Sevacare (UK) Limited

Sevacare - Leicester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

In our previous inspection, there was a breach of Regulation 17, Good Governance. The provider submitted an action plan outlining how improvements would be made to the service. At this inspection we found improvements had been made in this breach had been rectified.

Sevacare – Leicester is a domiciliary care agency which provides personal care to people living in their own homes. The Care Quality Commission (CQC) regulates the care provided, and this was looked at during this inspection. The last inspection rated the service as requires improvement. We received an action plan to deal with the issues raised in this inspection. Improvements in the service have been made and it is now rated as good.

This was a comprehensive inspection. The inspection took place on 9 and 10 May 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection. The registered manager told us that 70 people were receiving a personal care service from the agency.

A registered manager was in post. This is a condition of the registration of 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 and associated Regulations about how the service is run.

Risk assessments and staff practice were in place to protect people from risks to their health and welfare.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

People told us they thought the service ensured safe personal care was provided by staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area but had not been comprehensively aware of how to report to other relevant agencies if necessary.

Policies set out that when a safeguarding incident occurred management needed to take action, though it was unclear that all abuse, or allegations of abuse, would be referred to the relevant safeguarding agency. The registered manager was aware these incidents, if they occurred, needed to be reported to CQC, as legally required.

People told us that staff supported them with their medicines, and records had evidenced this had happened.

Staff had largely received training to ensure they had skills and knowledge to meet people's needs, though training on other relevant issues had not yet been provided.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Capacity assessments were in place.

People told us that staff were friendly, kind, positive and caring. People or their representatives had been involved in making decisions about how and what personal care was needed to meet their needs.

Care plans included important information on people's needs, which helped to ensure that their needs were met.

Most calls to people were timely and this issue had improved, though some calls were not on time and caused concern to some people.

People and relatives were confident that any concerns they had would be properly followed up. Most people and relatives were satisfied with how the service was run to provide them with personal care that met their needs.

Staff members said they had been fully supported in their work by the management of the service.

Management had carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality 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.

People said they had been provided with safe care and felt safe with staff from the service. Risk assessments to protect people's health and welfare contained information to protect people from risks to their health and welfare. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. Medicine had been supplied to people to safely protect their health needs. Staff had not been aware of the full safeguarding procedure.

Is the service effective?

Good

The service was effective.

People had received an assessment of their needs at the point of admission. People said they received personal care from staff that were trained and knew what they were doing. We saw staff had been trained to meet people's care needs, though some training was needed to comprehensively cover all care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Mental capacity assessment had been carried out, and people's consent to care and treatment was sought by staff. People's nutritional needs had been promoted and their health needs had been met by staff.

Is the service caring?

Good

The service was caring.

People told us that staff were kind, friendly and caring and respected their rights. Staff respected people's choices, privacy, independence and dignity. People and their relatives told us they had been involved in setting up their care plans.

Is the service responsive?

Requires Improvement

The service was not comprehensively responsive.

Some call times were not on time to properly respond to

people's needs. The complaints procedure had not included detailed information to help people to take their complaints further if they needed to.

Care plans contained information on how staff should respond to people's assessed needs. Most people were satisfied that staff provided a service that responded to their needs. Most people were confident that the service would act on any complaints they made.

Is the service well-led?

Good

The service was well led.

Most people and relatives thought it was an organised and well led service. Staff members said that management provided good support to them. Services had been audited in order to measure whether a quality service had been provided.

Sevacare - Leicester

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 and to look at the overall quality of the service and provide a rating for the service.

Sevacare – Leicester provides personal care for people living in their own homes. On the day the inspection the registered manager stated there were 75 people receiving personal care from the service. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we held about the service, which included 'notifications.' Notifications are changes, events or incidents that the provider must tell us about.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding some of the people who used the service and asked them for their views about the agency.

During the inspection we spoke with 14 people and two relatives. We also spoke with the registered manager, the care services director and three care staff members employed by the service.

We looked in detail at the care and support provided to people who used the service, including their care records, audits on the running of the service, staff training, three staff recruitment records and policies of the service.

Good

Is the service safe?

Our findings

People and relatives said that safe care was provided. A person told us, "Staff keep me safe." Another person told us, "I feel safe with staff. They are friendly and caring. "A relative said, "They put [family member] at ease first before providing personal care. It's now really excellent care."

