health professionals involved in people's care.
- The management team attended multi-disciplinary meetings with other health professionals to share

feedback and learning to ensure people received effective and safe support with their health needs.

- People's care plans provided information about the health professionals involved in their care and when to contact them.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The provider had documented people's capacity to consent as part of their initial assessment of people's support needs.
- People's care plans contained clear guidance about the importance of promoting people's right to make their own decisions. Where appropriate, information about who else was involved in supporting people's decision-making was also included.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives spoke positively about the support received from staff. One person told us, "I am more than happy with my carers. My main carer is just amazing along with the other carers I have as well. I am really lucky to have the same regular team." A relative said, "They're excellent. The carers are great with [person]."
- The provider had considered people's protected characteristics as part of their initial assessment. Relevant information had been transferred into people's care plans to ensure their support met their individual needs and preferences.
- Staff had completed equality and diversity training to support their understanding of how to respect and promote people's rights.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care. The provider sought regular feedback from people and relatives about their support to ensure it was meeting their needs and to identify any areas for improvement.
- People and relatives told us staff listened to them. One person said, "They are very respectful and listen to me when I direct my care."
- Staff were able to tell us how they promoted people's decision making. Comments included, "Provide information in a way they can understand and involve them in decisions," and "Asking what [person] wants and how they want things done."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. The provider had highlighted what people were able to do for themselves at the beginning of each section of their care plan, alongside guidance about how to promote their independence.
- The provider had considered the impact of having staff present in people's homes 24 hours a day and care plans contained personalised information about how to promote and protect people's privacy and dignity when sharing their living spaces and providing support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised. People's care plans contained clear guidance about what was important to them and how to deliver care in line with their individual preferences.
- People and those who were important to them were involved in reviewing their care and the provider responded promptly to any adjustments people requested.
- People and their relatives told us their regular care staff understood their needs and how they liked to be supported. One relative said, "They're very good at consulting with us and accommodating our needs."
- The provider had considered people's social and leisure activities. People's care plans detailed their work and leisure interests and identified their important relationships and how to support people to maintain these where appropriate.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs. People's care plans provided guidance about how to support their communication and any sensory aids they used.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and the registered manager completed a complaints log to record and monitor the progress of concerns raised and actions taken.
- People and relatives told us they felt comfortable voicing any concerns. One relative said, "If I was unhappy with anything, I'd talk to [registered manager], I'm very open with them and we have a good relationship."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- People's end of life care wishes had been considered during the provider's initial assessment and this information was documented in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the management and the culture of the service. One person told us, "I am extremely satisfied with the staff and the company I deal with." A relative said, "Overall we're very happy and any queries or concerns are addressed immediately. We don't want anybody except Servoca."
- The provider had a range of incentives in place to recognise and reward staff's achievements. Staff told us they felt supported and valued. Comments included, "I've always had good support from the management team, and they are always quick to praise staff for a good job," "I feel valued and they are supportive" and "This has been the best company I've worked for."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had effective systems in place to monitor the safety and quality of the service. The registered manager completed regular management audits in key areas of people's support such as medicines management, care planning and staff training.
- Staff understood their roles and had clearly defined responsibilities. The registered manager maintained oversight over the different tasks being completed by the management team and was aware of what each member of the team was prioritising on a week to week basis. People told us they were aware of the appropriate person to contact within the organisation and confirmed they were prompt in responding to any queries.
- The provider understood their regulatory responsibility to submit appropriate notifications to CQC when needed. Incidents were recorded and investigated and people were kept informed.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals and understood the importance of liaising with other health professionals in order to meet people's needs. One healthcare professional told us, "I can't fault the communication. They're open, honest and helpful. They handpick staff to the criteria and needs of the person. It's a tailor-made service."
- The provider had arranged regular external audits of the service in order to identify any areas for development. The registered manager had compiled a service development plan to highlight what actions

had been taken and monitor the improvements made.