Staff members were aware of how to check to ensure people's safety. For example, they checked rooms for tripping hazards. There was a system to risk assess some facilities in people's homes which included relevant issues such as tripping hazards, issues with heating and lighting systems and equipment. There were fire evacuation plans in place for people.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. This meant systems in place to employ staff suitable to provide personal care.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management, though not all staff were clear on how to report to other relevant outside agencies if necessary, if they had not been acted on by the management of the service. The care services manager said staff would be reminded about how to do this.

A safeguarding procedure policy was in place. However, this was not clear on always reporting all instances of abuse. The procedure stated that this was dependent on the level of risk to the person. The care services manager said this would be amended. Staff knew that they needed to report any suspicions of abuse to the registered manager.

The whistleblowing policy stated that staff could go to agencies outside the service but did not supply contact agencies so staff could contact them. This information was also not available in the staff handbook. The registered manager said this procedure would be amended and inserted into the staff handbook. This would then mean that staff had ready access to clear information of how to whistle blow to ensure their safety.

Risk assessments were in place to reduce safety risks to people. For example, a risk assessment was in place which showed in detail how the person was assisted to transfer and to support them in their movements. Risk assessments detailed equipment that was needed to provide safe care. Staff were aware of how to protect people from safety risks in the environment.

Another risk assessment was in place for someone who was at risk of developing pressure sores. This detailed measures in place to ensure the person's health was safely protected such as checking the person's skin and supplying cream to maintain skin integrity.

A risk assessment had identified a person displayed behaviour that challenged the service on occasion. This set out how staff should manage these situations such as withdrawing from the situation and providing reassurance to the person. When we asked them, staff were aware of how to safely manage these situations. However, the risk assessment did not include reasons or triggers as to why the behaviour occurred. The registered manager said this would be followed up and included in the risk assessment.

There were sufficient numbers of suitable staff to enable people to stay safe. Most people told us that staff had been on time and, if they were going to be late, office staff would ring them to inform them of this. One person said that staff were often late and they were not always informed of this. The registered manager followed this issue up with the person and their relative and took action to ensure this did not occur again.

For people who received support in taking their medicines, they told us that it was given on time and in a way that was supportive to them. A relative said, "[Family member] is now able to take her tablets and previously she had stopped."

Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

Information was available for when as needed medicines needed to be supplied to the person. This could mean inconsistent practice and some staff supplying at times when medicine was not needed. The registered manager said these protocols would be put into place. This would mean that staff could safely supply medicines when they were needed.

People told us that staff protected them from infection as they always wore gloves and aprons when providing personal care. Staff washed their hands between each task. A person told us, "Yes they [staff] wear gloves if I have a wash." Staff members were aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The registered manager said that when serious incidents occurred, they were analysed to learn and prevent them from occurring again. For example, when a person had been discharged from hospital without essential information to ensure their health and safety, lessons had been learned to make sure this information was in place prior to discharge. Systems had ensured that there was information in the safeguarding form about whether any preventative improvement measures could be implemented to prevent this type of problem in the future to safely protect people.

Good

Is the service effective?

Our findings

People thought they had received care from trained staff that enhanced their health and well-being. A person said, "It's now pretty good… last year some of the carers [staff] were not good at handling but now some new ones are much better." Another person said, "She [staff member] makes sure I've had my tablets and do the things I can't… like anything that involves lifting... she [staff member] is very good." Another person said, "My carer is a nice person. Well trained."

People's needs were assessed before they received a service. We saw that the service worked with local authorities in taking referrals and assessing people's needs. People confirmed that they felt the staff met needs. Staff told us that care planning in place was effective and people's care plans reflected this.

Staff members told us that they thought they had received enough training so that they were able to meet people's needs. They said that they were reminded to complete training by management. Staff said that if they identified further training, the registered manager tried to arrange this. This made them feel supported in being able to meet people's needs.

Staff confirmed that new staff were expected to complete induction training before they began providing personal care to people. This training covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. There was also useful information displayed in the office which covered issues such as information on the mental capacity act, safeguarding people from abuse and the medicine policy.

Staff had not received training in a number of people's specific long-term health conditions such as Parkinson's disease, stroke, mental health needs, learning disabilities and end of life care, although there was information sheets for staff to refer to for these issues. The registered manager stated that this training would be provided to ensure that staff had all the skills and knowledge to meet people's needs.

There was evidence of staff supervision. The area manager, in analysis of the results of the staff survey, stated that supervision would become more frequent, to give staff more support. This would then provide staff with more effective support to discuss any issues they were unsure of.

Care Certificate training, which is nationally recognised induction training for staff, was undertaken by new staff. The registered manager stated that it was the intention of the agency that all staff would receive this training.

Staff felt communication and support amongst the staff team was excellent. They told us they always felt supported through being able to contact their line managers if they had any queries.

People who received support with having meals told us that they were happy with how they were provided with choice and the way it was done. Where people had meals provided by staff, they said food was well prepared and nicely presented. One person said, "Yes, my breakfast is nicely done and sometimes it's

different... she [staff member] checks with me." Another person told us, "The food is my choice and it's well set out." This indicated that the service took account of people's food and drink preferences and needs.

People recalled how staff would protect their health and well-being whilst providing care by alerting them of medical or other health issues and would get a GP or other health service if needed. One relative said, "Yes, they alert us to get a nurse or doctor if it's needed."

Records showed that if the person was ill or in pain, the ambulance service or the GP had been contacted. This indicated that staff knew how to ensure that people received proper healthcare and on going support.

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. There were assessments in place to evidence this and how staff should work with people. Staff had an awareness of this legislation and stated they always supplied choices to people even though they may lack capacity. This meant that staff had knowledge on how to provide effective care within the legal framework.

Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA 2015, and conversations made during the inspection confirmed staff sought consent before providing care or support to people.

Good

Is the service caring?

Our findings

People and relatives told us that staff were friendly, kind and caring and that they respected people's rights, choices and independence. One person said, "Staff are good, kind and friendly." Another person said, "The staff are kind and caring." A relative told us, "Her [family member] personal care is done with dignity now... this was not the case in the past... now they show her much more respect and she likes them now. We have a good chat and a bit of fun as well." A compliment had been received by the agency by a person using the service, which stated, "The carers [staff] all the kindest and patient. They have helped me improve my English."

People told us that staff respected their confidentiality. However, one relative said that staff had discussed other people who staff provided personal care to. The registered manager took immediate action to remind staff always to maintain people's confidentiality.

People said they had been involved in setting up their care plans. One person said, "It was all agreed with me when it was set up." A relative said that even when their family member lacked capacity, staff still made sure that their family member's likes and dislikes were acted on. The service's information stated people would be involved in reviews and assessments of their care. People or their relatives had signed care plans which indicated that people were involved in planning their care.

The staff handbook emphasised that people should be treated with respect, with their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a service. Information also included a statement about antidiscrimination on the basis of relevant issues such as religion, sexual orientation and cultural needs. Care plans recorded people's religious practice and cultural needs. One person said that staff respected her cultural needs as they respected her wishes and removed their shoes when entering her home.

People said they enjoyed being independent and they had not experienced anything from staff that acted against this.

Staff told us they respected the people's choice in, for example, what food and drink they wanted and the clothes that they wanted to wear. Staff told us they respected all the choices made by people.

People told us their dignity and privacy had been maintained and staff gave choices such as with regard to the food they wanted to eat and the clothes they wanted to wear.

Staff members told us that they would always protect people's dignity and privacy by doing things such as leaving the person when they were using the bathroom, and closing doors when helping them to wash and dress. They said they were mindful of protecting people's privacy and dignity. This was confirmed by people.

Requires Improvement

Is the service responsive?

Our findings

Most people told us that the service was reliable and they mostly had regular staff. Where staff were going to be late most people were contacted by the office to inform them of this. A person said, "Yes, they've been very good. They are on time. We never have any problems."

Another person told us, "Yes, they stay the full time." One relative said that sometimes staff had not turned up on time and this worried their family member. The registered manager contacted the person to arrange a review and reminded staff about being on time. Another person said they were generally satisfied but staff needed to always be on time; "Its good but it needs to improve still more."

We looked at call times responding to people's needs. Most calls had been on time though some were over 20 minutes early or late. Although most people we spoke with said this was not a concern to them, there was a risk that other people's needs would not be responded to by having late calls. The registered manager said this issue when identified, had been followed up with staff. The care services director stated that there would be closer monitoring arrangements put in place to swiftly identify untimely calls, and action would be taken.

People said that staff did extra is for them and had been thoughtful. That made a big difference to the quality experience of some people using the service.

People said that needs were being met by the service and that the care they received was personal to them. One relative told us that of staff, "They're brilliant. They make time for my husband…it's brilliant." A community professional had written that, "Just wanted to say a big thank you for the work you and your carers have undertaken and … The way in which your agency approach the care required ... was excellent."

There was information in place about people's preferences, likes and dislikes, and what was important to them to help staff ensure that the person's individual needs were responded to. This meant staff had the opportunity to be aware of people's preferences and lifestyle, to work with them to achieve a service that responded to the person's individual needs. However, previous hobbies had not been included in a care plan we looked at. The registered manager said this would be carried out.

Staff members told us that they always read people's care plans so they could provide individual care that met the person's needs. Care plans had been updated if people's needs had changed so that they could respond to these changes.

People's changing needs had been reviewed as shown in their care plans. People told us that reviews of their care had been held so that staff could respond to changing needs. One relative said, "We've had reviews in the last year, and, after April hospital we had it all reviewed." A person told us that their care had been adapted when their needs changed. A review stated that the person was very happy with the care they received from staff members.

Most people said they had not made complaints about the service, the people who had complained said they got things sorted out. One person said they had, "No complaints but I would do so if needed. I can get the office easy enough, and they are also very polite."

All the people we spoke with knew how to raise an issue or make a complaint. One person told us that they appreciated calls from office staff who informed them that if there were any problems to let them know and they would be sorted out. They appreciated this support. All the people we spoke with, except one relative, told us that when they had a concern they felt listened to and concerns were acted on. There was evidence of this in complaints investigations carried out by the registered manager. The registered manager contacted the relative to investigate the concerns raised by the relative.

The provider's complaints procedure gave some information on how people could complain about the service. However, in the information provided to people, this did not contain details about the complaints authority or the local government ombudsman as the agencies who would handle complaints. It also stated that complainants could bring their complaint to the attention of CQC, who would investigate. This was not correct as CQC does not have the legal power to investigate individual complaints. The care services director amended the procedure, sent it to us and said it would be included in the staff handbook.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. There was information in care plans as how the person wanted to communicate and whether there needed to be in place any other measures to help assist people with communication.

No one was currently receiving end of life care. The registered manager was aware that this care needed to be planned with the person and their representatives to ensure comfortable, dignified and pain-free care was supplied.

Good

Is the service well-led?

Our findings

In our previous inspection, there was a breach of Regulation 17, Good Governance. At this inspection we found improvements had been made and most people told us that the service was well-led.

People said they could get in touch with the office and that office staff were easy to get on with. The service was open to comment and feedback and people said that management were very hands on, approachable and personable. A person said, "When I call the office they are polite... they are a nice lot." Another person said, 'It has really improved. It was sometimes that the carers were unreliable and the office did not let me know, They were often late or were not turning up at all... it's now improved over the last few months. It's more reliable and now they send the same carer [staff member].

We saw evidence of surveys to people. This showed that a 100 per cent of people were either satisfied or very satisfied with the service. Surveys had also been sent to other relevant professionals. One professional stated in the survey about the registered manager and praised, "The overall ability to listen, investigate, make changes, respond appropriately to resolve the issues or errors in a timely manner."

All but one person said that the service was either good, very good or excellent. People told us they felt confident about speaking to the management of the service should it be necessary. They found management to be very approachable. Only one of the people said the service needed improvement, and this was about late calls, which the registered manager followed up. People said they would recommend the service to their family and/or friends.

The service had a registered manager, which is a condition of registration.

The company statement of purpose set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear so that everyone was aware of what they had to do.

Staff members told us that the registered manager expected them to provide friendly and professional care to people, and always to meet the individual needs of people. They told us that they were well supported by their line managers. Staff were very complimentary about the way the service was run. One staff member told us, "The manager is very good. She cares about everyone, clients and staff." Staff said that they would recommend the service to any friends and family if they needed help with personal care.

Staff said that they felt they could raise issues at staff meetings. Meetings covered relevant issues such as staff training, confidentiality and staff performance monitoring. Within the meeting, the registered manager praised staff members for their dedication and hard work. This positively recognised staff for the good work they carried out in providing a quality service to people and helped to maintain staff morale.

Staff members had spot checks to see whether they provided a quality service to people. Staff members confirmed that essential information about people's needs had been communicated to them, so that they

could supply appropriate personal care to people. Telephone monitoring was also in place to check people's opinion of the quality of the service.

The registered manager was aware of their responsibility to notify CQC of incidents. They were also aware of the legal requirement to display their rating from comprehensive inspections, once a rating had been issued from CQC.

There was an auditing system which included important quality issues such as call times, care plans, daily records, the supply of medicine, staff training and incidents. Where issues had been identified, such as noting gaps in the recording of supply medicine, or late calls to people, we saw that action had been taken with the staff concerned. Memos had also been sent to staff about specific relevant issues such as information about the mental capacity act.